

HOMELESS MEDICAL RESPITE SURVEY

We would like to measure the need for a "medical respite" program in the Twin Cities. This would give people who are homeless a safe place to recover from illness or injury. We are asking nearly 60 shelters, outreach programs and health care sites to collect information about how many of their homeless clients or patients could use a medical respite program, and about the health care needs of those individuals. Survey results will help in the design of a medical respite program for Minneapolis and St. Paul.

- **THIS IS A ONE-DAY SURVEY ONLY**
- **PLEASE COMPLETE SURVEY AT ANY TIME ON MONDAY, JUNE 16**
- **PLEASE USE ONE SURVEY FORM FOR EACH PATIENT/CLIENT**

The survey on the back of this page asks for basic, anonymous information about each individual you saw today who might benefit from a medical respite shelter if one were available. **Fill out a survey only for each client or patient you see on Monday, June 16 who is:**

1. A currently homeless adult, age 18 and over ; **
2. Suffering from an acute (serious but short-term) medical problem that would benefit from respite care (no longer than a six-week stay);
3. Independent in daily activities (can move around independently, go to the bathroom without assistance, and feed self);
4. Continent (able to control bodily functions);
5. Medically stable (their condition is not declining rapidly);
6. Willing to see a nurse every day and comply with medical recommendations;
7. Behaviorally appropriate for group setting (not suicidal or likely to assault others);
8. Not using an IV; and
9. Has not already been surveyed at another site conducting this survey (if you know this).

Please fax all completed surveys to 612-375-9105 by FRIDAY, JUNE 20

If you have any questions or comments about this survey, please contact:

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** An adult is "homeless" if they (1) lack a fixed, regular and adequate nighttime residence and (2) live in either (a) a shelter or transitional housing; (b) a temporary residence for people intended to be institutionalized; or (c) a place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. Those who are temporarily "doubled up" in housing owned or rented by another are also homeless for purposes of this survey.

Please answer the following questions about each person you saw today who might be eligible for admission to a medical respite shelter (based on the criteria listed on the front of this sheet). If you can't answer a question, or if it doesn't apply to your situation, please leave it blank.

DATE: _____ SURVEY SITE: _____

GENDER: M F AGE: _____ (estimate if necessary)

HOMELESS? NO YES → Where do they usually stay at night? _____

INSURANCE: MA GA-MC MN-Care None Don't know Other _____

What is the nature of this person's illness or injury? (Examples: broken limb, recovering from surgery, burns, infected wound, pneumonia, bad cold or flu)

When did this illness begin or injury occur? _____

Has this person received medical care for this illness or injury? Yes No

If yes, where? _____

Date of discharge: _____

Is this person medically stable now (their condition is not declining rapidly)? Yes No

What ongoing medical needs does this person have that could be met in a respite setting? (Examples: help changing dressings, managing medication, rest following surgery or illness)

Is this person independent in their daily activities? (Examples: can move around independently, use bathroom without assistance, transfer from wheelchair if needed, and feed self).

Yes

No → What are their limitations? _____

Estimated length of respite needed:

1 week or less 1-2 weeks 2-3 weeks 3-6 weeks Don't know

Does this person have at least a one-week supply of necessary medications or medical supplies with them when they leave your site? Yes No Don't know

Do you think this person would be willing to see a nurse every day and comply with medical recommendations? Yes No Don't know

Do you think this person is behaviorally appropriate for a group setting (not suicidal or likely to assault staff, other patients or self)? Yes No Don't know

Do you think this person would be actively using illegal drugs or alcohol in a respite setting, or would be at risk of withdrawal if not using? Yes No Don't know

Other comments:

Medical Respite Shelter Survey: A Summary of Results

Background

Medical respite programs give people who are homeless a safe place to recover from short-term illness or injury. They provide health care providers with a discharge option for homeless patients who need ongoing medical supervision that they could not receive in an emergency shelter or while living outdoors.

Local health care providers, county staff, shelter workers, advocates and outreach workers began meeting in January 2003 to discuss the need for a medical respite program in the Twin Cities. While anecdotal evidence suggested that respite services were lacking, the group decided to conduct a one-day survey to collect accurate basic information about the number of homeless persons in need of respite, their medical concerns, and the services they needed. The planning group hoped that the results of this survey would be helpful in preparing a detailed program proposal and seeking funding to open a medical respite program.

Methodology

The planning group designed a one-page survey to be filled out each time a homeless adult client or patient whose acute medical problem(s) might benefit from respite care was seen at a survey site on the day of the survey. More than 65 hospitals, community health care providers, shelters, outreach programs and drop-in centers agreed to participate in the survey.

Surveys asked for the patient's age and gender (but not their name), source of insurance, and whether or not the patient was homeless. Surveyors were asked whether the patient was medically stable, independent in their daily activities (could move around, use the bathroom, and eat without assistance), behaviorally appropriate for a group setting (not suicidal or likely to assault others), likely to see a nurse every day and comply with medical recommendations, or was likely to use illegal drugs or alcohol (or would be at risk of withdrawal) in a respite setting. The survey also asked about the nature of the patient's illness or injury and the date of onset, where and when the patient had received medical care, the patient's ongoing medical needs, and the estimated length of respite needed.

