Health Services
LOS ANGELES COUNTY

POLICIES AND PROCEDURES

SUBJECT: DISCHARGE PLANNING PROTOCOLS AND PROCEDURES FOR DEPARTMENT OF HEALTH SERVICES' HOMELESS OR UNSTABLY HOUSED PATIENTS

POLICY NO: 374.001

PURPOSE:

To ensure that homeless patients or patients who identify themselves as unstably housed (at immediate risk of becoming homeless, e.g. pending eviction or living in an environment that is unfit for human habitation) and who are treated on an inpatient basis, are effectively returned into the community with linkages to housing/adequate shelter and other community services and support.

POLICY:

All homeless patients and unstably housed patients will receive a comprehensive discharge plan. The discharge planning must begin at admission and involve appropriate levels of healthcare staff, community based service providers* and the patient, family or others (e.g. friends)*.

PROCEDURE:

1. Homeless hospitalized patients will be identified at registration or by nursing or other member of the health care team after registration, and will be referred to the social work department.
2. Unstably housed hospitalized patients should either be identified at registration or by nursing or other member of the health care team and referred to the social work department.
3. The Social Work Department is responsible for the coordination and implementation of discharge planning activities for homeless/unstably housed patients.
4. Social work staff will meet with homeless/unstably housed patients and begin planning for discharge upon referral to their department.
5. A social work needs assessment of homeless/unstably housed patients will be performed by social work staff.
6. A discharge plan for transition to the community will be developed based on the assessment. Barriers to appropriate discharge will be identified and a plan for addressing such barriers will be included, when possible.

APPROVED BY:
REVIEW DATES:

EFFECTIVE DATE: August 28, 2008

SUPERSEDES:

7. Social work/healthcare staff will make every effort to contact/involve family or other support systems* to assist with discharge planning activities and to stabilize the patient.
8. Review of the patient's previous attempts to succeed in housing, placement or engaging in services will be conducted as part of the assessment.
9. Documentation of discharge planning activities for homeless/unstably housed patients will, at a minimum, include the following: prior living arrangement, how medical concerns will be addressed post discharge, if the patient requested a particular referral/discharge plan, if the patient agreed to the discharge plan, if arrangements were made for placement, with whom the arrangements were made, mode of transportation arranged, or any other discharge planning activities.
10. Homeless discharge planning activities will be coordinated by the Social Work Department, but will include, as needed, a multidisciplinary team of the following:
    -Social worker (lead)
    -Physician
    -Nursing staff
    -UR/Case management nurse
    -Patient/family/other (e.g. friends)*
    -Community- based providers *
    -OT/PT (when appropriate)
    -Psychiatry/psychology
11. If the patient is considered to be eligible for Supplemental Security Income (SSI), a referral will be made to DHS's SSI outreach team or a referral to the Social Security Administration (SSA) will be provided to the patient*.
12. If the patient is considered to be eligible for General Relief (GR) or CalWORKS, s/he will be referred to the Department of Public Social Services (DPSS) on-site eligibility workers or to a DPSS district office after the patient is discharged. DPSS will not obtain any protected health information from DHS.
13. Determination will be made as to whether substance abuse treatment will be recommended and if a referral is necessitated.
14. Determination will be made if domestic violence/intimate partner violence (DV/IPV) is identified and if a referral to DV/IPV resources is necessitated.
15. Referrals will be given to other services (related to the patient's healthcare), i.e., housing (placement), vocational, healthcare educational, and other needed and appropriate services.

16. A plan for follow-up care will be made at an appropriate primary healthcare medical facility for patient's medical/psychiatric needs. (DHS Comprehensive Care Center or Healthcare for the Homeless provider).
17. Determination will be made regarding the current level of physical/psychiatric functioning and the level of care is appropriate (psychiatric, skilled nursing, sub-acute care, board and care, etc.).
18. Access to internal services such as occupational, nutritional, and psychiatric evaluations will be facilitated as needed in anticipation of discharge.
19. The patient's discharge plan shall comply with all other discharge plan requirements as set forth in the hospital's applicable policies and procedures.
20. Discharge planning activities will include establishing and building partnerships with homeless and other community-based social services to enhance/increase resource availability to homeless/unstably housed patients.
21. Transportation assistance can only be offered if the Patient Consent for Transportation (Non-Transfers) is completed. If a patient is unwilling to identify a destination or sign the Consent, the Consent form must be witnessed by two persons and include in the "Comments" section documentation as to why the patient is unwilling to identify a destination or sign the Consent form.

* Written authorization from the patient is required for the disclosure of information to/by a third party.

If a patient is admitted and discharged during the same weekend or within a one-two day turnaround, social work and other healthcare staff may not be able to implement the above stated protocol due to reduced staffing on weekends.

Note: If a patient refuses any of the above referrals or other services offered within the discharge plan, s/he will be encouraged to accept assistance. However, if s/he ultimately continues to refuse services and is not under a conservatorship and otherwise has capacity to consent, his/her decision will be honored. This decision and the interactions with staff will be documented in the medical record.

REFERENCE:

Memo to Hospital CEOs from John F. Schunhoff, Ph.D., Los Angeles City Ordinance – Patient Transportation from Hospitals – Policy and Procedural Changes, August 28, 2008

PATIENT CONSENT FOR TRANSPORTATION (NON-TRANSFERS)

I understand and agree to the hospital assisting with my transportation to a location of my choosing.

I am requesting transportation assistance to reach the following location/ address:

_____

_____

_____
Patient Name (please print)

_____ _____
Patient Signature Date

_____ _____
Staff Witness Date

_____ _____
Staff Witness Date
(Second witness needed if patient does not fully complete form)

COMMENTS:

_____

_____

_____

_____

_____

_____

INSTRUCTIONS TO STAFF

PATIENT CONSENT FOR TRANSPORTATION (NON-TRANSFERS)

- Complete this form for patients leaving the facility who are:
  - Homeless or unstably housed, AND
  - Are being provided with transportation assistance, including bus tokens, taxi or ambulance, to reach their chosen destination.

- Do NOT complete this form for institutional transfers, such as to skilled nursing facilities, recuperative care, or another healthcare facility. Existing hospital procedures should be followed for institutional transfers.

- If the patient does not provide an exact address for their destination, ask them to provide the nearest cross streets and City.

- If the patient refuses to sign the consent or identify a destination, please document this in the "Comments" section of this form and provide a second staff witness signature.

- The "Comments" section should be used to document the following:
  - Patient refuses to sign
  - Patient refuses to identify location
  - Patient will not cooperate, but wants to be provided with transportation

- There should also be detailed documentation within the patient's medical record regarding staff efforts to plan an appropriate discharge, interactions with the patient and behaviors exhibited by the patient.