



Recuperative Care Referral Form

705 Drexel Street, Nashville, TN 37203

P: 615.251.7064 F: 615-242-0246

Email: residential@roomintheinn.org

More information and admission criteria are available at roomintheinn.org/recuperativecare.

Will you be filling prescriptions for this person? Yes ☐ No ☐

Will the patient be coming with any narcotics? Yes ☐ No ☐

*Please note that we partner with the Dispensary of Hope to fill prescriptions. **There is a 24-hour turn around during the week.***

Attached H&P, Admission Note, Progress Notes, PT/OT notes (if applicable), and Discharge Medicine List? Yes ☐ No ☐

Patient's Name: _____ Date of Birth: _____

SSN: _____ Sex: _____ Expected Discharge Date: _____

Race (please select all that apply): ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American

☐ Native Hawaiian/Pacific Islander ☐ White

Hispanic/Latino: Yes ☐ No ☐

Has the patient ever served in the military? Yes ☐ No ☐

Emergency Contact Name: _____ Emergency Contact Number: _____

Where was the patient living before admittance? _____

Does patient have any income? If so, what is the source & amount? _____

Does patient have insurance? If so, name of insurance group. _____

What is the patient's plan for what they will do once their recuperative care stay is up?

Acute medical condition (reason for admission): _____

Secondary diagnosis: _____

Psychiatric diagnosis (in addition to reason for admission): _____

Other Notes: _____

Has the patient been vaccinated for COVID-19? Yes ☐ No ☐

Does patient/medical facility have proof of vaccination? Yes ☐ No ☐

(Despite vaccination status, a negative COVID test result is required within 48 hours of discharge)

Does the patient require assistance with any ADLs (toileting, dressing, transfers, etc.)? Yes ☐ No ☐

Is the patient ambulatory? Yes ☐ No ☐

Assistive device needed? Yes ☐ No ☐ If so, what device? _____

Referred by: _____ Phone: _____

Department: _____ Email: _____

Is the patient oriented to person, place, and time? Yes ☐ No ☐

Does the patient have any contagious illness? Yes ☐ No ☐ If yes, describe: _____

Is the patient currently on isolation? Yes ☐ No ☐ If yes, why? _____

Does the patient have any type of lice or scabies? Yes ☐ No ☐

If there was an infection, has it cleared? Yes ☐ No ☐

Did this person have diarrhea in the hospital? Yes ☐ No ☐ If so, is it controlled now? Yes ☐ No ☐

Did this person have a heart related procedure? Yes ☐ No ☐

Will this person need home health care? Yes ☐ No ☐

If so, Agent: _____ Phone: _____

Will this person need physical therapy? Yes ☐ No ☐

If these services are needed, they must be arranged prior to discharge to recuperative care.

Medical supplies needed for patient care: _____

Hospital supplied? Yes ☐ No ☐

What is the pain management plan for this patient? _____

Will this patient have a catheter? Yes ☐ No ☐

Will the patient have a colostomy bag? Yes ☐ No ☐

Is the patient dealing with cancer? Yes ☐ No ☐ If so, in what stage are they? _____

Does the patient have an alcohol or drug addiction? Yes ☐ No ☐

Follow up appointment day, time and place: _____

Please be specific. Give address and phone number.

Notification of Privacy Rights

We collect personal information about you to improve our services for you. We are required by law and organizations that fund us to collect and share certain personal information. Some of the information you provide will be entered into a Nashville-area database accessible by public agencies and departments in Nashville in an effort to coordinate and improve city-wide services in the future. This information includes your name, gender, date of birth, Social Security Number, veteran status, ethnicity, race, and whether you have a disabling condition (the condition will not be listed). Individually identifiable health information will not be entered into the database. As required by law, the database will be protected by appropriate security measures and will only be accessible to authorized Nashville database users and as otherwise required by applicable law.

Additionally, Room In The Inn may share data with The Homeless Impact Division of Metro Social Services. The sharing of data about the services you receive (including shelter) is an effort to improve the city's response to issues related to homelessness.

Your eligibility to receive services from Room In The Inn will not be conditioned on whether you sign this consent. You may choose not to sign this consent. You can revoke your consent at any time. However, your revocation will not be effective to the extent that we have already acted in reliance on your consent. For more information regarding the privacy of your personal information, please see the "Room In The Inn Notice of Privacy Practices," available at the Room In The Inn support desk.

