



Oversight & Operation of a Medical Respite for the Homeless Population

Marc Ó Gríofa, MD PhD NRP FAWM FEWM FFSEM
City of Las Vegas Recuperative Care Center

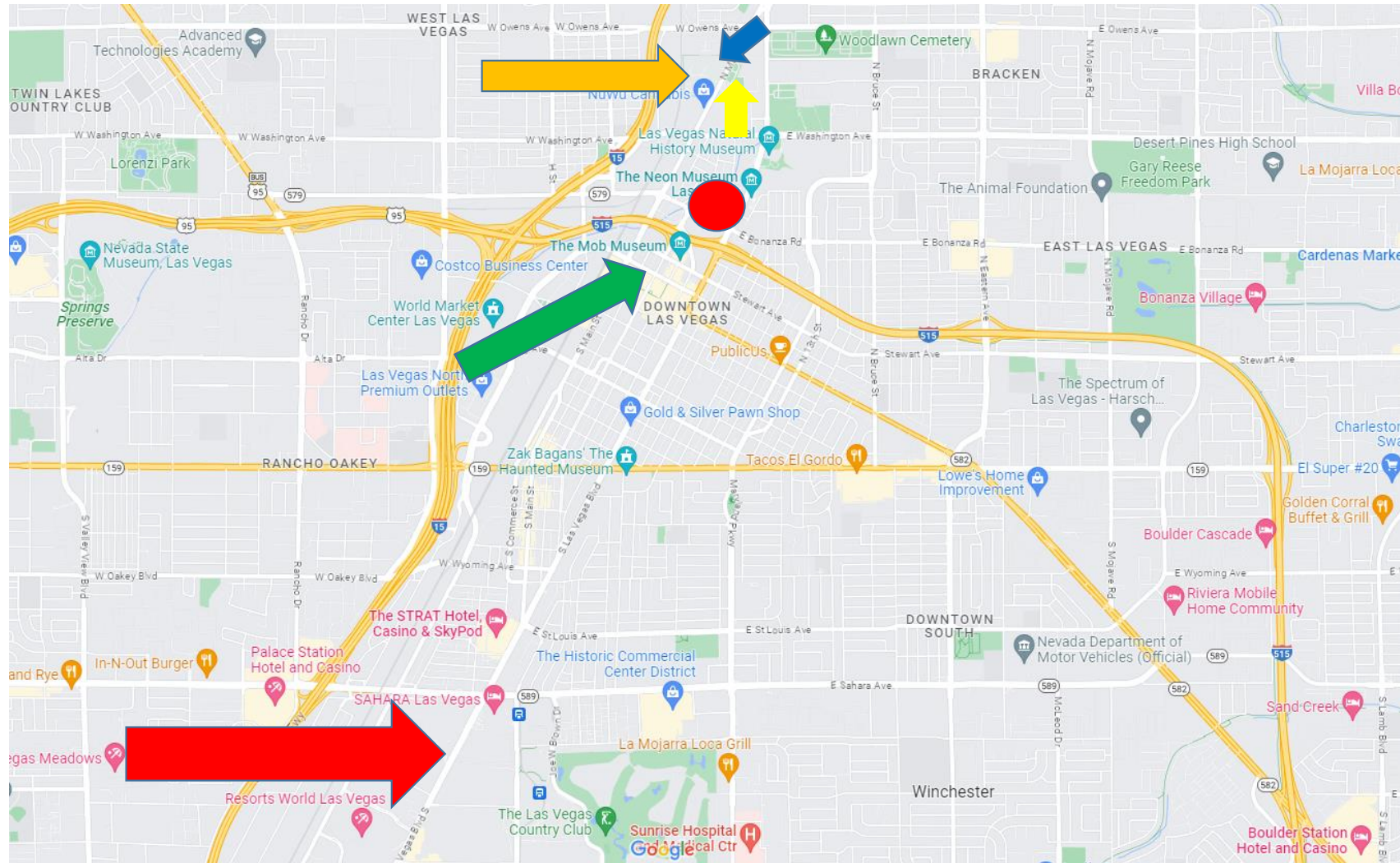


Hope
Christian
Health Center





City Of Las Vegas

