



Lessons Learned: Transitions of Care for People Experiencing Homelessness in the Hospital Setting

Format: 90-minute webinar

CE: 1.5

Description:

Join CommonSpirit Health, USC Street Medicine, and the National Health Care for the Homeless Council (NHCHC) for a webinar discussing the unique and complex needs of individuals experiencing homelessness during and post hospitalization. This webinar will provide concrete ways for hospital teams and community providers to support unhoused individuals during hospitalization. Participants will also learn how to use the [HOUSED BEDS](#) assessment tool which will help staff collect vital information to support a successful discharge, and be introduced to a new toolkit for providers to adjust the hospital care plan to promote a safer discharge. Individuals experiencing homelessness regularly interface with hospitals, health center, medical respite programs and a myriad of social services providers who care for them in the community. Learn from street medicine, medical respite, and health center experts about key principles that can help you take better care of your patients and yourself.

Objectives:

Following participation in this webinar, attendees will be able to:

1. Realize at least three unique occupational needs of people experiencing homelessness during hospitalization.
2. Identify at least two resources that support a safe transition for people experiencing homelessness from the hospital into the community.
3. Discuss how occupational therapy practitioners can better partner with patients experiencing homelessness throughout the occupational therapy process to create a patient centered transition to non-acute care.



Approved Provider

NHCHC is an AOTA Approved Provider of professional development. PD activity approval ID# 10487. This distance learning-live activity is offered at .15 CEUs, Introductory, OT Service Delivery & Foundational Knowledge. The assignment of AOTA CEUs does not imply endorsement of specific course content, products, or clinical procedures by AOTA.

How to Acquire AOTA CEUs after viewing the webinar:

1. Go to <https://nhchc.talentlms.com/plus/catalog/courses/230>
2. Create a log-in and password using your email address you wish the CEU certificate to be sent to.
 - If you have completed an NHCHC online course previously, you will use the same log-in used to access those courses.
3. Go to "Course Catalogue" and select "AOTA CEU - Lessons Learned: Transitions of Care for PEH"
4. Complete the Assessment of Learning – you are required to pass 80% of questions to receive your certificate.
5. The certificate will automatically be generated and available for download once you have passed the assessment of learning.
6. You will have until 11/24/2024 to complete the Assessment of Learning and to receive your certificate.



Webinar Details

Agenda and Outline: (times are listed in EST)

3:00 – 3:10

- Grounding and introduction to the unique needs of people experiencing homelessness in the hospital setting
 - Understanding the challenges of navigating hospital systems while unhoused
- Strategies to support unhoused individuals during hospitalization
 - Building unity between hospitals and community providers
 - Adapting the treatment and discharge plan to adjust to the needs of someone experiencing homelessness and discharging into homelessness
 - Working collaboratively across the inpatient team to address the various needs of unhoused patients

3:30 – 3:40

- Patient/ case examples (1)
 - Exploring medical complexity of the patients
 - Consequences of not using recommended practices and tools

3:40 – 4:00

- Introduction of tools that can be implemented in practice:
 - HOUSED BEDS assessment tool
 - Hospital discharge planning toolkit
- Community resources to support hospital discharge planning

4:00 – 4:15

- Patient/ case examples (2)
 - Exploring medical complexity of patients
 - Examples of using the different tools/strategies and the outcome of using this
 - Comparison to case examples of when recommended practices were not used

4:15 – 4:30

- Questions and discussion

**Instructional Methods Used:**

This webinar will include:

- Didactic Instruction
- Case Examples for Application of Concepts
- Discussion for Attendees

Presenters:

Corinne Feldman

corinne.feldman@med.usc.edu

Katie League

KLeague@nhchc.org

Brett Feldman

brett.feldman@med.usc.edu

Caitlin Synovec

CSynovec@nhchc.org

Relevance to Occupational Therapy

Occupational Therapy Practitioners are an essential part of the discharge planning team for acute care hospital admissions and to address the functional and mobility needs of patients. People experiencing homelessness require modifications to the evaluation and treatment plan in order for their OT services to be relevant to their daily lives and discharge locations, which are often less supportive shelter and unhoused environments. However, few resources exist for OTPs to utilize to adjust their evaluation and treatment plans accordingly when working with someone who is unhoused. This webinar will present specific tools, resources, and strategies for OTPs to use when working with people experiencing homelessness in the acute care setting. Strategies presented will include the HOUSED BEDS tool to gather a person's history, modifications or additions to standard OT evaluations, and examples of treatment sessions that are responsive to information uncovered through the HOUSED BEDS and evaluation process. This webinar will also provide guidance on discharge planning recommendations and ways OTPs can collaborate with the inpatient team to prepare their patients to discharge from the hospital and reduce readmissions and falls once in the community.



Bibliography

Abbs, E., Brown, R., Guzman, D., Kaplan, L., & Kushel, M. (2020). Risk factors for falls in older adults experiencing homelessness: Results from the HOPE HOME cohort study. *Journal of General Internal Medicine*, 35(6), 1813-1820. <https://doi.org/10.1007/s11606-020-05637-0>

Canham, S. L., Davidson, S., Custodio, K., Mauboules, C., Good, C., Wister, A. V., & Bosma, H. (2018). Health supports needed for homeless persons transitioning from hospitals. *Health & Social Care in the Community*, 27, 531–545. <https://doi.org/10.1111/hsc.12599>

Feldman, C. T., Feldman, B. J., & Hunt, J. J. (2019). HOUSED BEDS: A clinical tool for taking a history an unsheltered homeless patient. <https://doi.org/10.17605/OSF.IO/UCVE9>

Forkin, J., & Veltre, J. (2022). OT considerations in the acute care setting. *OT Practice*, 27(10). <https://www.aota.org/-/media/corporate/files/secure/publications/otp/2022/otp-volume-27-issue-10-2022-careers-work-life-balance.pdf>

Kiernan, S., Ní Cheallaigh, C., Murphy, N., Dowds, J., & Broderick, J. (2021). Markedly poor physical functioning status of people experiencing homelessness admitted to an acute hospital setting. *Science Reports*, 11, 9911. <https://doi.org/10.1038/s41598-021-88590-0>

Synovec, C. E. (2020). Evaluating cognitive impairment and its relation to function in a population of individuals who are homeless. *Occupational Therapy in Mental Health*, 36(4), 330-352. <https://www.tandfonline.com/doi/full/10.1080/0164212X.2020.1838400>

Synovec, C., Boland, L., & Westover, L. (2023). Evaluation of functional cognition in people experiencing homelessness: A scoping review. *International Journal on Homelessness*, 3(3), 302-338. <https://doi.org/10.5206/ijoh.2023.3.16454>