Streamlining the Medical Respite Referral Process

Jeannette R. Koziel, DNP, MSN, APRN, NP-C
Joy Elwell, DNP, FNP-BC, APRN, CNE, FAAN, FAANP,
Stephanie Caicedo, DNP, NP, Margot Manacchio, RN, MBA

Purpose: The purpose is to increase referrals to medical respite, decrease hospital length of stay (LOS) and enhance patient safety through a streamlined process including an inter-professional team.

Design: A Quality Improvement project using Evidence-based practice (EBP) design.

Setting: This EBP project is set in a 12-bed medical respite unit within a local homeless shelter affiliated within a health system in Connecticut.

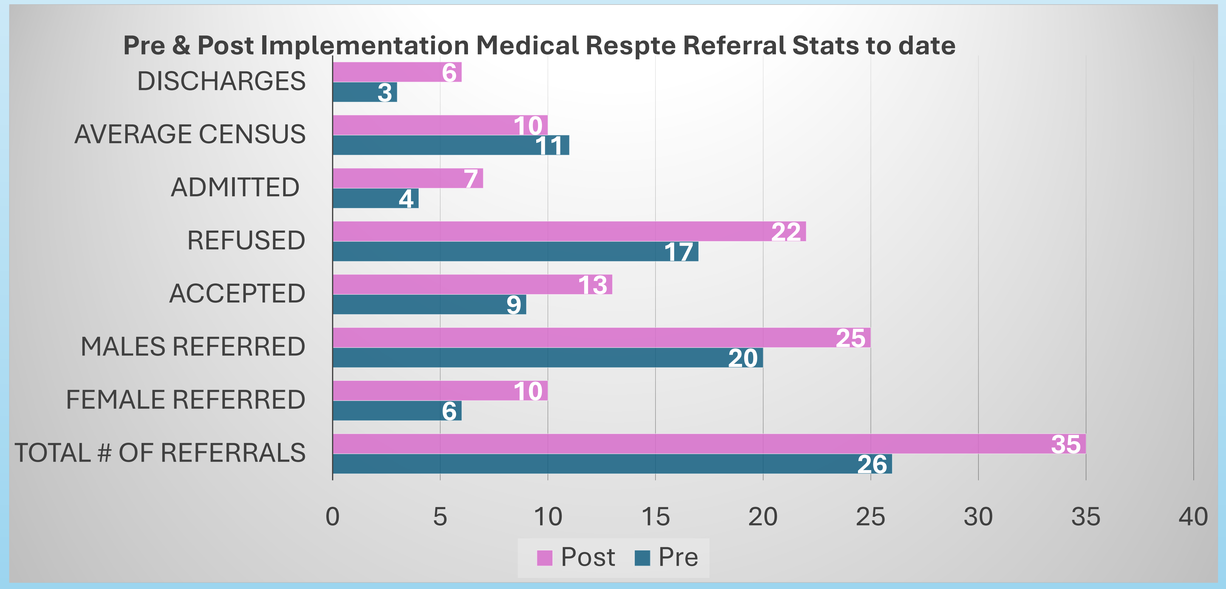
Patients/Providers: The nurse practitioner (NP) at medical respite leads this initiative. Homeless hospital-based LCSWs, and medical respite nurses are stakeholders in this initiative.

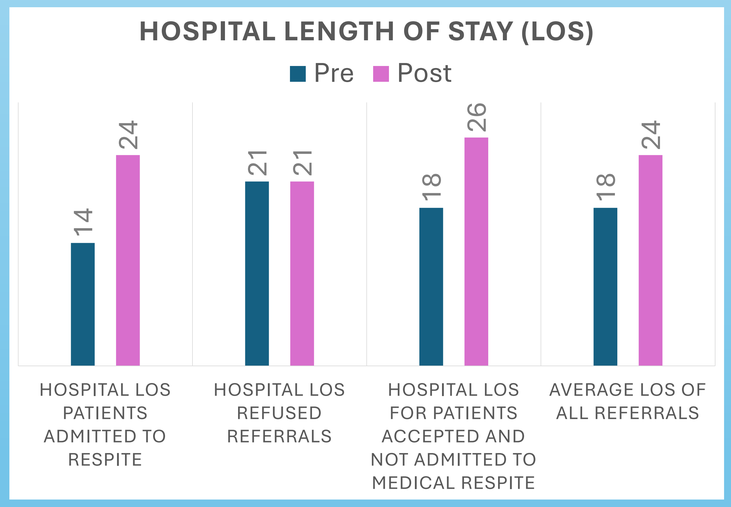
Implementations: This initiative requires an educational intervention. A focus group of hospital based homeless LCSWs and the medical respite NP convened to assess need. Initial steps included developing criteria for a formal medical respite referral. Collaboration with electronic medical record experts to build this referral process is underway. Through the educational intervention, communication of this change will occur.

