

SHELTER TRIAGE QUESTIONS FOR HOSPITAL CALLS

HOSPITAL INFORMATION

- Who is calling – name of person, title and email/phone
- Hospital name, location of hospital (city/town)

INDIVIDUAL INFORMATION

- Name of individual they are calling about? [*get DOB if possible*]
- Was this person admitted as part of a Section 12 or Section 35 involuntary stay?
- Is the individual currently an inpatient at the hospital? When was the individual admitted? What is the estimated discharge date for the individual?
- Which hospital unit is the individual being discharged from?
- Has the individual been tested for COVID-19?
 - If the individual has tested negative, proceed with gathering clinical information.
 - If the individual has tested positive, refer discharge staff to the Isolation and Recovery Site 617-367-5150.

CLINICAL INFORMATION

- In the referring person's professional opinion, is this individual able to ambulate, transfer to bed/chair, toilet, shower/bathe, eat, or dress themselves independently (or with the use of assistive devices/reasonable accommodations, i.e. handicap shower, walker, wheelchair)? Are they able to meet the physical requirements of the shelter, i.e.: climb a bunk bed, walk certain distance, able to be outdoors for extended periods of time?
 - *If they need staff assistance to complete any of these tasks, or do not have the appropriate assistive device needed to complete any of these tasks independently, the individual would be considered to have needs that exceed what shelter can safely accommodate – refer caller to Online Housing Tool for Discharge Staff.*
- In the referring person's professional opinion, does the individual have adequate outpatient providers/supports to continue to support them outside of the hospital (i.e. primary care, outpatient therapy, outpatient psychiatry/medication management, MAT, 12-step meetings, IOP, PHP, etc.)?
 - *Hospitals should be encouraged to ensure there is an aftercare plan in place.*
- In the referring person's professional opinion, does the individual require medication management services through a VNA or home health aide?
 - *If the individual has a reasonable plan to receive VNA services for medication management only at an offsite location, they may be appropriate for shelter.*
 - *If the individual cannot manage their daily medications independently, they are not appropriate for shelter. Shelters cannot accommodate VNA services on site due to the emergency nature of our services – refer caller to Online Housing Tool for Discharge Staff.*

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- In the referring person's professional opinion, does the individual require a feeding tube of any kind for daily nutrition?
 - If so, evaluate the guest's ability to independently maintain and administer daily nutrition. Shelters do not have the ability to store food, nutritional supplements, or any other medical supplies for individuals, so individual must have an adequate plan for storage of these supplies.
 - Does the individual need a private, sanitary location to administer nutrition?
 - *If so, the individual is not appropriate for shelter as there is no capacity to provide this type of accommodation – refer caller to Online Housing Tool for Discharge Staff .*
- Does this individual have any open wounds that require skilled wound care?
 - *If so, the guest is likely not appropriate for shelter unless there is a reasonable plan to receive skilled wound care services offsite.*
 - *If a reasonable plan is not in place for wound care – refer caller to Online Housing Tool for Discharge Staff .*

HOUSING OPTIONS

- Where was the person staying before they were hospitalized?
 - If they were in housing, why are they unable to return to that housing?
 - Discuss options around mediation with family/friends, brainstorm ideas for encouraging reunification/reconciliation including the use of shelter diversion funds to overcome barriers including transportation.
- Does the individual have any friends/family they can stay with, even outside of MA?
 - *Provide info about shelter's ability to assist with transportation, as sometimes hospitals won't even consider these options unless they know someone can provide financial assistance]*
 - If they were previously in shelter or on the street,
 - Have they ever stayed at this shelter? If so, how long ago did they stay at this shelter?
 - *Look up the client in HMIS/Warehouse if possible to see their use of homeless services*
 - Did they stay at a shelter in a different community? Ask if caller has contacted the shelters in that community?
 - ***If previously stayed in shelter/streets, inpatient stay is less than 14 days and the individual is clinically appropriate, make arrangements for the individual to come to shelter when a bed is available.***

Shelter Information (if the conversation leads to shelter discharge)

- If the individual is deemed appropriate for shelter discharge, make sure the following is agreed upon and discussed with the healthcare discharge staff:
 - Discuss any sobriety restrictions in place at the shelter and whether the patient is able to appropriately adhere to shelter policy.
 - Agreed upon time/date of patient discharge.
 - Ensure healthcare discharge staff understand the following:

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- Patient must have a meal prior to discharge.
- Patient must have weather-appropriate clothing at discharge.
- Transportation has been set up, if applicable.
- Patient has copies of prescriptions, insurance information, at least a week's worth of medication and has been counseled on medication administration prior to discharge.