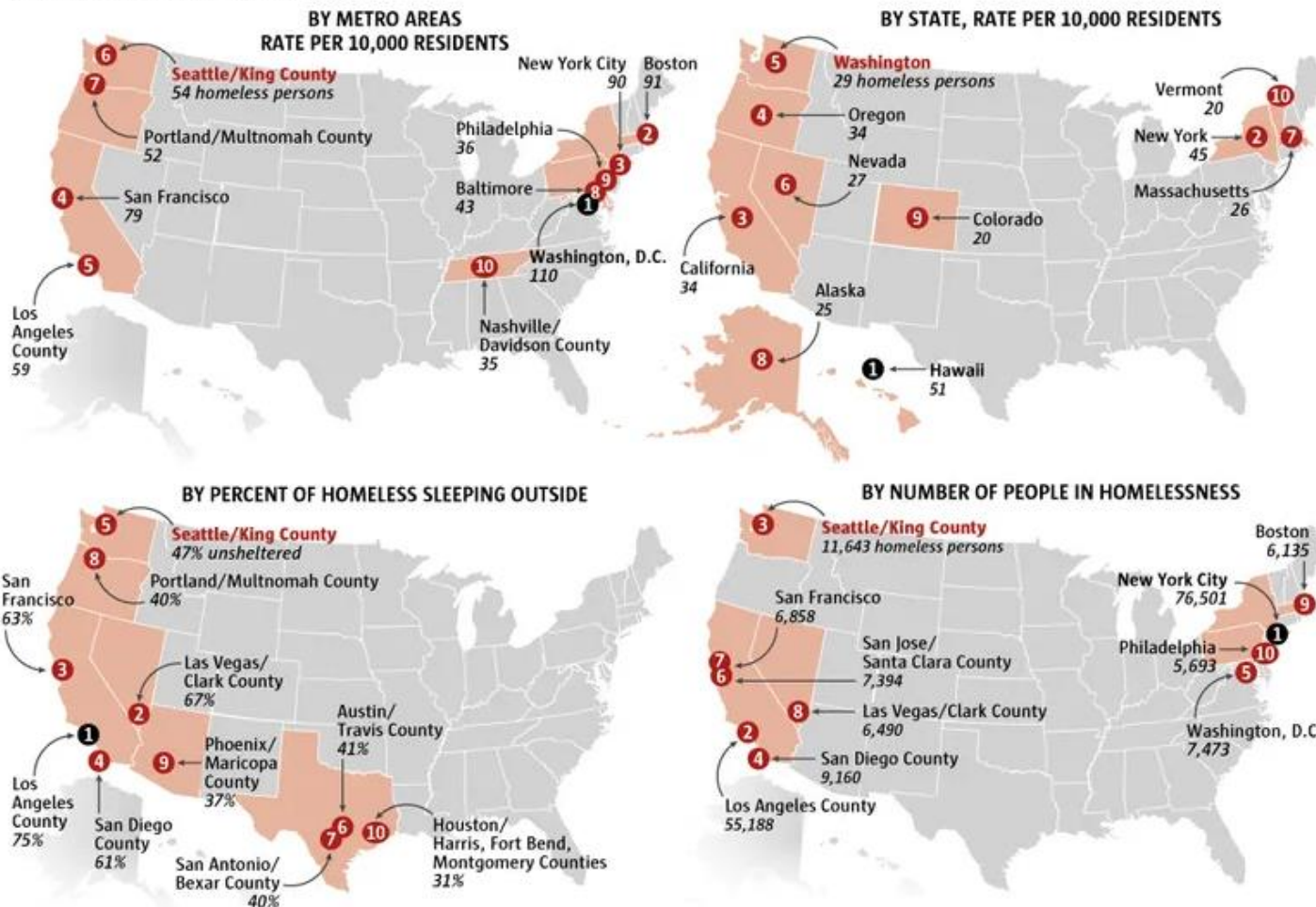




Homelessness In Las Vegas vs Nationwide

What city has the worst homelessness crisis?

It depends on how and what you count. Here are four different ways to look at homelessness in America's 30 largest cities with a population of more than 600,000.





