



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

SAWC RECUPERATIVE CARE PROGRAM GUIDELINES

WHAT IS RECUPERATIVE CARE?

Recuperative Care (RC) is a program operated by the Shelter Association of Washtenaw County in partnership with Packard Health. RC provides immediate shelter, housing case management, and medical care to homeless persons who have an acute medical condition or needs stabilization for a chronic medical condition. Although care and rest are provided, the RC is not a skilled nursing facility. 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 **3 to 8** beds at a local hotel for program year 2021 - 2022. On-site nursing is limited and is primarily for treatment planning and health education. There will only be 8 hours of operation staffing daily at the hotel. 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:

8:00 a.m. – 4:00 p.m. Monday-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 734-274-9424** to notify Recuperative and Crisis Coordinator (RCC) to review referral form with Packard Health to determine client appropriateness for admission. If you would like to discuss referral or are concerned about a lack of timely response, please call the RCC at 734-274-9424.

WHAT HAPPENS NEXT?

Referral Process: After review, the referring provider will be notified (within a few hours) of acceptance or denial.

Acceptance: The RCC will then arrange for admission. If a same day discharge is needed, discharge should be arranged early enough in the day for them to arrive prior to 5:00 PM. If the client cannot be at the hotel before 5:00 PM, the discharge will be done the following business day. The discharging facility is responsible for arranging transportation. Clients are preferably to arrive at the RC 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. Please use **Genoa Pharmacy** for filing new prescriptions so the client may have prescriptions delivered to the hotel. Patients MUST BE PROVIDED with assistive devices 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 RC, the RCC will follow up with the referring provider to seek alternative arrangements of care for the patient.

Denial: If the referral is denied the RCC or Packard Health nursing may be available to visit the patient at the referring provider location for further reassessment of program appropriateness.

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 RC stay
- Be independent in Activities of Daily Living
- Be willing to come to the hotel, comply with medical recommendations and goals.
- Be bowel and bladder continent
- Be medically and psychiatrically stable enough to receive care in our Recuperative Care. 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 a Home Health Nurse come to the RC location to assist the patient.
- Does not require skilled nursing care unless it can be provided by Home Health nursing.
- Does 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

Persons with active substance use who are unable and 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 hotel.
 A person who tests COVID-19 positive.

**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
- COVID-19 test results

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)
- COVID-19 test results

COMMON RECUPERATIVE CARE
CLIENT CONDITIONS

1. Review the admission criteria on this referral form.
2. Fax referral form, and signed release to the Delonis Center: **734-996-3022**
3. **Text or Call 734-274-9424** to notify the Recuperative & Crisis Coordinator (RCC) that the referral form has been faxed
4. RCC will contact you with questions, approval or request additional documentation
5. Call **734-961-1999** for HAWC referral and mention Recuperative Care Center

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



SAWC RECUPERATIVE CARE CENTER REFERRAL FORM

Referring Partner: SJ Chelsea SJ Ann Arbor 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 (MPRN): _____

Diagnosis/Condition requiring RC stay: _____

Proposed Discharge Date: _____ Proposed Discharge Time: _____

Projected length of stay in the RC: _____

Has the client been vaccinated for COVID-19? Y/N: _____

Is the client willing to stay at the hotel and meet with onsite nurses Mon. - Fri.

Does client understand there is limited shelter staffing at the hotel for 8 hours a day: Y / N

Primary Care Physician: _____ Phone: _____

Is the patient connected with a Mental Health Provider? Y / N If Yes, Provider: _____

Case Manager's 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 RC 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 RC 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 EHRs. 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 RC referral

_____ Total # of hospital admissions within 6 months from RC referral statewide.

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.)**

RE M I N D E R S : 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. Please use Genoa Pharmacy for filling new prescriptions so the client may have prescriptions delivered to the hotel.
- An assistive device for ambulation if prescribed by referring facility.
- Medical supplies for the patient
- HAWC Referral by calling 734-961-1999 with the client

Signature: _____

Date: _____