## Amended at Board 3/11/08 RESOLUTION NO.

FILE NO. 080043

1	[Resolution endorsing the recommendations of the Healthcare Action Team regarding the discharge of homeless patients in San Francisco.]
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3	Resolution endorsing the Healthcare Action Team's recommendations for procedures
4	on homeless patients hospital discharge, including more respite beds, a streamlined
5	discharge process, distribution of information sheets, utilization of transitional care
6	programs, expansion of the Ombudsman office, and providing written discharge
7	verification.
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9	WHEREAS, There are several hundred seniors and persons with disabilities who are
10	currently homeless and living on the street or in shelters in San Francisco; and
11	WHEREAS, There are currently 60 respite beds available for homeless people who
12	are recovering from acute illness or surgical procedures; and,
13	WHEREAS, These respite beds are accessible only to patients who are inpatient at
14	San Francisco General Hospital; and,
15	WHEREAS, Discharge planners in hospitals other than San Francisco General have
16	problems accessing services for their patients due to the absence of a streamlined referral
17	process; and,
18	WHEREAS, Homeless persons are often discharged to shelters or resource centers
19	that do not have the capacity to provide the level of care these patients require; and,
20	WHEREAS, Transitional care programs such as the Homecoming Services Network
21	exist that can help housed as well as homeless persons with transitions out of the hospital,
22	including access to services; and,
23	WHEREAS, Patients are not always aware of their legal rights including right to appeal
24	plan of care and discharge plan; and,
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1	WHEREAS, The HealthCare Action Team (HAT) has produced an information sheet
2	entitled "Preparing to Leave the Hospital" that has been vetted by the community and
3	approved by the Hospital Council; this information sheet is on file with the Clerk of the Board
4	of Supervisors in File No, which is hereby declared to be a part of this
5	resolution as if set forth fully herein; and,
6	WHEREAS, The San Francisco Long Term Care Ombudsman Office currently
7	monitors only nursing homes an skilled nursing facilities, but that office endorses an
8	expansion to include acute care hospitals as well; and,
9	WHEREAS, Patients who are discharged from acute care hospitals on Fridays have a
10	greater chance of death or readmission than patients discharged on other days of the week; a
11	study indicating this is on file with the Clerk of the Board of Supervisors in File No.
12	, which is hereby declared to be a part of this resolution as if set forth fully
13	herein; and,
14	WHEREAS, These issues have been identified and documented by the Hospital
15	Council of Northern and Central California, hospital administrators, discharge planners, social
16	workers, shelter operators, police, advocates for the homeless, homeless persons, and
17	others; now, therefore, be it
18	RESOLVED, That in the absence of affordable housing there should be more
19	accessible and appropriate respite beds in the shelter system available for homeless patients;
20	and, be it
21	FURTHER RESOLVED, That respite beds should be accessible to all homeless
22	patients who are in need of respite, should be a streamlined referral procedure from all
23	hospitals and skilled nursing facilities; and, be it
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1	FURTHER RESOLVED, That transitional care case management programs like the
2	Homecoming Services Network should be included in the discharge planning process for
3	patients without homes; and, be it
4	FURTHER RESOLVED, That hospitals should include a resource directory informing
5	homeless patients of the resources available to them in the community and informing patients
6	of their legal rights regarding the procedures to appeal their plan of care; and, be it
7	FURTHER RESOLVED, That the San Francisco Long Term Care Ombudsman Office
8	should be expanded to include acute care hospitals; and, be it
9	FINALLY RESOLVED, That there will be no discharge of homeless patients, housed or
10	otherwise on Fridays unless the patient specifically agrees to this in writing. hospital
11	discharge planners should insure in writing that all aftercare services including (but not limited
12	to) homecare, durable medical equipment, medication refills, and follow up appointments are
13	arranged for all patients, housed or otherwise, prior to discharge and patients should be
14	provided with written verification of this that should include a staff contact and phone number.
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