Homelessness In Southern Nevada



51%

Unsheltered

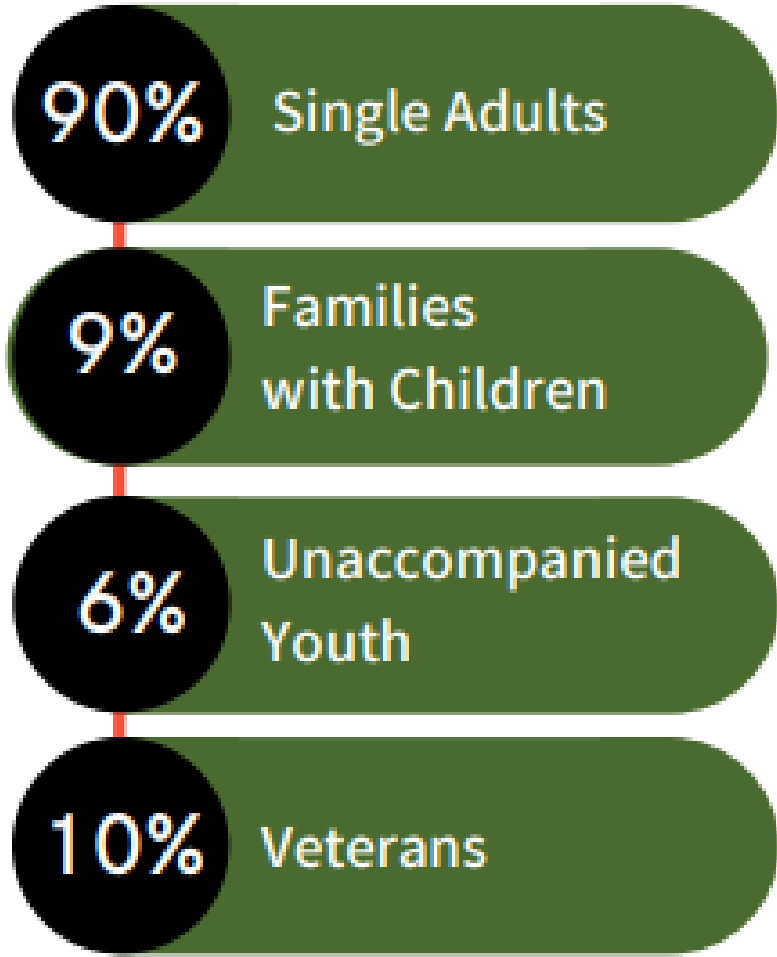
49%

Sheltered

13,972

will experience homelessness in our community at some point this year

Subpopulations



*These groups are not mutually exclusive



Homelessness In Las Vegas



STUDY: NEVADA HAS 9TH HIGHEST RATE OF HOMELESSNESS NATIONWIDE



Shelter Services





Corridor Of Hope





Program Introduction

- City of Las Vegas Department of Neighborhood Services
 - Courtyard Homeless Resource Center
 - Street Medicine Team
 - Second Chance Employment
 - The Arrow Shuttle
 - Flexible Housing
 - Prevention / Move-in & Rental Assistance Program
 - MORE Teams
 - Ticket-To-Home Program
- CLV Recuperative Care Center



Barriers In Shelter Medical Care

- Shelter system not equipped for medical care
- Homeless shelters only provide a bed for the night
 - Guests are discharged to the streets at 0600; cannot stay on campus
 - Intake for the new night begins at 1600
- Shelter staff cannot provide medical care:
 - Cannot change bandages or dress wounds
 - Oxygen not permitted
 - Medication is often confiscated; no safe storage
- Shelter staff cannot assist guests with basic needs:
 - Feeding
 - Bathroom/Diapers
 - Moving around the facility or getting in/out of bed



ISO-Q - Background

- COVID-19 Isolation/Quarantine Medical Facility





CLV Recuperative Care Center (RCC)

- Opened in August 2020
- 40 bed (38 floor and 2 isolation) facility
- Safe place for homeless patients to finish healing
 - Wound Care (infections/amputations/burns)
 - Cardiac conditions
 - Respiratory issues
 - Cancer treatment recovery
 - Hospice services
 - Pre/Post-surgical procedures
 - Uncontrolled diabetes and hypertension



CLV Recuperative Care Center (RCC)





Funding Sources

- Currently funded 100% by the City of Las Vegas
 - ESG-CV
 - Emergency Solutions Grants – CARES Act
 - HUD funding “to prevent, prepare for, and respond to coronavirus, among individuals and families who are homeless or receiving homeless assistance and to support additional homeless assistance and homelessness prevention activities to mitigate the impacts created by coronavirus under the Emergency Solutions Grants program (42 U.S.C. 11371).”
 - CDBG
 - Community Development Block Grant Program
 - HUD funding to “providing annual grants on a formula basis to states, cities, and counties to develop viable urban communities by providing decent housing and a suitable living environment, and by expanding economic opportunities, principally for low- and moderate-income persons.”
 - Designed to reinforce principles of community development
- Exploring Medicaid reimbursement options