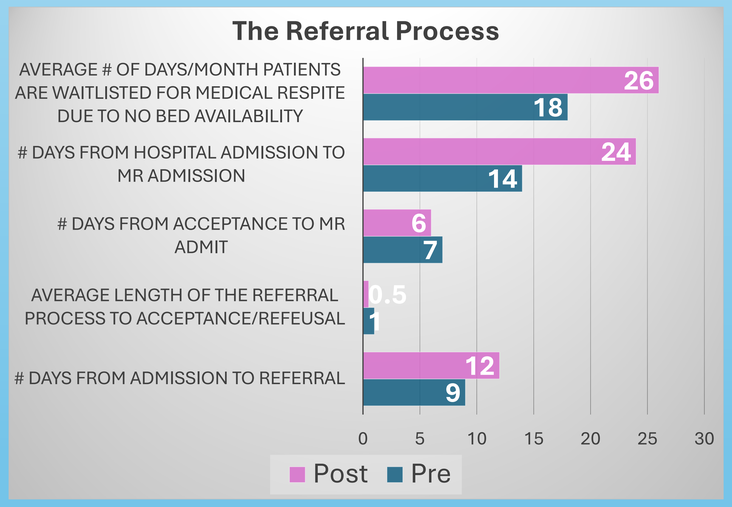
Measurements: Both prospective and retrospective data on referral to respite will be collected.

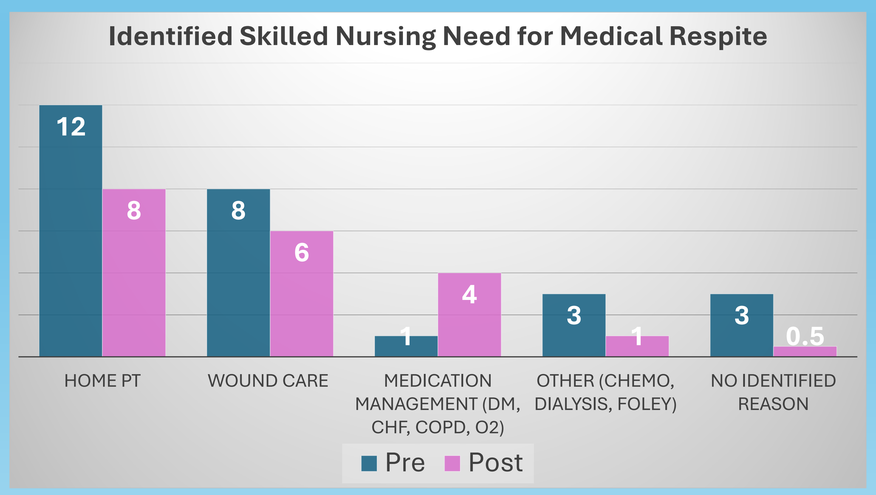
Results: Main data points to be evaluated will include the number of referrals, reason for referral and LOS. Descriptive statistics will be used to illustrate project outcomes.

Limitations: Data continues to be emerging. There is one month of post data collection still to be obtained.









Conclusions: The number of referrals to medical respite increased by 26%. Accepted referrals to the program increased by 31%. Based on a 30-day month, prior to implementation patients were waiting for a medical respite bed 60% of the time in a one-month time span and post implementation this increased by 24%. We consistently found that after implementing the new referral process, we had patient's being held in the hospital and therefore increasing their length of stay due to no bed availability at medical respite. The hospital length of stay for patients accepted to medical respite and admitted to the program increased by 42%. We can directly correlate this to the increased number of accepted referrals who were successfully admitted to the program that increased by 43%. If the data continues to emerge in this direction the argument could be made to increase the size of the medical respite program in hopes to decrease the length of stay and given the proven need for the unhoused who require nursing care post hospitalization. Prior to the new referral process patients were being referred to the program with no skilled nursing need identified and this also decreased by 84% post implementation.

References