Lake City Partners Ending Homelessness

JustHealth Recuperative Care Program
Pilot Project Report
May 22, 2014 to August 14, 2015

Summary:

The JustHealth Recuperative Care Program (JustHealth) pilot project was a successful partnership between Seattle University College of Nursing (SUCON) and Seattle Mennonite Church (SMC). A grant funded the 15-month pilot of a motel-based medical respite for homeless people with acute medical conditions transitioning from hospital care. The goal of the project was to provide a safe and healing environment with wrap-around services for people lacking secure housing and transitioning out of inpatient and emergency department hospital services.

A total of 23 people received medical care and wrap-around services for a combined length of stay of 901 guest days. The total cost of the 15-month recuperative care pilot project was $141,863 while the estimated cost if the guests had remained hospitalized is $750,000. Therefore, JustHealth generated an estimated savings of $608,137.

Our motel model of recuperative care is viable & cost effective,
saving hospitals approximately $26,400 per guest.

Background of Partnership and Sinegal Initiative:

For several years, SUCON nursing students and faculty had provided nursing assessments and referral services to participants at God's Li'l Acre (GLA), a drop-in center for homeless, in the Lake City neighborhood of northeastern Seattle, Washington. Over the course of this work, volunteers saw poor patient recovery after patients had been discharged back to the street after hospital stays. Recognizing the need for a safe place to promote recovery, SUCON faculty applied for and received a grant from the Sinegal Initiative to Address Homelessness in King County in September 2010.

With funding from the grant, the partnership initiated a community-based participatory research project (CBPR) to confirm the need for recuperative care among people experiencing homelessness in Lake City. To guide the CBPR process, a Community Advisory Board comprised of interested community members and service providers was formed in May of 2011. The Board used information from the assessment to explore and launch a local recuperative care project.

JustHealth Recuperative Care: Where Health Finds Home

Vision: that all people have a safe place to heal as they move towards optimal health and participation in community life

Mission: to promote social justice by providing post-hospital transitional care in a healing environment for people experiencing homelessness

The pilot project for a recuperative care center opened May 22, 2014. It offered a room in a motel and provided case management services to assist with follow-up medical appointments, connection to primary care providers, referral to support services, and housing referrals. Recuperative care staff included a public health nurse case manager, an outreach worker, a medical director, a program manager, and volunteers. Funded by the Sinegal Initiative to Address Homelessness, the pilot project continued until August 14, 2015 and was made possible through partnerships with Northwest Hospital, Rodeway Inn, CareAge Home Health, Walgreen's Home Infusion, Lake City Taskforce on Homelessness, the Hunger Intervention Program, and the North Helpline.

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Report

Methods:

Once admitted into JustHealth, people were referred to as "guests." Each guest came to JustHealth with a detailed clinical and informational file. Data were maintained by various staff during a guest's stay. Documentation protocol was developed during the pilot.

Referrals:

Seventy-three people were referred to JustHealth during the 15-month pilot project. Eight people, or 11% of referrals, were referred twice. The majority of the referrals -- 63 or 86% -- came from hospitals or clinics. Nine referrals or 12 % came from community advocates, such as staff at a winter night shelter. Northwest Hospital had the most referrals at 46 or 63%. (See Table 1.)

Table 1
Total Referrals

Referral Source	Number of Referrals
Northwest Medical Center	46
Swedish Medical Centers (First Hill & Cherry)	6
Evergreen Medical Center	4
God's Li'l Acre Drop-in Center	4
Harborview Medical Center	2
NeighborCare Clinic	2
Community advocate	2
Other	7
TOTAL REFERRALS	73

Admissions:

A total of 23 people, or approximately one-third of referrals, were admitted to JustHealth and two people, or 9% of guests, were admitted twice. The most common admitting diagnoses were 10 (44%) cases for abscess/wound care and 4 (17%) cases for post-surgery recovery. Northwest Hospital referrals accounted for 65% of all admissions and represented 70% of the abscess/wound care admissions.

People admitted with abscess/wound care needs or for post-surgical recovery were most often referred by Northwest Hospital.

For the 23 guests the average length of stay per guest was 39 days with a range of 2 to 112 days. The shortest length of stay represents a guest who had a higher acuity and was transferred to a different facility. The longest length of stay represents a guest who had numerous extensions based on continued need to recover. Once a guest was admitted, a planned length of stay was determined based on the diagnosis, referral information, and an initial recuperative care assessment.

