

RECUPERATIVE CARE ADMISSION FORM

Name: _____ DOB: _____ LOB: _____

Sex: Male Female HEALTHsuite ID: _____

Anticipated discharge date: _____ **Anticipated recuperative care length of stay:** _____

Referring Contact Information

Name of referrer and organization: _____

Email: _____ Phone: _____

***Member must be inpatient in a hospital at time of referral.**

Admission Criteria — check boxes below (must meet ALL criteria). We will not accept referrals for patients currently in the ICU or ED

<input type="checkbox"/> Homeless – Select all that apply: <input type="radio"/> At risk <input type="radio"/> Shelter <input type="radio"/> Lives in Car <input type="radio"/> Couch surfing <input type="radio"/> Family temporarily not ready to support discharge home <input type="radio"/> Other, please specify: _____	
<input type="checkbox"/> Independent in ADLs	<input type="checkbox"/> Independent with taking medications (can require prompting)
<input type="checkbox"/> No on site IV infusions/does not require isolation or contact precautions	<input type="checkbox"/> Patient agrees to Recuperative Care admission and to adhere to facility rules
<input type="checkbox"/> Able to self-manage incontinence	<input type="checkbox"/> Willing to meet w/providers (Recuperative Care, BWT CN, etc.) regularly and work towards care plan recommendations

Medical History

Dx requiring respite (with ICD-10 code): _____

Mental Health HX: _____

Social service needs: _____

Substance abuse history – please indicate if alcohol or drug and when it was last used:

Wound care

Location of wounds: _____

- Client must be able to perform wound care or be compliant with wound care appointments
- Follow up wound clinic appointments must be made prior to discharge
- Send wound care instructions and wound care progress notes

Home Health

Is Home Health Needed? (ie: wound vac): Yes No

OT PT ST RN

Other: _____

Home Health Agency/Phone: _____

Behaviorally appropriate:

- Compliant with treatment and care plan
 - *Must be alert and oriented***
 - Competent to make decisions
- If no, who is decision maker?**

	Name	Phone number
<input type="checkbox"/> Conservatorship	_____	_____
<input type="checkbox"/> DPOA	_____	_____
<input type="checkbox"/> Other	_____	_____

Mobility at discharge:

- Independent
- Independent with assistive device
- crutches/cane
- walker
- wheelchair

Must bring all equipment

TB Clearance (must be w/in 30 days):

- PPD date: _____
- Positive Negative
- Quantiferon date: _____
- Positive Negative
- CXR date: _____
- Normal Abnormal
- TB symptom date: _____
- Normal Abnormal

Document Checklist:

- Completed referral and discussed with HPSM
- TB clearance
- Hospital face sheet
- Discharge summary (must include medication list)
- Discharge orders (follow up appointment, wound care instructions, etc.)

For members who are not primary with HPSM please include:

- Client's PCP/primary clinic and specialists (if applicable)
- Medical History
- Any related lab and imaging results
- Current medications
- Drug/Food/Substance allergies

REMEMBER

- Patient must arrive with:
- 7 day supply of meds
 - 7 day wound care supplies
 - Medical equipment (respiratory, assistive walking devices, diabetic supplies, etc.)

RECUPERATIVE CARE GUIDELINES

Admission Procedure

To be eligible for admission for recuperative care, patients must meet Recuperative Care referral criteria and all of the following requirements.

Minimum Eligibility Requirements:

- Must agree to Recuperative Care admission
- Must be Health Plan of San Mateo active member
- Must have a medical condition that is anticipated to improve at respite stay
- Must be homeless
- Must be at least 18 years old
- Must be able to perform all activities of daily living independently, including storing and taking own medications (prompting ok)
- Must be independently mobile, able to self-transfer in and out of bed. Walkers crutches and wheelchairs are acceptable
- Must be able to self-manage incontinence
- Must be alert, oriented and competent to make decisions
- Must not be in active withdrawal from alcohol or drugs
- Must not require on site IV infusion or other skilled nursing care
- Must be willing and able to comply with Bay Area Community Services Recuperative Care Guidelines rules and agree to admission there
- Must be behaviorally appropriate for a group setting

Send admission form and documents for review to HPSM. HPSM WPC nurse will assess appropriateness for admission and bed availability, and coordinate with hospital, BACS, and WPC team.

Clinical Member Profile of Appropriate vs. Inappropriate Referrals:

Appropriate	<ul style="list-style-type: none"> - Recovery from surgery/procedure - Recovery from illness/injury, requiring rest and medication monitoring - Recovery requiring wound care - Recovery from illness/injury, requiring home health therapies - Hospitalized for observation only, too medically fragile for discharge to shelter
Needs further assessment	<ul style="list-style-type: none"> - Waiting for surgery/procedure* - Preparing for surgery/procedure that requires clean, safe environment prior to appointment* - Determined “medically stable” by hospital staff, but unsafe for discharge to shelter/street - Actively abusing drugs and/or alcohol prior to hospitalization will require further review to determine medical viability in Recuperative Care <p>* Depends on medical condition requiring surgery/procedure, providers’ pre-surgery clinical recommendations, etc.</p>
Not appropriate	<ul style="list-style-type: none"> - Requiring skilled nursing care, greater than what can be met by home health - Requiring constant supervision and monitoring from staff - Not alert, oriented, nor competent to make decisions - Requiring more than prompting assistance with ADLs, including storing and taking own medications - Requiring assistance with mobility and transfers - Unable to self-manage incontinence - Not willing to meet with providers nor adhere to facility and program guidelines - Not behaviorally appropriate for a group setting - Experiencing active withdrawal from alcohol/drugs - Demonstrating violent, aggressive physical behaviors towards others (ex. hitting, spitting, etc.)

If any questions or clarifications are needed, please reach out to the HPSM Nurse.

Documents needed for review:

- History and physical
- TB clearance documentation (required for admission)
- Hospital face sheet
- Discharge summary (must include medication list)
- Discharge orders (includes wound care instructions, follow up appointments)
- If appropriate, OT, PT, ST, other inpatient stay notes relevant to member’s recovery

The referring hospital must provide the following- to be discharged with the patient:

- Seven day supply of medications
- PCP follow-up appointment within 7 days
- If needed instructions and 7 day worth supply for dressing changes, if applicable
- If needed walker, crutches, cane, or wheelchair, if required
- If applicable wound clinic and specialty clinic follow up appointments booked

Inquiries are responded to Monday through Friday, from 8:00 AM – 5:00 PM, excluding holidays.

Client to be transported to **Bay Area Community Services Recuperative Care Center** and should be instructed to check in with Recuperative Care Team.
Location: 314 Baden Avenue, South San Francisco

Please realize that the recuperative care team is basing the intake acceptance on the information provided and an honest communication. If the client does not present to the Recuperative Care site in a manner assumed to be appropriate by the recuperative care team, the referral source will be contacted and the client will be returned to the hospital’s ED.