



RECUPERATIVE CARE

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WHAT IS RECUPERATIVE CARE?

Recuperative Care provides a service for hospitals to safely discharge patients who are experiencing housing challenges or lack the support needed to recover. The program fills the gap in the healthcare continuum between acute care services and the post-acute care setting, preventing the cycle of hospital readmissions.

In October 2012, the ACA instituted the Hospital Readmission Reduction Act (HRRRA) which reduces payments to hospitals for patient readmissions above the national average. The program was designed to incentivize hospitals to improve the quality of care delivered in addition to saving tax dollars. Like many California hospitals, local community hospitals have many diagnosis that are above the national average for readmission rates. According to the Becker's Hospital Review, in 2016 it costed California hospitals, on average, \$2,000-\$3,000 per day per hospital stay. A recuperative care center would help reduce the readmission rates for hospitals and save thousands of dollars.

Recuperative care provides a solution as a "temporary home" where struggling individuals can be cared for and recuperation be the focus. Patients being discharged from a hospital may be vulnerable and require personal attention to their physiological and emotional needs. In some cases, patients are too ill to return to their normal lives, where their injury or illness is exasperated, but not ill enough to stay in the hospital. The program provides beds, basic medical care, healthy meals and transportation to and from doctor's appointments, pharmacies, and the DMV. It allows individuals to continue their recovery and receive treatment for minor illnesses while case managers facilitate access to primary care, behavioral health services and other supportive social services in preparation for leaving the recuperative care center and reentering the community.

HOW DOES RECUPERATIVE CARE BENEFIT THE COMMUNITY?

Recuperative Care supports the local hospitals in their ongoing efforts to increase positive outcomes while reducing overall costs. In July 2019, California adopted SB1152, which requires hospitals to safely discharge individuals struggling with housing or supportive care to a destination that meets the acuity of their needs. It is responsibility of the hospital to find placement for patients requiring continued medical attention, but do not need acute care. If a hospital is unable to provide placement for such patients, the hospital may be required to extend the patients' stay. An extended stay not only cost additional tax dollars, but occupies patient rooms and beds needed for new incoming patients. As a result, the hospital experiences higher readmission rates and longer patient stays, resulting in higher operational costs to our local hospitals and withheld reimbursements. The overall short term objective of the program is to provide a safe and healing environment, and within 30 days, place the patient in permanent housing and support to acclimate back into society. The policies put in place promote the well-being of both the individual and the community.

RECUPERATIVE CARE

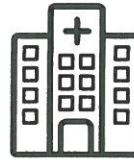
THE PROBLEM

Estimated cost of **1.5 days** in the hospital approximately equals cost for **1 month** of Recuperative Care²

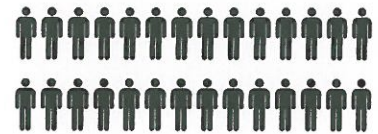


In California, homeless stay in hospitals approx. **4 days** longer than the average hospital stay²

Each extra day costs the hospital approximately **\$3,000 per day** of inpatient care²



Homeless population rose by **22%** between January 2018 to January 2019 in Riverside County¹



THE PROGRAM



PATIENT READY FOR DISCHARGE BUT HAS NO PERMANENT RESIDENCE

HOSPITAL REFERS PATIENT TO RECUPERATIVE CARE



CRITERIA

- Perform ADLs Independently
- Medically & psychiatrically stable
- Alert & oriented

PATIENT RECEIVES SERVICES THAT ASSIST THEM WITH THEIR TRANSITION BACK TO THE COMMUNITY



PATIENT STAYS AT RECUPERATIVE CARE UNTIL HOUSING IS FINALIZED

THE BENEFITS



85% OF PATIENTS ARE DISCHARGED TO PERMANENT HOUSING FROM RECUPERATIVE CARE³



50% FEWER READMISSIONS WITHIN 90 DAYS OF BEING DISCHARGED TO RECUPERATIVE CARE THAN PATIENTS WHO ARE DISCHARGED ON THEIR OWN²

¹2019 Point-In-Time Count
²Illumination Foundation
³Harbor