

Recuperative Care Center *of Los Angeles*

Presented by
Elizabeth Yang, Director of Recuperative Care
National Health Foundation



Background and Re-launch of Recuperative Care Center



Recuperative Care Center of Los Angeles

National Health Foundation is “Single Point of Contact”

**Response within “4 business hours” of receipt of referral.*

Submit Referrals Online or Via Fax
Monday-Friday, 7:00am-5:00pm

**“One Page” Patient
Referral Form**
www.NHFca.org/recup

**Weekly
E-Newsletters**

**Monthly Patient
Outcome Summary**

What is Recuperative Care?

Recuperative Care is a program that provides post-hospital care for the homeless patient that is deemed medically ready for discharge from an acute care hospital.

Patient receives medical oversight in a clean and safe environment for an average of 10 days in order to recover.

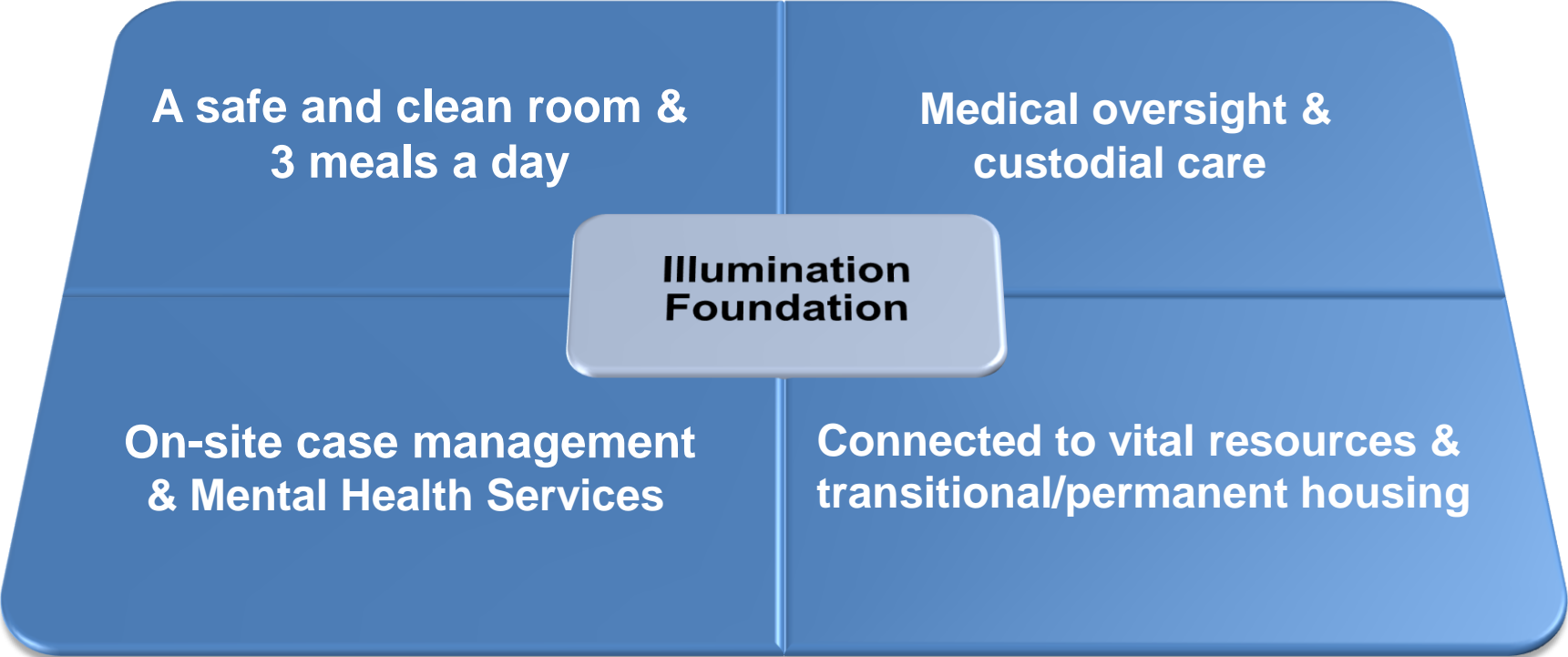
Patient is connected to social services and transitional or permanent housing.

Recuperative Care Center of Los Angeles

is a joint effort between



and



Recuperative Care Center of Los Angeles



Illumination Foundation(Reno Motel)
5136 W. Washington Blvd.
Los Angeles, CA 90016

Recuperative Care Center *of* Los Angeles



Admission Hours: Monday- Friday 9am-6pm
Capacity: 20 Beds

Referral Process



Admission Criteria

Who is Eligible?

