### Aim Statement
Reduce the length of stay and readmission rates for OHSU acute care houseless inpatients by providing medically appropriate temporary housing paired with caregiver support, giving patients the time and space to heal.

### Program Goals
- Create safe and timely hospital discharges
- Reduce the hospital length of stay and readmission rates
- Improve access to inpatient bed
- Better manage hospital resources
- Give houseless patients the time and space to heal in a medically appropriate setting

### Recommendations
- **Housing**
  - Near transportation corridor/Walkability
  - ADA Accessibility
  - Single Occupancy
  - Refrigerator/microwave
  - Pet friendly
  - Laundry room/laundry service
- **Admission Criteria**
  - Requires minimal caregiver assistance
  - Transfers independently
  - Willing to follow program and hotel rules
  - Psychiatrically stable
- **Ancillary Services**
  - On-site Social Worker/Care Manager 0.5 FTE
  - Medical Director 0.1 FTE
  - Nurse Practitioner 0.1 FTE

### Care Model
- **John Smith** 62-year-old male admitted to OHSU with decompensated heart failure.
  - PMH: CHF; Multiple ED visits and hospitalizations
  - SH: Houseless, Etoh, Smoker, Methamphetamine use; History of incarceration

### Analysis
- **Gaps**
  - Caregiving resources
  - Housing options
  - Coordinated care
  - Insurance coverage
- **Motivation**
  - Compassion Fatigue
  - Siloed health systems in Portland metro area
- **Knowledge and Skills**
  - Culturally trained staff
  - Standardized criteria
  - Robust data
- **Survey**
  - 11 local stakeholders surveyed
  - 55% survey completion
- **Results**
  - Organizations lack resources for temporary housing
  - Lack of caregiver support is one of the most consequential barriers in caring for houseless population
- **Medical Respite Research**
  - Provides temporary house with caregiver support
  - Lessens use of emergency medical services
  - Reduces hospital readmissions
  - Decreases acute inpatient days
  - Increases outpatient provider visits
  - Provides a pathway to health and housing
  - Creates cost savings over time

### Impact
- **Community**
  - 24 houseless patients’ medical needs served per year
  - 55 additional beds for acute care needs per year
  - Much needed options and resources provided for underserved community members
  - Opportunity for safe healing
  - Help with transition to permanent housing
- **Financial**
  - 336 Patient days saved
  - 55 Backfill patients due to decreased length of stay
  - Overall positive contribution margin

### Discharge Needs
- High risk of readmission
- Care Transitions team feel he is appropriate for the Safe Haven for Healing Program.

**John Smith**
- Safe housing
- Medication and diet compliance support
- Assistance with scheduling and follow-up of outpatient appointments
- Alcohol and substance use recovery
- Caregiving support for bathing and personal hygiene
- Medication management
- Transition to permanent housing