

Discharging a Patient to Street / Shelter / Camp

1. Ask your client how they think their plan of care/follow up is going to work and what barriers they see. Respect their knowledge and negotiate a plan based on their situation.
2. Homeless shelters serve meals around 7:00am, 11:30 am and 4:00pm. Patients will likely NOT have access to food until the next mealtime- at all. Consider offering a meal before discharge or sack meal to take away.
3. Shelters do not allow scissors/knives into the shelter. Consider pre-cutting wound care supplies if needed.
4. Think about effect of insulin administration if you give a dose of insulin/med right before discharge. It is possible the patient can't obtain food until next morning.
5. Plan for "home" oral pain meds and management- ensure patients are stepped down off IV pain meds well before hospital discharge and that pain med ordered is covered by their JPS Cares/insurance. Pain meds are not usually vouchered. Patients may not have pocket money to purchase OTC pain relievers.
6. Package important supplies/papers in a plastic bag- a patient's bag may get wet, be rained on and everything damaged.
7. Assess if the patient has realistic access to a phone to call to set follow up appointments. They may not have a phone, or only have a "minutes" phone and can't afford to sit on hold for 30 minutes to schedule an appointment.
8. Assess a patient's access to clean water. Consider providing bottles/bulbets of normal saline or clean water if you ask a patient to wash a wound site, offer gloves.
9. For pre-surgical Hibiclens baths- ask the patient about their access to clean water/shower. Consider offering them basins/soap/cloths or arrange for them to come in early on day of procedure to shower at the hospital. Consider providing pre-packaged "no rinse" bath kits for patient to take and use.
10. Patients cannot take prepared or fresh food/unsealed drinks into the shelter- but they do have access to water inside the shelter. Consider working with the patient about planning for taking meds that require a snack with dose.
11. Assess the patient's transportation and consider bus schedules. Consider how much the patient has to carry when you give them bags of items to carry. Consider scheduling surgical procedures/tests carefully- busses don't run before 5 or 5:30 am on weekday and stop about 10 pm on weekdays. Conversely, because clients who are campers or stay in shelters need to get back to their camp, or need to get in line for a bed in afternoon, it is best to try to schedule day procedures for early in the day, so after recovery/post anesthesia, they are not discharged too late.
12. Consider carefully the meds you are considering ordering for the patient and street value of those meds. Are there equally effective meds that might not have as high street value? Consider when ordering meds what follow up is required by the patient- frequent labs and follow up monitoring when transportation is a barrier. Consider ordering smaller quantities of meds (30 day supply vs. 90 day supply) as meds are often stolen/lost on streets and in shelters.
13. Assess the cognitive, functional and behavioral health barriers that your patient has that could impede their initiative and accessing resources to follow up on care.