The combined length of stay for all guests equaled 901 days. Most guests were granted extensions due to the additional recuperative services needed prior to discharge. There were a total of 548 days in extensions, which represent extended stays beyond the initial two-week agreement at admission. Of the 23 guests, 17 (74%) were granted extensions within a range of 1 to 11 extensions for a total of 55 weeks with a mean of 2.5 weeks. The need for extensions demonstrated the complexity of the guests' needs; most prominent among reasons for extensions were the need for wound care management and housing assistance. The difficulty in finding housing for guests was compounded by the Seattle area experiencing a long-term lack of affordable housing.

The most significant reason a person was not admitted to respite care was lack of housing capacity. During the 15-month pilot, JustHealth could not admit 12 (24%) of the people referred – but not accepted – due to lack of space. The other top reasons for not accepting a referral included discharge of the patient and high medical acuity. (See Table 2.)

Table 2
Reasons Referrals Not Accepted

Documented Reasons	# of Referrals
Lack of housing capacity	12
Patient discharged or left hospital	7
Acuity of medical needs	6
No response to call	2
Disruptive behavior	2
Referral cancelled	2
Other (admitted elsewhere, no show, referred to emergency, error, or unknown)	19
TOTAL NOT ACCEPTED	50

Guest Experience:
Douglas reported significant weakness in his legs and arms, with his legs giving out when he tried to walk more than 50-100 meters. He experienced tremors which lessened during the course of his stay in JustHealth Recuperative Care Program. Douglas was motivated to follow-up with referrals and was successful in getting benefits for housing. He stated that "it was the little things that matter," when referring to the food, the place to stay, and listening skills of the program coordinator that enabled him to get back on his feet.

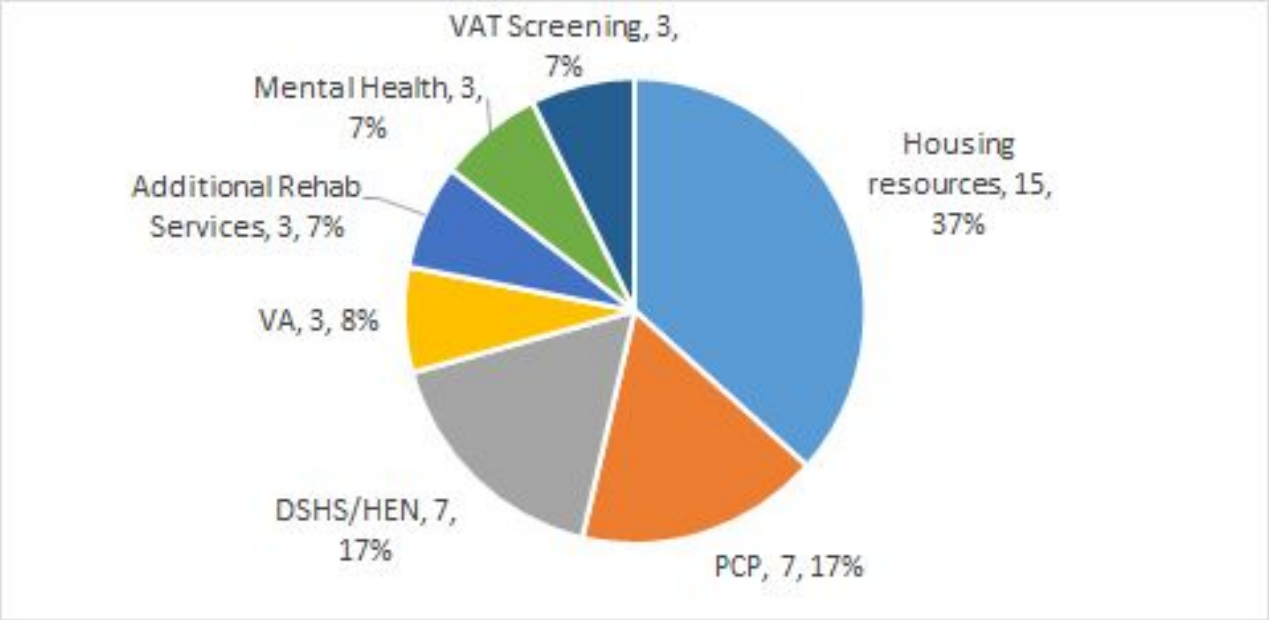
Services Received:

All guests except one received services from the public health nurse, 18 guests received services from volunteers, 11 guests worked with the outreach worker, and 10 guests were seen by the medical director.

