

## Medical Respite at Jefferson Terrace

### Admission Criteria

#### **Basic Criteria:** (Client must meet all)

- Homeless\* (see 2<sup>nd</sup> side for definition)
- Referred from a health care facility in King County
- Medically and behaviorally stable (not a risk to self or others, appropriate for group setting)
- Acute medical problem requiring short-term respite care
- Independent in mobility, transfer, feeding, not known to be fall-risk at this time
- Agreeable to admission and receiving care from Respite staff
- Have scheduled subspecialty follow-up appointments, as indicated (this includes follow-up for anticoagulation management for patients on coumadin)

#### **Acceptable Conditions:**

- Wheelchair or walker use
- Urinary incontinence with care management plan in place
- Post-contagion/treatment - Hepatitis A, impetigo, TB or influenza
- Alcohol/Drug:      From hospital – CIWA < 10  
                                  From outpatient – No DT/seizure expectation
- Methadone – administered at community site
- Bowel preps and pre-surgical procedures
- Chemotherapy – administered at community site
- IV infusion - QD or BID orders or 24 hour infusions (PICC lines must be in place at admission, and ID follow-up until antibiotics are completed is required. If 24 hour infusion is planned, a small attachable pump and pump supplies must be provided)
- Insulin dependent diabetic (patient must arrive with a glucometer, chemstrips, lancets, and syringes for 30 days)
- Wound care – up to BID dressing change
- Wound VAC, if small and attached (wound vac and wound vac supplies must be provided by the referring hospital)

#### **Not Eligible:**

- Fecal incontinence
- Registered sex offenders (Respite will screen)
- Contagious air-borne respiratory illness

#### **Special Note:**

Respite beds are in significant demand. The respite program strives to be accessible to all hospitals in King County. Priority will be given to those patients with the greatest direct nursing care needs. Patients being referred for oral antibiotic treatment, weight bearing limitations or anticoagulation treatment are of lower priority, due to limited required nursing care needs. Lower acuity patients may still be accepted into respite, if the bed availability is not tight. Also, the respite screener can assist with recommending alternative placement options, if respite is unable to accept a lower acuity patient referral.

## Homelessness: Definition and Required Documentation

### All patients referred to Medical Respite must be homeless.

Homeless patients referred to Respite must have:

- no stable living environment in which to recuperate, and
- no other community placement options available or appropriate for the person.

Information about an individual's living specific living arrangements is central to the process of classifying someone as homeless. Homeless means that their regular living situation(s) may include sleeping in/on or coming from:

- Outside / on the street
- Shelters
- Encampments
- Transitional housing
- Cars
- Abandoned buildings

If you are discharging a patient who is not homeless, but is doubled-up/couch-surfing with friends or relatives and not paying rent, please contact Respite staff for resource recommendations