The information that I have given on this form is correct to the best of my knowledge. I have read the above "Notification of Data Disclosure and Privacy Rights." Additionally, copies of the "Room In The Inn Notice of Privacy Practices", "Room In The Inn Grievance Policy", and the "Tennessee Fair Housing Brochure" have been made available to me. By signing below, I expressly authorize and consent to Room In The Inn providing my personal information to the Nashville-area database accessible by Nashville authorized users and/or shared with The Homeless Impact Division of Metro Social Services.

I give permission for the hospital to share information with Room In The Inn as it relates to this referral.

Patient Signature

Date

Hospital

*** Please note: Referrals cannot be processed unless completed in full by the referral source and signed by the patient.**



Recuperative Care: Referral Criteria and Process

What is Recuperative Care?

Room In The Inn provides recuperative care services for patients who are homeless being discharged from hospitals, emergency rooms, or clinics but are still in need of post-treatment care. We do not have medical personnel on site at all times; thus, there are limitations to the conditions of patients referred. Each referral will be evaluated on a case-by-case basis.

The following are specific referral criteria:

The patient must be:

- Must be able to ambulate/self-propel wheelchair/walker 100 yards.
- Must be able to transfer without assistance if an assisted device such as wheelchair or walker is required.
 - Wheelchairs must be manual and participant must be able to self-propel.
- No active MRSA, C-DIFF, or other contagious infections; including but not limited to Lice, scabies, bed bugs, etc. Must be off isolation protocol for minimum 24 hours before discharge unless isolation protocol is precautionary and there is no active infection.
- Negative COVID test within 48 hours of discharge, no matter vaccination status.
- No patients with active sitters or active monitoring
- No oxygen tanks larger than 1 liter and no need to store back up tanks
 - If concentrator is needed – we can only have one in the building at a time
 - Oxygen/concentrator must be “as needed” and not required at all times
- If CPAP is needed, must have upon arrival to be accepted.
- No patients with active IV port.
- 100% independent of ADL's and IADL's
- Must be able to do own wound care or have wound care set up with home health or outside agency prior to acceptance.
- Must be able to self-administer all medications as prescribed without assistance or education.
- Must be medication compliant, including all follow up care and appointments.
- Must come with at least 3 days of medications upon arrival.
- No active hallucinations, psychosis or homicidal/suicidal ideation.
- Cannot be incontinent in any capacity. Must be able to get to bathroom at all times – no urinals permitted at bedside.

Information that must be communicated to the patient:

- No individual rooms
- No medical care or assistance with any ADL's will be available from staff or other residents
- Accommodation for special diets cannot be guaranteed
- Will not be permitted to come and go during stay other than medical appointments.
- No working
- Participant must come straight here – no stops – hospital must contact RITI upon discharge.
 - We do not provide transportation
- Limited space for belongings
- No vehicle on property
- Bus passes can be provided for medical appointments
- Arrive by 2pm – if cannot get here by 2pm – must delay discharge till next day.
- All controlled substance prescriptions must be sealed and fully accounted for upon arrival – failure to do so could jeopardize ability to enter program.
- Must arrive with all wound care and other needed medical supplies unless already set up with outside agency for supply.
- No weapons of any kind
- No outside food or drink unless prescribed
- No outside linens

Admission to Recuperative Care is based on the above criteria *and* bed availability. Priority is based on level of acuity. Referrals must be made between 7:30am-2:30pm Monday through Friday. Referrals will be processed twice per day – at 9:30am and 2:30pm. No admissions will be accepted on Saturdays or Sundays. All referrals are generally processed within 24 hours of receipt (M-F) but we ask for 24-48 hours if needed.

Referral Process:

- Referrals must go through the Recuperative Care Team. You may fax a completed referral form to **615-242-0246** or email the form to residential@roomintheinn.org. The team can be reached at 615-251-7064 for questions.
- Referral is PENDING until all information has been processed and communication of acceptance/denial is acknowledged to the referring agency/hospital.

NEVER RELEASE A PATIENT TO RECUPERATIVE CARE PRIOR TO THE COMPLETION OF THE APPROPRIATE REFERRAL PROCESS. PATIENT WILL NOT BE ADMITTED UPON ARRIVAL WITHOUT ACCEPTANCE.