- Homeless
- Have an acute medical condition with an end point of care
- Independent in mobility (walker accepted, wheelchair may be accepted)
- Independent in ADL's, personal care and self-administer all medications.
- Continent of both bowel & bladder
- Medically & psychiatrically stable

Additional Admission Information

Medications

- Patient must be given all discharge medications **in supply to match # of recuperative care days** at discharge.

Transportation

- Hospital provides transportation for patient to Recuperative Care Center site.

Home Health Services (if applicable)

- Hospital arranges Home Health Services for recuperative care patient who requires IV therapy or assistance with wound care, other.

Exclusion Criteria

Who is not Eligible?

- Not Homeless
- Dependent in ADL's, personal care and non-ambulatory
- Incontinent of bowel and/or bladder
- Active substance abuser and unwilling to abstain
- Non-cooperative or violent/aggressive behavior
- Medically and/or psychiatrically unstable

Recuperative Care Forms

“One Page Referral” Form

- Easy access to form. Direct link to download form on National Health Foundation’s website: www.nationalhealthfoundation.org/recup

Hospital Checklist

- “5 Point Checklist” to follow for successful patient discharge from hospital to recuperative care site.

Home Health Services (when applicable)

- Instructions to hospital on coordinating Home Health Services for patient at recuperative care site.

SAMPLE OF ONE PAGE REFERRAL FORM



Recuperative Care Center Preliminary Referral Form

Referring Hospital: LA Hospital
Discharge Planner: Beth Makler, RN
Case Manager: Patty Smith, MSW

Attending Physician: George Fieldgoode
Phone #: 323-555-7200
Phone #: 323- 555-7201 Pager: 13555

Patient Information

Name: Lynda Fischer

MRN: 0124578

Date of Birth: 10/11 /1974

Date Admitted to Hospital: 09/06 /2010 Anticipated discharge date: 09/12/2010

Please explain the medical reason for hospital admission:

Patient fell down a flight of stairs while intoxicated and broke her ankle.

Please explain any surgical procedures and/or patient limitations:

Patient had surgery to correct ankle fracture on 9/6/10. Patient gets around okay on FWW. She is supposed to be non-weight bearing on foot. Pt. is homeless, her boyfriend broke up with her. Currently unemployed, has worked as secretary before. Pt. has no family/friends . On probation for anger management.

Is wound care required? Yes No If Yes: Size ____cm by ____cm Depth ____cm Stage ____

Is Home Health needed? Yes No If Yes, please explain: _____

Does the patient have any mental or substance abuse issues?

Mental Health: Bipolar Depression Schizophrenia Other: _____

Substance Abuse: Alcohol Cocaine Heroin Methamphetamine Other: _____

Any other medical or behavioral problems? Pt. mood is labile since boyfriend broke up with her.
Exhibits anxiety at times. Agrees to stay sober for recuperative care program.

Requires Oxygen? Y N Self-administer medicine? Y N If No: Needs reminders Needs assistance
Continent of Bowel & Bladder? Y N Requires IV Antibiotic? Y N Communicable disease? Y N
Ambulatory? Y N Assistive device? Y N If Yes: Walker Cane Wheelchair Crutches Other: _____
Blood work (Coumadin)? Y N Diabetic? Y N If Yes: Requires Insulin? Y N

Estimated length of stay in recuperative care program: 10 days

Medications List
(please fax)

SAMPLE Recuperative Care Center of Los Angeles Checklist

HOSPITAL CHECKLIST : ABC Hospital

CM: Mary Jane/555-123-4567

PATIENT NAME: John Smith

Discharge Date: Monday, 8/08/11

Referral Status Approved

Instructions: Complete Checklist and Fax to 877-551-5580 prior to patient's discharge for recuperative care site. Thank you

DISCHARGE INSTRUCTIONS

Fax a copy to (877)551-5580 prior to patient leaving hospital.

MEDICATIONS

LOS = 14 DAYS

Fill patient's medications according to discharge instructions.

Supply of medications that matches # of recuperative care days.

Psych meds Yes No Not Applicable

If Diabetic (provide glucometer and test strips)

HOME HEALTH SERVICES (if applicable)

Services: Wound Care IV Therapy _____ Other: _____

Agency Name: ABC CARE Phone: 555-123-4567

TRANSPORTATION

DISCHARGE TIME: 3:00PM

Coordinate transportation for patient to recuperative care site.

Please make every effort to have patient arrive before 5:00pm.

(This will insure adequate time for check in and patient intake to program).

Address: Reno Motel/Illumination Foundation

5136 W. Washington Blvd.

Los Angeles, CA 90016

Admission Hours: Mon-Fri. 9:00am-6:00pm

HOSPITAL CONTACT (For after 5:00pm)

Staff Name/Phone: Nancy, RN /555-555-1234

Questions?

Contact Information:

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Website: www.nationalhealthfoundation.org