

## 4.4: Medical Respite

“What can be done with people who are not sick enough to be hospitalized, but who are too sick to be out on the streets?” More and more, the answer to this question is medical respite. In this module, you will learn how to define the HCH concept of medical respite, list some benefits of medical respite for people experiencing homelessness, and describe how respite care functions as part of the HCH continuum of care.

## What is Medical Respite?

- ... provide a place of rest from the streets for those persons who needed 24-hour-a day acute and post-acute care in a safe and dignified healing environment

*from Medical Respite Services for Homeless People: Practical Models*



*During the two years from diagnosis to death, this man underwent two major surgeries, chemotherapy, and radiation therapy.  
Photo by James O'Connell MD*

By now you know that there are not enough shelter beds for all the people looking for one every night. But even for those who do find a bed, many emergency shelters do not allow their guests to remain on the premises during the day.

Medical respite care was born in 1985 to provide a place of rest from the streets for those persons who needed 24-hour-a day acute and post-acute care in a safe and dignified healing environment. Some programs with these characteristics use other descriptors, like interim, infirmary, or recuperative care.

Today there are over 40 communities across the country providing medical respite services using a variety of approaches in order to meet the needs of their homeless citizens. However, the mission of providing recuperative care for homeless persons who are too sick for the streets, but not sick enough to be in the hospital remains the same.

# Basic Respite Models



Photo courtesy of Maricopa HCH



Photo by James O'Connell, MD

Two basic models

- Freestanding respite units
- Shelter-based models

Adapted from *Medical Respite Services for Homeless People: Practical Models*

Across the nation, communities utilize some version of two basic models: Freestanding respite units and Shelter-based models.

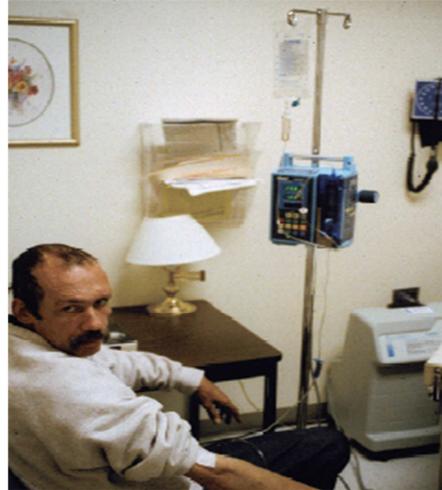
In freestanding units, one organization, such as a homeless health care project, owns and operates the program in a separate leased or purchased facility, designed specifically for medical respite services.

Shelter-based models generally set aside areas within their facilities for medical respite units in which they provide nursing care and other services.

## Other options

- Referral to shelter beds
- Motel/hotel vouchers
- Board and care contracts

*Adapted from Medical Respite Services for Homeless People: Practical Models*



*This man required several weeks of IV antibiotics after discharge from the hospital. Photo by James O'Connell MD*

At a minimum, a medical respite program must include nursing care with limited resources. Many organizations have employed creative strategies to make up for the lack of a medical respite unit in their community. The most basic response to the need for respite services involves a simple referral to shelter beds that are set aside for people needing 24-hour recuperation. This arrangement will usually require clients to be ambulatory and capable of self-care. Another intermediate approach is a voucher system used to place clients needing respite into motels or hotels. In the arrangements described above, the HCH program might offer ambulatory care at the patients' bedside. Another relatively inexpensive approach is to contract for beds in board and care homes, which somewhat addresses the issues of 24-hour nursing care, meals and supportive human contact.

“Respite is Home Care for People with No Home”

## **Read Handout 4.4**

In the reading assignment for this module, you'll read an interview with the medical director of an HCH project that started with a few shelter beds dedicated to recuperative care and has now opened a free-standing respite care facility. After that, you'll see a video of HCH respite care providers describing the importance of respite in HCH care.