Hope Christian Health Center



Hope
Christian
Health Center

- Contracted operator of CLV Recuperative Care Center
- Federally Qualified Health Center (FQHC), non-profit, faith-based family medicine health center
- Mission:
 - To glorify God as they demonstrate Christ's love to the Las Vegas community by providing excellent, affordable care to everyone regardless of their ability to pay.
- Statement of Faith:
 - Forms the bedrock of their Mission, Vision & Values as a non-denominational Christian non-profit organization
- Values:
 - Gospel motivation, Thankfulness, Prayer, Humility & Service



CLV Recuperative Care Center (RCC)

- Not Assisted Living or Group Home
- Patients must be homeless within the City of Las Vegas
- Stable mental health (variable)
 - Mental health cannot be the primary component
- Intakes must be accepted before arriving at the facility
 - Reviewed for appropriateness and bed availability
 - Must be willing to consent to treatment and willing to follow facility rules



CLV Recuperative Care Center (RCC)

- 24/7 medical care
- Services are **FREE**, regardless of insurance
- No pre-determined length of stay (Avg. less than 30 days)
- Case management provided to address barriers to housing and self-sufficiency
 - Supportive services: Birth certificates, Identification
 - Access to state and federal benefits
- Patient referrals to RCC accepted from:
 - Hospitals
 - Community Partners
 - Shelters (& Courtyard HRC)
 - Outreach teams (MORE)





Information Management & Tracking



Username

Password



SIGN IN

[FORGOT PASSWORD?](#)



Welcome to Healthie Nevada





CLV Recuperative Care Center (RCC)

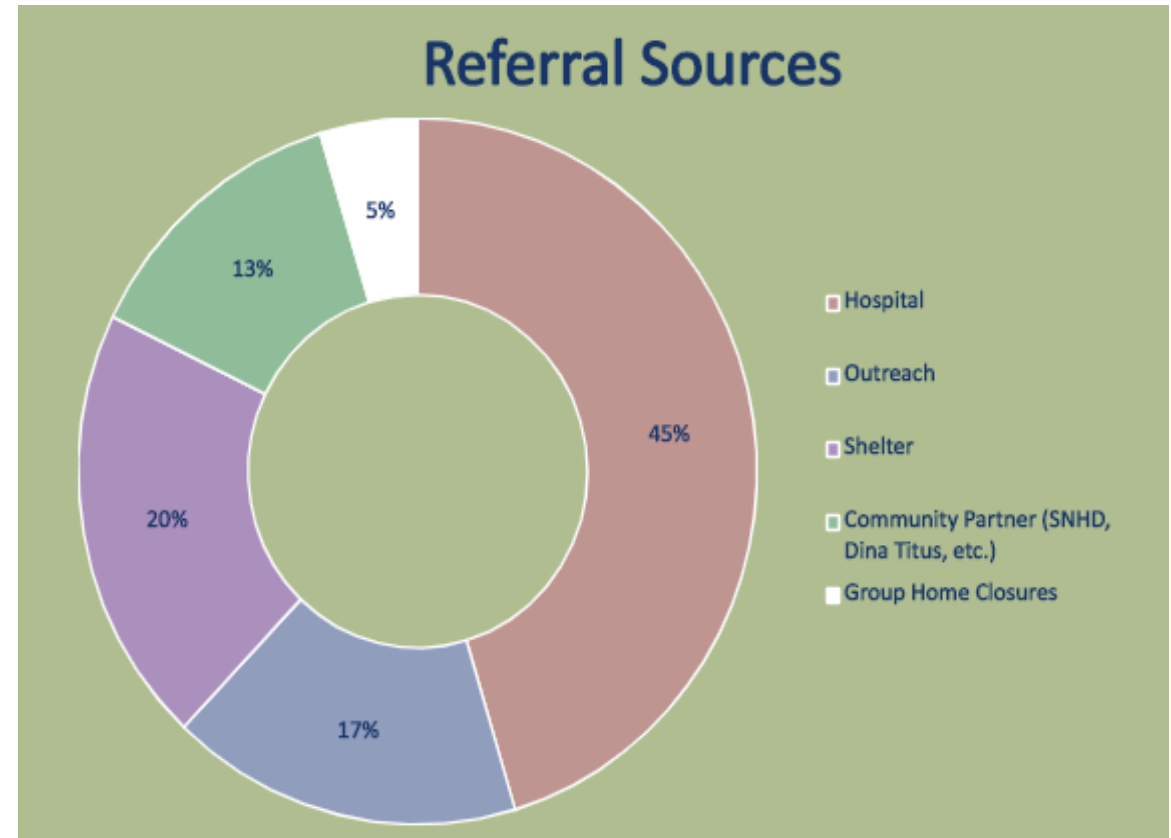
Since it's opening in August 2020

- 700+ patients served
- ~55% positive discharge rate
- Average length of stay: 26 days

