Higher Ground respite unit for homeless seeks to cut repeat ER visits

Patients living on streets struggle with follow-up care, medications.

By Jeremy Olson
March 3, 2017
http://www.startribune.com/higher-ground-respite-unit-for-homeless-seeks-to-cut-repeat-er-visits/415281184/

A respite nursing unit at the new Higher Ground homeless shelter in St. Paul has health care leaders hopeful that they will no longer have to choose between letting homeless patients languish in hospital beds and releasing them to the streets, where they often struggle to care for themselves.

The 16-bed unit, which is being funded through a unique partnership of Regions, St. Joseph’s and United hospitals in St. Paul, opened to homeless patients in mid-January but is being formally announced today.

Homeless patients with prescription medications often struggle to keep them refrigerated and take them as scheduled, or change hygienic wound dressings, or make follow-up appointments, said Dr. Ravi Balasubrahmanyan, a United physician who helped plan and raise funds for the unit.

“These folks can deteriorate and end up back in the hospital … and that can become a recurring cycle,” he said. “They never get well enough … to actually leave homelessness.”

The first of 21 patients sent to the unit by one of the three St. Paul hospitals had suffered frostbite when he fell asleep under a bridge on a cold night. The 38-year-old needed to keep his feet dry and change his dressings after leaving the hospital, which would have been difficult if he had been homeless in the winter and had to line up outside shelters for meals and beds, said Diana Vance-Bryan, a chief administrator for Catholic Charities of St. Paul and Minneapolis, which operates the new unit.

“It’s not a healing environment on the street,” she said. “To … carry a tray when you are carrying crutches and everything you’ve got on your back — for some of these people what we’re asking them to accomplish is impossible.”

The unit was created partly due to the growth in homeless mentally ill patients and the lack of places to transfer them after they have stabilized in inpatient psychiatric units.

Those patients either clog up hospital beds long after they need them — leaving other patients in crisis to wait in emergency departments for days — or get discharged without adequate support, said Mary Brainerd, chief executive of HealthPartners, which operates Regions.

“We want to get folks to be stabilized and find a better living situation,” she said, “so that hopefully the next time you don’t have to have that emergency room visit or that 911 call.”

The unit is part of the $100 million Dorothy Day Place, which includes the 473-person Higher Ground shelter that opened last month. The next phase includes 171 permanent housing units as well as an “opportunity center”
where homeless people can get information on employment, housing and health care.

The respite unit was modeled after a similar approach started in 2012 by North Memorial Health Care at Catholic Charities’ Exodus Residence, a long-term residential shelter. Emergency room visits declined 50 percent for 12 initial residents when comparing the year before their placement in the respite unit with the year after.

The St. Paul shelter is designed for shorter stays of around seven to 30 days, Vance-Bryan said.

Eleven patients have already been discharged, including the frostbite patient, who went back to hospital care for surgery on his extremities and was then moved to a skilled nursing home for physical rehabilitation.

The new respite unit is an unlicensed facility — staffed by nurses and community health and mental health specialists — that for now is funded through charitable support from the three referring hospitals as well as the Medica Foundation and Blue Plus. Balasubrahmanyan hopes it will prove its worth to health insurance companies and hospitals and gain more stable support.

“If we can actually show that such a program can save hard dollars” by preventing unnecessary hospital readmissions, he said, “then the health systems will say, ‘This is worth it, and we’ll start funding it.’”