Results

The survey was conducted on June 16, and 77 surveys were returned. Two surveys were rejected because they appeared to duplicate surveys conducted at other sites. Fifteen other surveys were rejected because they stated that the person being surveyed had no medical needs or did not need medical respite services at that time, or were substantially incomplete. Nearly all the rejected surveys came from one site (the surveyor apparently misunderstand the nature of the survey).

Not all of the 60 remaining surveyed patients appeared to be equally well-suited for respite. In order to best understand the characteristics of patients who would most likely be admitted to a respite care program if one existed, those whose medical conditions appeared to be non-acute or chronic in nature and not likely to be resolved through respite care, whose diagnoses related only to mental health, or whose medical needs were prospective (i.e., awaiting surgery) were removed from the data set. This left a smaller group of 35 surveys representing those with the most acute medical needs. The characteristics of this "most likely" group are as follows:

Gender: 71% men (25) and 29% women (10)

Average age: 42 (range: 18 to 63)

97% had received medical care for their illness or injury

80% were deemed to be medically stable at the time of the survey

100% were independent in their daily activities

Insurance Status

GA-MC	43% (15)
MA	23% (8)
Uninsured	20% (7)
Don't know/no answer	6% (2)
MN Care	3% (1)
Medica	3% (1)
Other	3% (1)

Nature of Illness or Injury

Post-surgery recovery	29% (10)
Broken bones	14% (5)
Pneumonia	9% (3)
Cellulitis	9% (3)
Back injury/pain	9% (3)
Burns	6% (2)
Renal failure	6% (2)
Ear/nose/throat/respiratory illness	6% (2)

Site of Medical Treatment

HCMC	46% (16)
Regions	11% (4)
St. Josephs	6% (2)
Abbott NW	3% (1)
HCH Clinic	3% (1)
VAMC	3% (1)
CUHCC	3% (1)
Fairview	3% (1)
Other/unspecified	20% (7)

Ongoing Medical Needs

Rest	60% (21) *
Medication management	29% (10)
Dressing changes	20% (7)
Coordination of follow-up care and assistance with future appointments (including transportation)	14% (5)
Don't know/unspecified	23% (8)

*Totals exceed 100% because many patients had multiple needs

Estimate Length of Respite

Less than one week	20% (7)
1-2 weeks	9% (3)
2-3 weeks	31% (11)
3-6 weeks	23% (8)
Don't know	17% (6)

Likely to use illegal drugs/alcohol while in respite

No	60% (21)
Yes	14% (5)
Don't know	26% (9)

What do the results mean?

A few obvious conclusions can be drawn from this survey data:

First, there is clearly a demand for medical respite services in the Twin Cities metro area. If on one randomly-selected day of the year there are **at least** 35 homeless persons in need of medical services and a secure place to recover from illness or injury, it is reasonable to assume that there would be at least an equal number of people in need of those services on other days of the year. This estimate is likely substantially lower than the actual level of need: few hospitals responded to the survey, although the planning group did extensive outreach to metro hospital emergency and social work departments. If a respite care program were in existence, it is very likely that hospitals would refer the majority of patients in need of respite.

Second, there is clearly a demand for medical respite services for women. Single women likely comprise about 15% of the total single homeless adult population in the Twin Cities (of approximately 950 shelter beds available for single homeless adults in Minneapolis and St. Paul, approximately 175, or 18%, are reserved for women). But the survey shows that nearly thirty percent of potential respite patients are women. This is higher than the proportion of beds reserved for women in existing respite care programs (17% in Washington DC, 20% in Denver, 23% in Seattle) but is consistent with the percentage of female patients served at Interfaith House, a Chicago respite program (26%). It is unclear why a greater proportion of single homeless women than men would need respite services.

Third, it appears that most potential users of a medical respite program do not need intensive medical supervision. Rest, medication management, and assistance with dressing changes were the most frequently mentioned ongoing medical needs that could be addressed in a respite setting. These are not medical needs that would necessarily require round-the-clock skilled nursing care. This will help the planning group anticipate the level and type of staffing required to meet the medical needs of likely respite patients.

Fourth, it appears that most potential respite care patients have received medical care for their illness or injury, typically at large public hospitals (HCMC and Regions, a semi-public hospital). Building partnerships with those hospitals, and others, should be a high priority for the planning group.

Next Steps

Prior to this survey, the planning group had no way of accurately estimating the number of homeless persons in need of respite, anticipating their medical concerns, and assessing the services they needed. Using the data gathered in the survey will allow the planning group to:

- determine the optimal size and configuration of a medical respite program,
- develop a service plan that will meet the medical needs of the patients most likely to use the program,
- build partnerships between organizations that will contribute to the program's success, and
- develop a budget and funding strategy that will enable this program to move from planning stages to reality.

If you are interested in participating in the medical respite planning group, please contact John Petroskas at 612-278-1146 or at meshjp@cpinternet.com.