Patients most often referred for:

- Diabetes
- Hypertension
- Cardiac complications
- Congestive heart failure
- Cancer treatment/recovery
- Amputation recovery
- Wound management
- Hospice

Source: HMIS





RCC Referrals

City of Las Vegas - Recuperative Care Center
Medical Respite Referral
 For Referrals Call Intake Specialists: (702) 229-5160
 Referral Screening: Monday - Sunday between 8:00AM - 10:00PM

1. Call RCC Intake Specialist **BEFORE** completing this referral form to check bed availability.
2. Provider completes referral form including **HOMELESS STATUS** and faxes this form to our Intake Specialist Team at (702) 228-5781
3. Incomplete referrals will not be accepted.
4. Medical Team Lead (e.g. MD, RN) will contact provider **AFTER** reviewing this referral submission for a medical-to-medical consult.
5. Acceptance/denial of any referral will be made by the Medical Team Lead.
6. If a patient being referred was not a direct admit to your facility and arrived from another hospital, care facility, et al - RCC requires that documentation.

HOMELESS STATUS: Where did the patient sleep the night before the hospital/clinic/ED visit? _____ If this section is blank, referral will not be accepted.

DISCHARGE COORDINATOR or PROVIDER to complete the following section:

Referring Medical Provider: _____ Phone: _____
 Hospital or Clinic: _____ Service: _____ Floor/Unit: _____
 Discharge Coordinator Name: _____ Phone: _____

Patient has been informed:
 Firearms, weapons, drugs/alcohol are **NOT** allowed on RCC property. Possession of unlawful weapons is grounds for immediate discharge from program.
 Patient may only keep three (3) bags of belongings at RCC. Any belongings left at RCC will be disposed of within 24-hours.

Documents that RCC MUST receive & evaluate BEFORE programmatic/facility acceptance: (these do not need to be faxed at the time of initial inquiry)
 ❖ Dates/times of medical follow-up appointments - All patients on IV antibiotics require ID f/u until antibiotics are completed.
 ❖ Discharge medication list including number of pills dispensed for each medication.
 ❖ Facesheet (demographics, medical insurance, address, next of kin, veteran status).
 ❖ Discharge Summary.

MEDICAL PROVIDER to complete the follow sections:

PLEASE FILL IN ALL AREAS

Patient received a **NEGATIVE COVID-19** test result dated no later than 24-hours prior to the referral being sent.
 Patient is agreeable to RCC admission.
 Independent/minimal assistance with mobility, transfers and self-care, not a known fall risk.

Patient has an acute medical need requiring medical respite care.
 If in ETOH withdrawal, CIWA < 10 for 16-hours without benzodiazepine medications N/A
 Behaviorally appropriate for group setting (includes no known active risk of suicide attempt or physical assault).

Diagnosis requiring Medical Respite: _____
 Last Vital Signs: T max: _____ BP: _____ HR: _____ RR: _____ RA O2 Sat: _____ Interpreter needed
 RA O2 saturation with 250 ft. ambulation (required for Pts with resting O2 > 94%): _____ Language: _____

CURRENT AND PAST MEDICAL PROBLEMS:

List total dose/type of last 24-hour narcotic Rx (UWMC/HMC, RCC will review MAR)

ETOH <input type="checkbox"/> Yes <input type="checkbox"/> No	Allergies: _____
H/O ETOH SZ <input type="checkbox"/> Yes <input type="checkbox"/> No	Special diet needs: <input type="checkbox"/> None <input type="checkbox"/> Other _____
H/O DT's <input type="checkbox"/> Yes <input type="checkbox"/> No	Weight bearing: <input type="checkbox"/> Full, all extremities <input type="checkbox"/> Other _____
Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No	Wound care orders: _____
	DNAR <input type="checkbox"/> Yes <input type="checkbox"/> No POLST MUST BE FAXED TO RCC BEFORE APPROVAL