The most commonly-documented referral was to housing resources, 65% in all. Additional referrals included those to adult protective services, protective payee service, adult family homes, state ID, legal assistance, cardiology, vision, dental, neurology, WIC, and Social Security. Home health services through CareAge Home Health were provided to 11 guests; of those guests, the majority received wound care (91%), one received physical therapy and another received diabetes training.

Three guests were sent to an emergency department during their respite stay. Two were admitted due to a worsening of health conditions. The third guest went to an emergency room as a result of a dog bite, which did not result in a hospitalization and the guest returned to recuperative care. (See Figure 1.)

Figure 1
Documented Referrals (N = 41)



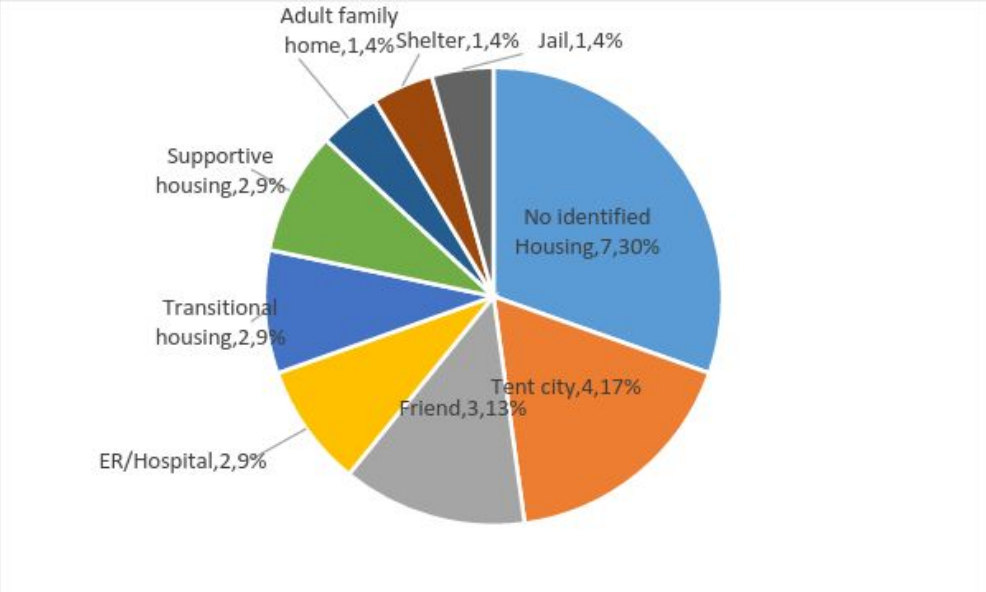
Note: VAT = Vulnerability Assessment Tool, VA =Veteran's Administration,
DSHS = WA Dept. of Social and Human Services, HEN = Housing, Essential Needs
PCP = Primary Care Provider

Discharge Destinations:

Five guests or 22% were discharged to stable housing situations of one form or another. Four guests were discharged to a tent city, two to a hospital, one to a shelter, and one to jail. Seven guests or 31% were discharged without identified housing. (See Figure 2.)

Guest Experience:
Katrina was ecstatic to move into transitional housing after receiving recuperative care through the JustHealth program. She entered the program with multiple chronic conditions that had been exacerbated by homelessness. The program took a "huge weight off" and helped her stay "motivated to make an effort" to find housing. She described the management at the hotel as "wonderful" and people that "opened their family circle" to her. She enjoyed meeting everyone through the program, including volunteers who were "so nice and helpful."

Figure 2
Discharge Destinations (N = 23)



Stable housing provision could have been increased to 35% if it had been ascertained that guests discharged to stay with a friend were entering into a stable living situation.

Limitations:

Challenges in analyzing the information resulted from inconsistent documentation, changes in staff, and documentation issues regarding confidentiality when volunteers were working.

The planned length of stay for all guests equaled 353 days, although the combined actual length was 901 days, a difference of 548 days. That amounts to an average of 24 days (3.4 weeks) beyond planned length of stay per guest. This total is reflected in the number of extensions granted to guests who needed additional recuperative services prior to discharge from the program. As noted earlier in this report, of the 23 guests, 17 (74%) were granted extensions within a range of one to 11 extensions for a total of 55 weeks (mean = 2.5 weeks). Extensions were granted due to the complexity of the guests' circumstances in terms of their health and social issues. As noted above, the most prominent reason was the number of guests needing wound care and assistance with housing.

