

NATIONAL
INSTITUTE
—for—
MEDICAL
RESPITE
CARE

Healthcare & Homelessness Pilot: Medical Respite/Recuperative Care Discussion

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The National Institute for Medical Respite Care is a special initiative of the National Health Care for the Homeless Council.

Medical Respite Care: Definition

- Post-acute care for people experiencing homelessness who are too ill or frail to recover from an illness or injury on the street or in shelter, but who do not require hospital level care.
- Short-term residential care that allows people an opportunity to rest, recovery, and heal in a safe environment while also accessing clinical care and support services.

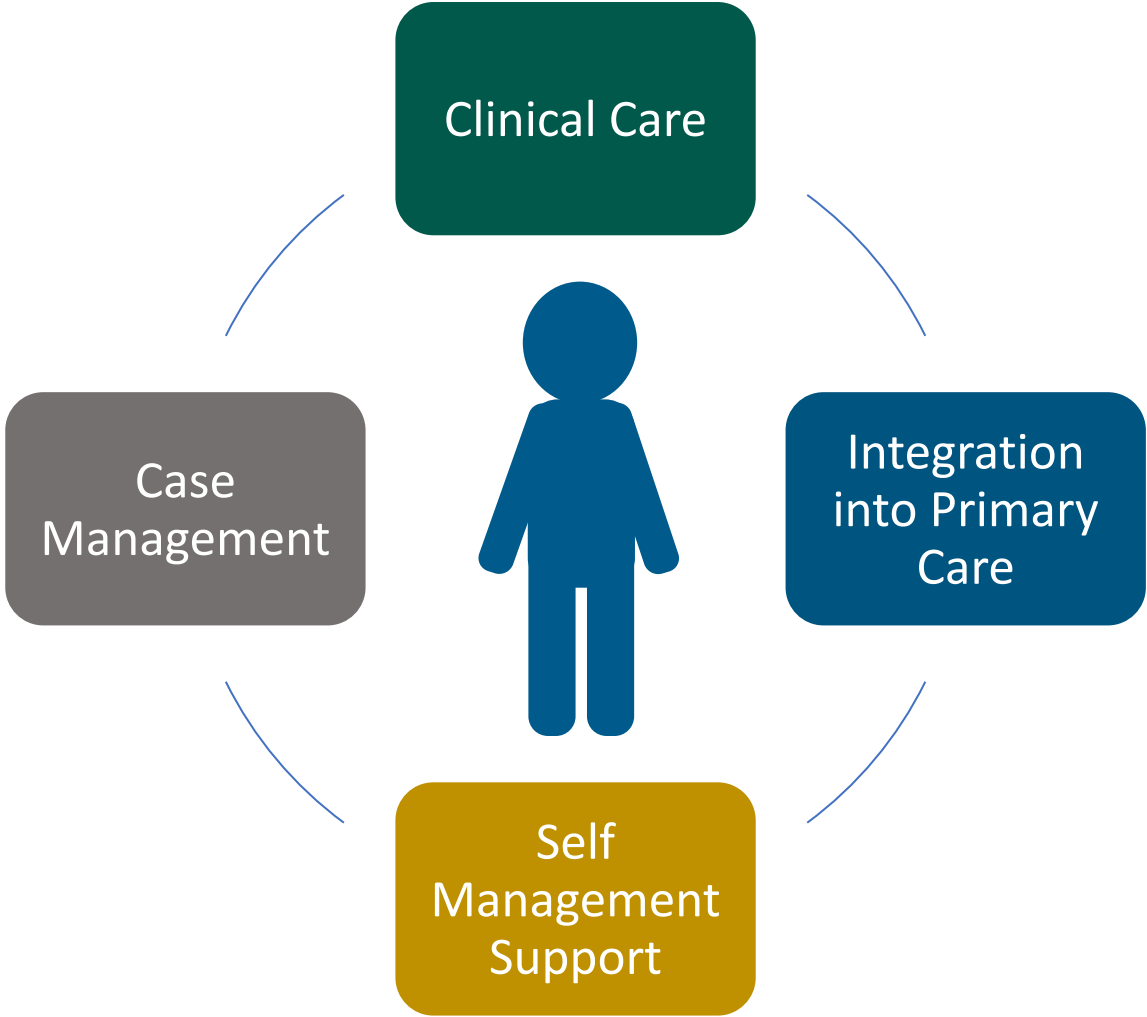
Diversity of Programs

- Bed number
- Facility type
- Length of stay
- Staffing and services
- Referral sources
- Admission criteria