Follow-up:
 IV Abx Name: _____ Dose/Frequency: _____ Expected completion date: ____/____/____
 If Rx is Vanco: Last trough date: _____ Trough value: _____ Creatinine: _____ Was Vanco dose changed? Yes No

Send **ONLY 5-day supply of narcotics** (as per inpt last 24-hr use)
 (If discharge medications include benzodiazepines, plan and Rx for taper or plan for another provider to continue Rx must be in place)

****Discharge Summary, with pertinent labs AND pending tests, must be faxed prior to the patient's arrival at RCC ****

PROVIDER SIGNATURE	PRINT NAME	DATE	TIME

PT. NO: _____

NAME: _____ Place EHR/EMR Label Within Box

DOB: _____

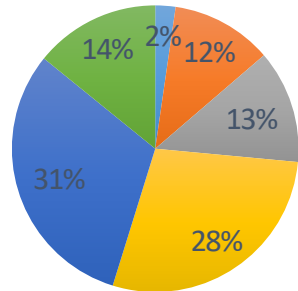
*****RCC will NOT accept referrals who DO NOT HAVE a negative COVID-19 test result dated within 24-hours of the referral being received*****

RECUPERATIVE CARE CENTER - MEDICAL RESPITE REFERRAL v12.2020



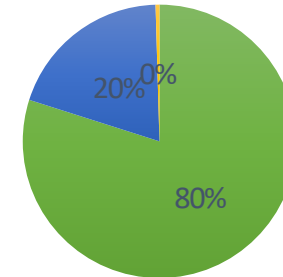
Client Demographics

Patient Age Range



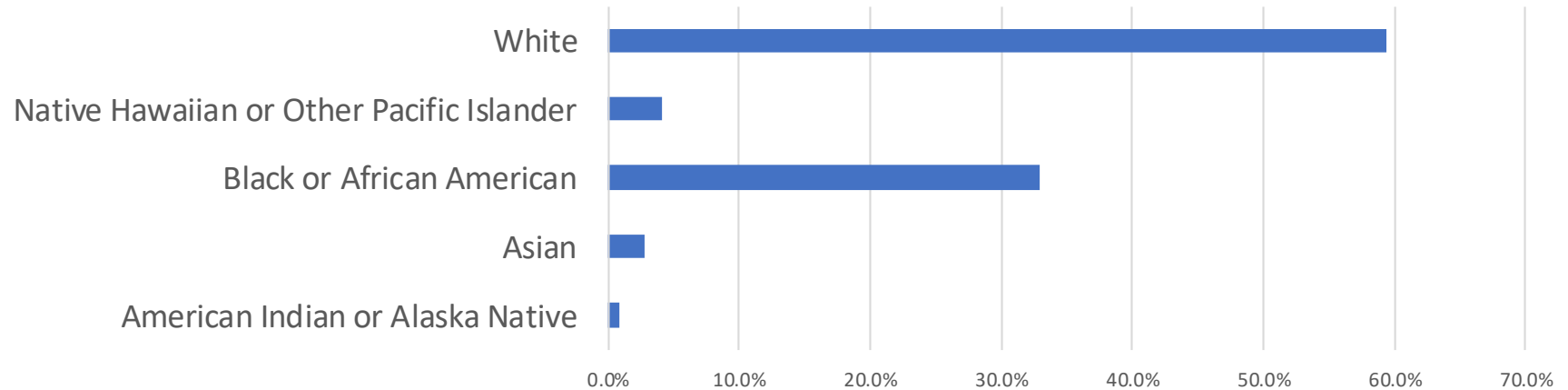
■ Under 30 ■ 31-40 ■ 41-50 ■ 51-60 ■ 61-70 ■ 71+

Gender



■ Male ■ Female ■ Transgender Female

Race





RCC Oversight & Operations

- Medical Director & Program Manager
 - Dual admission (medical & social)
- Intake Team
- Medical Team
 - RNs
 - CNAs
- Operations Team
- Case management Team
- Additional outside vendors