Evaluation of Pilot Study Costs:

The following table (3) depicts the average costs of care per patient during the pilot study. Patient stays ranged from three days to 114 days and averaged 39 days. There were four patients with unusually long stays (85, 86, 109, and 114 days). The average cost per patient day was $133 without administrative costs. The average per-patient costs were $5,381 as shown in Table 3.

Table 3
Cost of Care - Pilot Study (N = 23)

Expenses	Per Patient	Per Patient Day[1]
Motel	**$2,368**	**$58**
Direct Service	**$2,259**	**$58**
Food	**$318**	**$8**
Home Health	**$224**	**$4**
Transportation	**$81**	**$2**
Medical Supplies	**$52**	**$1**
Other Supplies	**$18**	**>$1**
Miscellaneous	**$61**	**$1**
TOTAL	**$5,381**	**$133**

[1]Based on 901 total patient days

Administrative costs were, on average, $2327 per month across the 15-month pilot and included personnel wages and benefits (Program Manager @ .5 FTE, bookkeeping @ 1 hr/month; office supplies; computer support; and training. Daily administrative costs averaged $26 per patient. The total cost per guest per day was $159.

Cost Savings:

We estimate savings to the referring acute care facility to range between $18,000 and $48,000 per patient stay. The Table 4 below compares the JustHealth costs with estimated avoided hospital charges, or cost savings. Patients are broken down into four diagnostic categories: wound care, medical diagnoses, surgical procedures, and infectious disease. Recuperative care costs include both direct care and administrative costs as described above. The fourth column lists the estimated charges avoided, or cost savings, to the acute care facility by diagnostic category.

Table 4
Comparison of Recuperative Care Costs and Projected Hospital Charges Avoided

Primary Diagnosis Category	Number of Patients	Total Recuperative Care Costs[1]	Estimated Number of Hospital Days Avoided Per Pt(total days).[2]	Estimated Total Acute Care Charges Avoided[3]
Wound Care/Cellulitis	**8**	**$50,047**	**7 (56)**	**$336,000**
Surgical Procedure	**4**	**$41,474**	**4 (16)**	**$96,000**
Medical Diagnosis	**7**	**$29,514**	**3 (21)**	**$126,000**
Infectious Disease	**4**	**$20,828**	**8 (32)**	**$192,000**
Total	**23**	**$141,863**	**125**	**$750,000**
Per Patient Day	**n/a**	**$159**	**n/a**	**$6,000**

1 Includes administrative costs of $83.55 per patient day
2 Based on referring hospital staff estimates
3 Based on a per diem rate of $6,000/day per Washington State Hospital Association's pricing table

What is not included in Table 4 is the potential lost revenue to hospitals when patients are not discharged in a timely manner and the hospital is unable to fill the bed with another patient. Currently in the Puget Sound area, most hospitals are at or above capacity and would benefit from an alternative place to transfer stable patients. Based on data from the Washington State Hospital Association available at wahospitalprincing.org, the estimated lost revenue on patients occupying a

medical/surgical bed is about $3500 per day. When multiplied by the 125 avoided hospital days for JustHealth's 23 patients, potential lost revenue is approximately $437,500 for this small sample.

Future Cost Projections:

Going forward, we recommend increasing the bookkeeping hours to four per month and adding a Program Development position to the staffing configuration. We succeeded in reallocating funds for program development during the last four months of the pilot project, and this person was invaluable in assisting the Community Advisory Board with pursuing ongoing funding, program development, and evaluation. In Appendix A, a pro forma budget is provided for six patients, with an average daily census of five. For every three additional patients, an additional part time Recuperative Care Coordinator would need to be hired (.4 FTE, or $2409/month) and additional Outreach Specialist hours (.15 FTE or $363/month) would be advisable. Other direct costs would also need to be increased accordingly (approximately $75 per patient day).

Next Steps:

Now that the pilot project is completed and JustHealth has demonstrated the ability to provide a crucial community service, funding is being sought to reinstitute a sustainable recuperative care program. Additional outcome goals include:

1. Expand program capacity to increase the admission rate by 50%.
2. Create a program to track guests post-discharge to assess for hospital/emergency department usage and housing status.
3. Increase the number of guests discharged to a stable living situation to 30% (at par with national average).
4. Develop a marketing plan to create sustainable funding sources including third-party reimbursement.

On March 24, 2015, the Community Advisory Board transitioned into the Board of Directors of a new entity, Lake City Partners Ending Homelessness, and on December 22, 2015 the Internal Revenue Service confirmed that the new entity qualifies as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code.