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The Role of Medical Respite Care in COVID-19 Response

COVID-19 Town Hall

April 10, 2020

Medical Respite/Recuperative Care

- Acute & post-acute care for people who are homeless who are too ill or frail to recover from sickness or injury on the street, but not sick enough to warrant hospital level care
- Short-term residential care that allows people who are homeless to rest in a safe environment while accessing medical care and support services
- **NOT:** skilled nursing facility, nursing home, assisted living, BH step-down, or supportive housing
- What does medical respite look like in the time of COVID-19?

Diversity of Programs

- Size
- Facility
- Length of stay
- Staffing & services
- Admission criteria

Panelists

- Donna Biederman, DrPH, MN, RN Associate Clinical Professor, Duke University School of Nursing Durham, NC
- Melissa Brown, LICSW Manager, Edward Thomas House Medical Respite Seattle, WA
- Leslie Enzian, MD Medical Director, Edward Thomas House Medical Respite Seattle, WA

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Medical Respite and COVID-19 Seattle's Experience

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Brief Local Context

- ETH 34-bed free-standing respite unit
- Shelter-based respite for 16 years
- Harm Reduction Philosophy
- High Medical and Behavioral Acuity, IV Rx
- Run/Staffed by county med center employees
- Support of UW and Harborview
 - Infection Control
 - EVS
 - Protocols
- Shelter COVID testing

Challenges Faced

- Barriers to accessing COVID shelters: Process, SUD, Legal History
- Lack of foresight about preparing for SUD
 - MMT, withdrawal, cravings, SUD behaviors
- Lack of training in TIC and Harm Reduction
- Should Respite accept COVID patients?
- Should Respite keep their patients who test (+)?
- Staff Reservations
- Changing Recommendations

Cons to COVID in Respite

- Immunocompromised/High-Risk Patients
- Mixed COVID +/- population
- MH/SUD limitations to isolation

Pros to COVID in Respite

- Other shelters can't manage medical needs
- Experienced staff, processes in-place
- Respite's contribution to COVID Crisis
- COVID Protocols
 - Referral/admission screening
 - Maximizes success in isolation
 - Limits staff interactions
 - Addresses non-adherence to isolation

Harborview Hall

- Quickly-developed, less-formal, low-barrier
- Facility with 4 spaces + staff “Cold Room”
- Staffing: RN 4 hr/d, MA daytime, EMT nights, MD 2 hrs/d + On-Call
- Protocols: All staff can use (not methadone)
 - Eligibility, Intake, Welcome
 - SUD Management, MMT Plan
 - Symptoms warranting transfer to ED

Patient Support

- Daily nursing visit
 - Screening for symptoms
 - Education and guidance regarding social distancing and hygiene
- Cleaning protocols in clinic and throughout respite facility
- Gel Out/Gel In
- Signage with reminders about hygiene and social distancing
- ‘Stay Home-Stay Healthy’ order – education and signage
- Newly created sign out/in with reason for leaving facility
- Unit rule changes to accommodate social distancing
- Telehealth when possible to avoid patients leaving respite to attend appointments

Staff Support

- Transparent communication
 - Daily emails to package information to staff
 - Open forum during huddles and report to address questions/concerns
- Planning that incorporates staff feedback and suggestions
- PPE - PPE – PPE – PPE
 - Education re: droplet vs airborne
 - PPE training via the hospital and repeated walk throughs after morning huddle
- Support to help staff manage anxiety
- Meetings with Infection Control and Public Health
- Staff Town Hall
- Recognition and frequent appreciation

Patient and Staff Testing

- Patients screened daily. If symptoms – isolate and test.
 - Isolation rooms
 - Community room
- Testing every patient at Medical Respite regardless of symptoms after learning the incidence in homeless population greatly increasing.
- Testing all patients upon admission.
- Staff sign daily attestation. If any symptoms, encouragement to go home.
- Testing available to all staff if criteria met

Harborview Hall Covid-19 Shelter

- Medical Respite staffing providing support and training
 - Staff shadowing at respite to learn about milieu management and flow
 - Respite staff assigned to work at the shelter to train newly assigned shelter staff
 - Respite leadership team involved in helping to create protocols and providing infrastructure support
- Education to respite staff regarding usage of the shelter

COVID-19 Resources

- Edward Thomas House Covid-19 Protocol
- UW Medicine Public protocol website
 - <https://covid-19.uwmedicine.org>
- Public Health – Seattle & King County HCHN
 - <https://www.kingcounty.gov/depts/health/locations/homeless-health/healthcare-for-the-homeless.aspx>
- Covid-19 data metrics updated daily
 - <https://covid19.healthdata.org/>

COVID-19 Resources: Current

- COVID-19 & the HCH Community: Needed Policy Responses for a High Risk Group
- COVID-19 & the HCH Community: Needed Actions from Public Health and Emergency Response Systems
- COVID-19 and Diabetes
- Much more at nhchc.org/coronavirus

Send us your community's guidance: mdurham@nhchc.org

COVID-19 Resources: Upcoming

- FAQ on using funds from the CARES Act
- Reducing Harm During the COVID-19 Pandemic for People Using Drugs, Alcohol, or other Substances
- Clinical guidance for isolation and quarantine (I&Q)

Mental Health & Quarantine

Town Hall #4: April 17 at 10am PT/1pm ET

Register at [://nhchc.org/coronavirus-town-halls/](https://nhchc.org/coronavirus-town-halls/)