Medical Respite vs. Recuperative Care

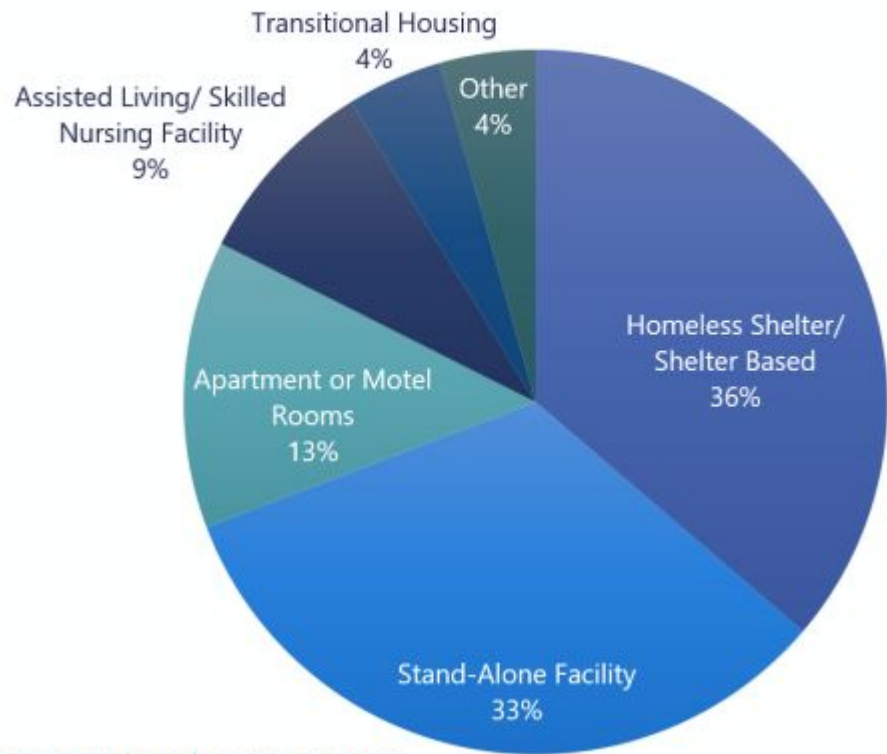
- The terms “medical respite care” and “recuperative care” are used interchangeably to describe the same service.
- “Recuperative Care” is defined by the Health Resources and Services Administration as “short- term care and case management provided to individuals recovering from an acute illness or injury that generally does not necessitate hospitalization, but would be exacerbated by their living conditions (e.g., street, shelter or other unsuitable places).”
- The Respite Care Providers’ Network adopted the term “medical respite care” on the grounds that it is more encompassing than the literal meaning of the term “recuperative.”

Medical Respite Core Components



Facility, Staffing & Services

Type of Facility



Note: Data based on 92 programs

NUMBER OF BEDS

17 median number of beds

2 - 210 range in number of beds

28 days median length of stay

ONSITE SERVICES

96 offer enabling and support services.

85 offer onsite clinical services.