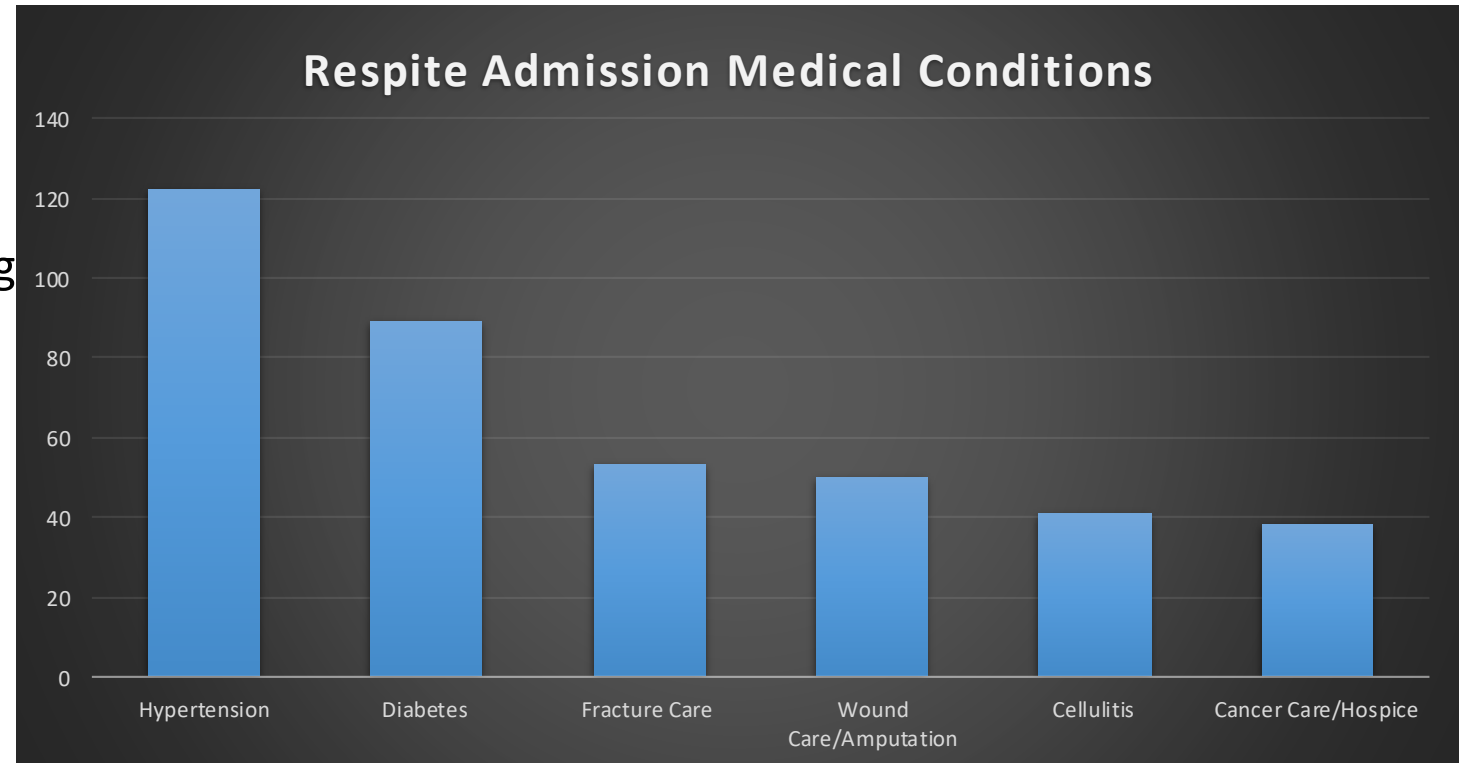
Medical Team & Operations

- 24 hour medical team
- X3 RN & X4 CNA per shift (x3 8 hour; x2 12 hour)
- Oversight by medical director
- Oxygen onsite
- Medication storage room
- Dedicated wound care nursing
- Dedicated medical transport (eg. Specialty appointments, imaging & dialysis)



Medical Outcomes

- Uncontrolled Hypertension
 - Systolic BP >220
- Uncontrolled Diabetes
 - Blood sugar 500+
- Fracture care
 - Trauma vs long standing deformity
- Wound care
 - Diabetes & Burns
- Amputation
 - Negligence?
- Cellulitis
- Hospice
 - Hospice partner
 - Lessons learned





