Audience:

Inpatient and OB Nurses

- **Discharge Planning for Homeless Patients to Comply with Senate Bill 1152**

Effective 1/1/2019, SB 1152 requires hospitals to provide discharge planning for homeless patients.
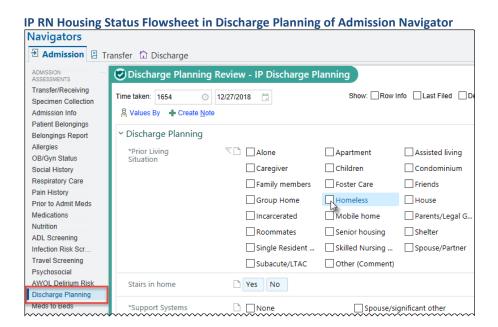
➢ **Purpose** is to help prepare homeless patients for return to the community by connecting them with available community resources, treatment, shelter, and other supportive services.

➢ The law does not require hospitals to find or create service that do not exist in the community.

The following services must be offered to homeless patients before discharge:

- Physician Examination and determination of stability for discharge
- Referral for follow up care
- Referral for behavioral healthcare if it's determined that the patient requires it
- Food
- Weather appropriate clothing
- Discharge medications (prescription)
- Infectious Disease Screening
- Vaccinations appropriate to the presenting medical condition
- Transportation within 30 minutes or 30 miles of the hospital

Homeless Discharge Planning Workflow

1. **Nursing** will identify if patient is homeless during initial assessment in the Navigators.
   - An automatic consult to Social Work is initiated.

IP RN Housing Status Flowsheet in Discharge Planning of Admission Navigator

OB RN Housing Status Flowsheet in Triage Navigator

ⓘ If patient requires Social Work specific interventions to facilitate discharge and Social Work is unavailable, patient is held until appropriate linkage to community resources can be made.

2. Nursing, and or Social Work and Case Management in collaboration with the patient's providers must complete Homeless Discharge Documentation which is required prior to patient discharge.

OB RN Homeless Discharge Flowsheet in Discharge Navigator

UCSF Health
Redefining possible.

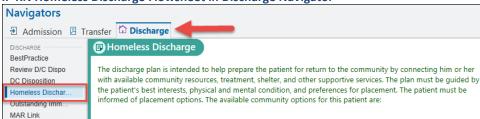**IP RN Homeless Discharge Flowsheet in Discharge Navigator**

Navigators

→ Admission 📄 Transfer 🏠 **Discharge** ⬅

DISCHARGE
BestPractice
Review D/C Dispo
DC Disposition
Homeless Dischar…
Outstanding Imm…
MAR Link

📝 Homeless Discharge

The discharge plan is intended to help prepare the patient for return to the community by connecting him or her with available community resources, treatment, shelter, and other supportive services. The plan must be guided by the patient's best interests, physical and mental condition, and preferences for placement. The patient must be informed of placement options. The available community options for this patient are:

3. Homeless Discharge Flowsheet Specifics.

📝 Homeless Discharge

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Discharge Destination:
Social services agencies, nonprofit social services providers, and/or government agencies
Any location the patient identifies as his/her principal dwelling place
Any other desired discharge destination indicated by patient or their representative
patient declined to state where he/she will go after discharge

∨ **Discharge Requirements**

Transportation 📄
transport provided
patient declined offer of transport
transport not offered due to distance
transport not offered since patient declined to state destination

Meal 📄
meal provided
meal medically contraindicated
patient declined offer of meal

Clothing 📄
patient's clothing adequate for weather
weather-appropriate clothing provided
patient declined offer of weather-appropriate clothing

Medications 📄
appropriate supply of all necessary medications provided
only prescription provided
no medications prescribed
patient declined offer of prescription and medications

∨ **Follow-up Care**

The physician or designee must communicate post-discharge medical needs to the patient. The person who communicated post-discharge medical needs to the patient was:

Physician/Designee Name: [🔍]

The patient was given a medical screening exam and evaluation, and the physician has determined:

Follow-up Behavioral Health Care 📄 | is needed | is NOT needed |

Please contact Molly Shane, RN at Molly.Shane@ucsf.edu, with questions.

Trainer: S. Situ, RN   SME Reviewers: M. Shane, RN, C. Johnson, RN

Click here the APeX Knowledge Bank- http://myapex.ucsf.edu/

Always Remember Your Responsibilities for Use for the Electronic Health Record
Apex is the legal electronic health record for patients at the UCSF Medical Center.   All users have the following responsibilities:

- Assure that all information is entered correctly and accurately and within your scope of practice.
- Stay up to date on changes in Apex.
- Follow all UCSF Policies & Procedures on use of the electronic health record.
- Report any issues or problems to your Manager and/or IT Service Desk at (415) 514-APeX (2739)

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