Number of Programs with Each Clinical Service Type



MD

29



NP

30



PA

10



SW

58



RN

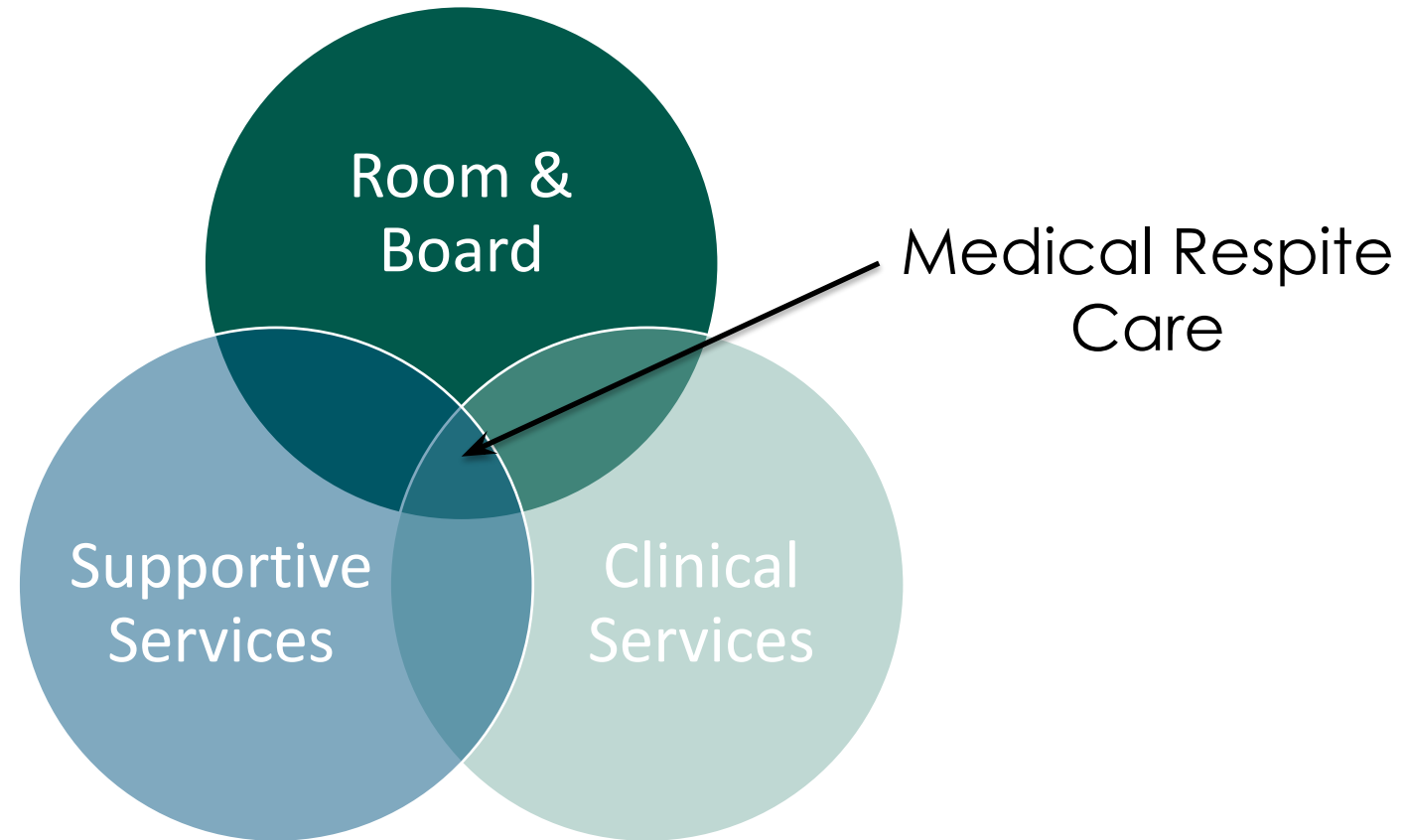
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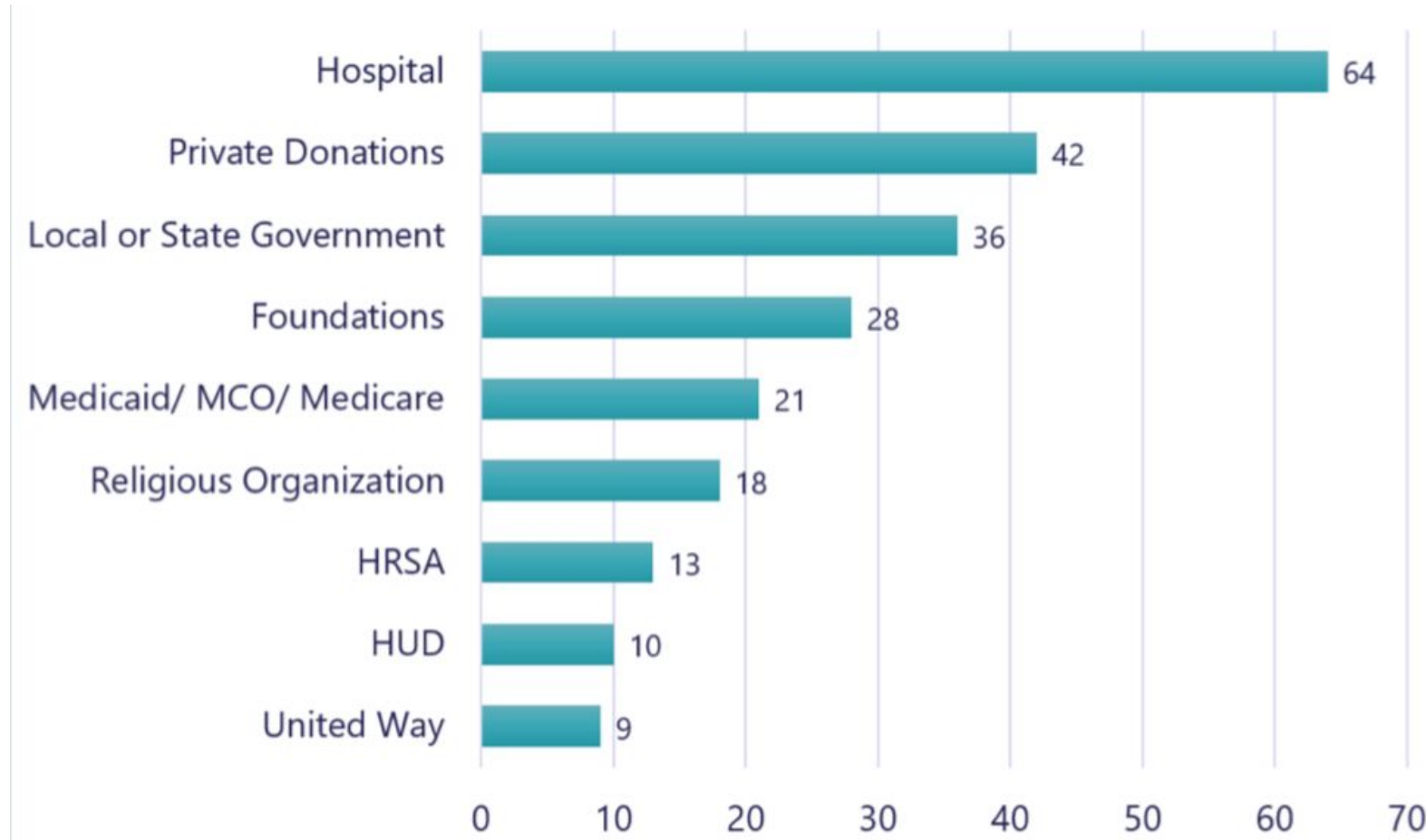
CHW

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Funding Medical Respite Care



Most Common Funding Sources



*State of Medical Respite/Recuperative Care Programs
(January 2021)*

Program Models – Core Components

- 24-hour access to a bed
- 3 meals/day
- Transportation to any/all medical appointments
- Access to a phone for telehealth and/or communications related to medical needs
- Safe space to store personal items
- Wellness check at least 1x every 24 hours by MR/RC staff (clinical or non-clinical)

Program Models

Coordinated Care

- Coordination of appts
- Connection to PCP
- Referral to case management services

Coordinated/Integrated Clinical Care

- Medication management supervised by licensed staff

Comprehensive Clinical Care

- Daily evaluation
- Administering meds
- OPAT services

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