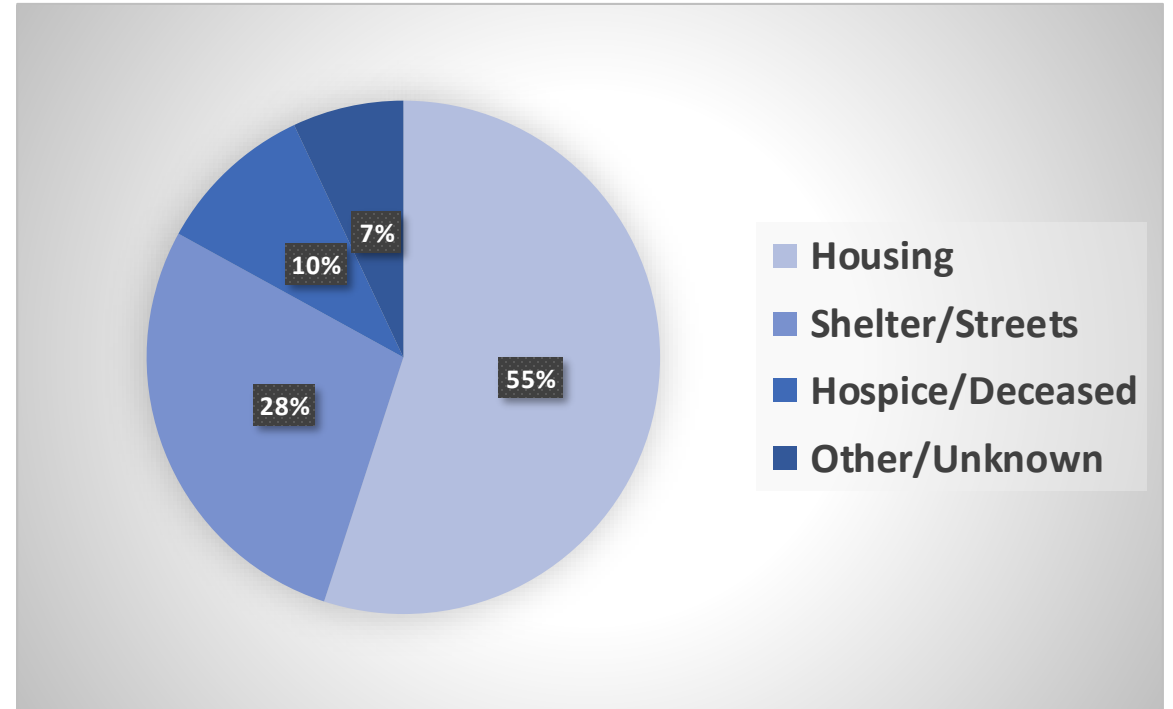
Case Management

- Case Management services begin immediately upon admission
- Social determinants of health
 - Connection to housing
 - Income
 - Follow up appointments
 - Transportation
- SOAR Provider onsite
 - **SSI/SSDI Outreach, Access, and Recovery (SOAR)** is a program designed to increase access to SSI/SSDI for eligible adults who are experiencing or at risk of homelessness and have a mental illness, medical impairment, and/or a co-occurring substance use disorder.
 - The Nevada SOAR project aims to fulfill objectives outlined in the Nevada Interagency Council on Homelessness' (NVICH) 2015 Strategic Plan to Prevent and End Homelessness. The NVICH has determined SOAR to be an essential resource for providing effective wraparound services to those affected by homelessness.



Respite Discharge

- Aug '20 – April '23
- 700+ Patients
- Discharges from RCC:
 - Housing (permanent & transitional): 55%
 - Shelter/Streets: 28%
 - Deceased: 10%
 - Other/Unknown: 7%
- Medical vs Social discharge





Key Takeaways

- Streamlined simple & efficient referral process
 - Constantly adjusting per community needs
- Constant communication with hospitals & other shelter partners
 - Preventing inappropriate discharges
- Medical & Social: Intake vs Discharge alignment
- Consistent admission criteria
 - Behavioral health RCC (Future)
- Consistent criteria for transfer to a higher level of care
- Flexibility & adaptability with input and oversight from key stakeholders



Acknowledgements

- City of Las Vegas Department of Neighborhood Services
- Hope Christian Health Center
- Recuperative Care Center Staff & Team

??? Questions ???

Marc Ó Gríofa, MD PhD NRP FAWM FEWM FFSEM

E: ext_mogriofa@lasvegasnevada.gov

C: (702) 449-2780

**Hope Christian Health Center
Steve Flores, CEO HCHC**

E: steve@hopehealthvegas.org

P: (702) 644-HOPE (4673)

**RCC Main Number
(702) 229-5160**



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