



Shelter Association of Washtenaw County
 312 West Huron St. Ann Arbor, MI 48103
 734-662-2829 x254 Ask about the Recuperative Care Center
 734-996-3022 fax
www.annarborshelter.org sawccares@washtenaw.org

S A W C

RECUPERATIVE CARE CENTER PROGRAM GUIDELINES

WHAT IS RECUPERATIVE CARE?

Recuperative Care is a program operated & staffed by the Shelter Association of Washtenaw County in partnership with Packard Health that provides immediate shelter, meals, housing case management, and medical care to homeless persons who require a successful resolution of an acute medical condition or the stabilization of a chronic medical condition. The program offers short-term care to patients with conditions that would be exacerbated by living on the street or other unsuitable places. The program maintains 6 beds (4 for men and 2 for women) at the Delonis Center. Although care and rest are provided the RCC is not a skilled nursing facility. On-site nursing staffing is limited and is primarily for treatment planning and health education. Please review the attached admission criteria carefully before submitting a formal referral application.

WHEN TO MAKE A REFERRAL

Referrals and Client Intakes are accepted from:

8:30 a.m. – 4:30 p.m. Monday-Thursday

8:30 a.m. - 1 p.m. Friday

WHO CAN MAKE A REFERRAL?

A social worker, discharge planner, registered nurse, community provider, or prescriber may call to initiate a referral and check on bed availability.

MAKING A REFERRAL

Review admissions criteria on referral form. Fax referral form to **734-996-3022**. Then **text or call 734-489-9112** to notify RCC Outreach Coordinator or Program Director of sent fax. RCC will review referral form with Packard Health to determine client appropriateness for admission. RCC will respond to discuss client referral and discuss preliminary appropriateness for RCC. If you would like to discuss referral with RCC staff or are concerned about a lack of timely response, please call the Delonis Center Front Desk at 734-662-2829 x 254.

WHAT HAPPENS NEXT?

Referral Process: Once the Referral Form is received, the RCC Program Director, the RCC Outreach Coordinator, and the Packard Health Nurse will determine if the patient meets the Recuperative Care admission criteria. After review, the referring provider will be notified (within a few hours) of acceptance or denial. If approved, additional medical documents will be requested and sent by fax from the referring provider.

Acceptance: The Program Director will then arrange the date and time for RCC admission which will usually be the following business day. If a same day discharge is needed, discharge should be arranged early enough in the day for them to arrive prior to 4:30 PM. The discharging facility is responsible for arranging transportation. Clients are preferably to arrive at the RCC between Monday through Friday 8:30-4:30 PM for intake and orientation.

Patients **MUST BE PROVIDED** a 30-day supply of all necessary medication unless a shorter course of administration is recommended or other arrangements are made with the RCC Program Director. Please use **Genoa Pharmacy** for filling new prescriptions so the client may have prescriptions delivered to RCC. Patients **MUST BE PROVIDED** with assistive device for ambulation if prescribed by referring facility.

WHAT HAPPENS NEXT? (CONT.)

If a client is deemed medically inappropriate, requiring a higher level of care, or does not have required medications upon arrival to the Recuperative Care Center, the RCC Program Director will follow up with the referring provider to seek alternative arrangements of care for the patient.

Denial: If the referral is denied the RCC Outreach Coordinator may be available to visit the patient at the referring provider location for further review for program appropriateness.

PROGRAM GUIDELINES/CRITERIA

Referrals are screened by the RCC Program Director, RCC Outreach Coordinator, and the Packard Health Nurse upon receiving the faxed Referral Form. A preliminary approval and correspondence with the referring provider may happen within 2 to 3 hours.

PATIENT ADMISSION CRITERIA:

- Experiencing homelessness including: residing in a place not mean for habitation, including an uninhabitable home, and/or previously living in an unstable environment that does not allow recuperation
- Have a medical issue that would benefit from an RCC stay
- Be independent in Activities of Daily Living or have adequate assistance and care
- Be willing to come to Delonis Center, comply with medical recommendations, and progress medical goals--unique circumstances of awaiting for guardianship or power of attorney approval, a SAWC staff can visit the patient at the hospital to share RCC program details
- Be bowel and bladder continent
- Be medically and psychiatrically stable enough to receive care in our Recuperative Care Center. Must not be suicidal or homicidal (danger to self or others).
- Patients requiring IV Antibiotic must be able to self-administer or the discharging facility needs to arrange to have a Home Health Nurse come to the RCC location to assist the patient
- Not require skilled nursing care unless it can be provided by Home Health nursing
- Not received benzodiazepine for alcohol withdrawal in the past 24 hours
- Be diabetes independent (with supplies) or would benefit from ongoing education and training
- Have a condition with an identifiable end point of care for discharge

EXCLUSION CRITERIA

- Active substance abusers unable or unwilling to abstain when on premises during the Recuperative Care stay
- A person with an active communicable disease such as the flu, MRSA, VRE etc. Isolation is not possible in the Delonis Center.

PAPERWORK REQUIRED POST PRELIMINARY APPROVAL OF ACCEPTANCE AND PRIOR TO ADMISSION:**From hospital/inpatient:**

- Recuperative Care Referral Form
- Release of Information from referring entity naming the Shelter Association of Washtenaw County
- Discharge summary
- Psychiatric or substance abuse consultations
- All pertinent social service information

From Emergency and Outpatient Department:

- Recuperative Care Referral Form
- Discharge summary
- All pertinent clinical information (i.e. labs, x-rays, etc.)
- TB status or other infectious diseases disclosure (i.e. MRSA, VRE, etc)

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1. Review the admission criteria on this referral form.
2. Fax referral form, signed release to the Delonis Center: **1-734-996-3022**
3. **Text or Call 734-489-9112** to notify the RCC Outreach Coordinator that referral form has been faxed
4. RCC will contact you with questions, approval or request additional documentation
5. If you would like to discuss RCC Referral or are not receiving a timely response, please contact Front Desk at 734-662-2829 x254
6. Call **734-961-1999** for HAWC referral and mention Recuperative Care Center

COMMON RECUPERATIVE CARE CLIENT CONDITIONS

- Post surgical procedures
- Cancer
- Wound Care
- Diabetes management
- Uncontrolled hypertension
- Amputations
- Other health concerns



SAWC RECUPERATIVE CARE CENTER REFERRAL FORM

Referring Partner: SJ Chelsea SJMHS UMHS Other: _____
 Name of person referring: _____
 Contact #: _____ Email: _____
 Secondary Contact: _____
 Contact #: _____ Email: _____

Patient Name: _____ Gender: _____ DOB _____
 Height _____ Weight _____ Floor/Unit #: _____
 Your facility's unique patient ID number: _____
 Diagnosis/Condition requiring RCC stay: _____

 Proposed Discharge Date: _____ Proposed Discharge Time _____
 Projected length of stay in the RCC _____

Is client willing to come to Delonis Center and meet with onsite Nurses Mon-Fri?: Y / N
 Primary Care Physician _____ Phone _____
 Is the patient connected with a Mental Health Provider? Y / N If Yes, Provider: _____
 Case Manager Name: _____
 Will the patient require an interpreter and if so to what language?: Y/N _____
 Will the patient require pain management after discharge? Y/N _____

ADMISSION CRITERIA - CHECK BOXES BELOW
 (must meet all criteria)

Experiencing homelessness	<input type="checkbox"/>	No active communicable disease such as the flu, MRSA, VRE etc. (no isolation is possible in the shelter)	<input type="checkbox"/>
Medical issue that would benefit from RCC stay	<input type="checkbox"/>	Behaviorally appropriate for group setting (including no known suicidal or assaultive risks)	<input type="checkbox"/>
Independent in ADL's or adequate supports	<input type="checkbox"/>	No intravascular lines or Home Health nursing will be arranged	<input type="checkbox"/>
Independent in mobility (wheelchair or assistive device are of course accepted)	<input type="checkbox"/>	Has an identifiable end date of care for discharge from the RCC	<input type="checkbox"/>
Continent of urine and feces	<input type="checkbox"/>	Does not need skilled nursing care unless it can be provided by Home Help nurse	<input type="checkbox"/>
Has not received benzodiazepines for alcohol withdrawal in past 24 hours	<input type="checkbox"/>	Patient agrees to RCC admission	<input type="checkbox"/>
Diabetics independent and have supplies or would benefit from education and training.	<input type="checkbox"/>	If patient uses alcohol or substances they will be willing to abstain while on premises.	<input type="checkbox"/>

Program Outcome Evaluation- Required Information

Please provide emergency department and inpatient patient history according to electronic health records. SAWC plans to evaluate health improvement including potential reduction in readmission and the use of ED services for recuperative care program participants with this information.

_____ Total # of emergency department visits within 6 months from RCC referral
 _____ Total # of hospital admissions within 6 months from RCC referral

ETOH:	Yes	No	Allergies: _____	<u>Extremity</u>	<u>Wt. Bearing</u>
H/O ETOH SZ:	Yes	No	Diet: _____	RLE	Full
H/O DT's:	Yes	No	Psych DX: _____	LLE	WBAT
Drugs:	Yes	No		RUE	TTWB
				LUE	NWB
Last Vital Signs:	T max: _____		BP: _____	HR: _____	RR: _____
			RA O2 Sat: _____		
RA O2 Sat with 250 ft ambulation (required for pts with acute/chronic pulmonary processes)					

**CURRENT & PAST
MEDICAL PROBLEM LIST**

**MEDICATION DOSES &
SCHEDULE** (or fax D/C med form)

SPECIAL TREATMENTS: (i.e. monitoring, activity restrictions)

(Please include clinic, appointment date, and time. **List visiting nursing FOLLOW UP: information and schedule if applicable. If client requires wound care, please set up Home Health Nursing and share schedule.)**

Please notify hospital that if we are able to accept the patient they must provide patients discharged to recuperative care with:

- 30 Day supply of all necessary medication unless a shorter course of administration is recommended, or other arrangements are made with the RCC Program Director. Please use Genoa Pharmacy for filling new prescriptions so the client may have prescriptions delivered to the Delonis Center.
- An assistive device for ambulation if prescribed by referring facility.
- Medical supplies for the patient (type/amount to be determined by patient need/condition) through Home Health Care.
- HAWC Referral by calling 734-961-1999 with the client

Signature: _____ Date: _____