



Patient Name: _____
DOB: _____
Gender: M F MtF FtM Other: _____
Insurance Carrier: _____

Barbara McInnis House Initial Referral Form

Please fill form out completely. Include additional forms if prompted.
Fax to Admissions Department. Follow up with a phone call.

Admissions Department: Mon-Fri 8am-4:30pm Fax: 857-654-1112 Phone: 857-654-1760
Nursing Supervisor: (weekend or evening admissions only) Fax: 857-654-1115 Phone: 857-654-1840

Date: _____
Referring Facility: _____ Contact: _____
Phone#: _____

Medical Reason for Referral: _____

Barbara McInnis House Required Admission Criteria

- Homeless
- Has an acute medical condition
- Independent with all ADLS
- Independent with mobility
- Check here if one or more of these criteria are NOT met at this time but are expected to change prior to discharge.
- Continent of urine and feces
- Behaviorally appropriate for group setting (including no recent attempts of suicide or violence)

Withdrawal Information

- Required meds for detox while inpatient and detox is completed.
- Currently detoxing ► Drug of choice: _____

Anticipated Patient Needs (Please check appropriate boxes and include details within referral paperwork)

- Uses oxygen
- Dialysis
- Uses assistive device
- Bariatric equipment will be needed
- Once daily methadone for maintenance (Complete Methadone Confirmation Form)
- Other: (please specify) _____
- Wound care
- Special diet: _____
- Tube Feeds
- Foley OR ostomy (Include equipment info)
- PICC line (Complete IV Antibiotics Information sheet)

Legal Considerations

- Medical Orders for Life Sustaining Treatment (MOLST)
- Ankle bracelet in place On parole
- Recently incarcerated (List parole officer's name and contact information: _____)

TB Status

- I have read and understand the BMH *TB policy*
- Date of most recent PPD/CXR: _____ Results: _____

I Confirm That I Have Also Attached All Paperwork Required for Screening:

- Current Med List
- D/C Summary or Encounter Description
- Pages 1, 2, 3 & 4
- Pertinent Labs and Studies
- PT Clearance
- IV info sheet and CXR or Not Applicable
- Methadone Confirmation or Not Applicable
- Pertinent Psych and Social Consults
- Follow up Appointments

Thank you for your referral. Please follow up by calling the Admissions Department. 857-654-1760



Barbara McInnis House Initial Referral Information

TB SCREENING POLICY

All homeless persons are at high risk for TB.

Any homeless person with a new cough or change in cough for three weeks or with pulmonary symptoms suggestive of pneumonia must have a Chest X-ray.

Any infiltrate, regardless of lobe or lobes, or any unexplained pleural effusion should be viewed as suspicious for TB. Consequently, any homeless person with the aforementioned respiratory symptoms and any sign of an infiltrate on CXR should be considered suspicious for TB until proven otherwise.

These patients will not be admitted to the McInnis House until three AFB smears are negative, or the CXR shows definite signs of clearing on an antibiotic regimen, or the patient demonstrates clear clinical improvement (resolution of fever for at least 24 hours or absence of a productive cough) after 72 hours on antibiotics.

High-risk patients for whom AFBs has not been sent will need to be cleared by the Medical Director of the McInnis House prior to admission.

Persons with AIDS are at greater risk for TB, and often the CXR can be negative.

Consequently, any homeless patient with AIDS with a productive cough is required to have three negative AFB smears **REGARDLESS OF CXR FINDINGS.**

These patients must be cleared by the Medical Director of the McInnis House prior to admission.

PUBLIC HEALTH/COMMUNICABLE DISEASE DISCLOSURE

We have been witness to a rise in the incidence of numerous communicable diseases over the past few years. In order for our staff to properly care for patients and manage their illnesses effectively we require disclosure of known communicable disease. This is especially true, but not limited to patients who have a history of TB, VRE, and MRSA. We will evaluate each case on an individual basis.



The Barbara McInnis House

provides cost-effective, short-term medical and recuperative services to homeless men and women who do not require hospitalization but are far too sick to tolerate the stress of life in shelters or on the street.

The McInnis House acts as a safety net for those homeless adults who need assertive, short-term management of their medical issues, but do not meet the criteria of other health facilities.

BHCHP has provided medical respite care since 1985. Today, all respite services are offered through the Barbara McInnis House, now a 104 bed program located at Jean Yawkey Place in Boston (across from Boston Medical Center). This nationally recognized program cares for both homeless men and women and has been and emulated in various cities across the U.S. and Canada.



The Barbara McInnis House

Located at:
Jean Yawkey Place
780 Albany Street
Boston, MA 02118

Admissions:
Tel: (857) 654-1760 · Fax: (857) 654-1112

Administration:
Tel: (857) 654-1701 · Fax:(857) 654-1794

780 Albany Street Boston, MA 02118
Tel: 857.654.1000 Fax: 857.654.110
www.bhchp.org



BOSTON HEALTH CARE *for*
the HOMELESS PROGRAM

The Barbara McInnis House at Jean Yawkey Place



The Medical Respite Program
of Boston Health Care for the
Homeless Program

The Barbara McInnis House at Jean Yawkey Place

Boston Health Care for the Homeless Program's Medical Respite Program

SERVICES

Patient visits with staff physicians, nurse practitioners, and physician assistants seven days a week

24-hour nursing care

Behavioral Health services and psychiatric consultations

Dental services

Pharmacy services on-site

Patient support groups and health education

Discharge planning and case management

Benefits management

Palliative care

IV antibiotics with PICC line

MEETING A VARIETY OF PATIENT NEEDS

The Barbara McInnis House provides skilled medical and nursing care for patients with complex conditions like:

Cancer

Heart disease

Pneumonia

HIV-related illnesses

At-risk pregnancy

Chronic diseases

We also provide recuperative care for patients recovering from:

Chemotherapy and radiation treatment

Fractures

Day surgery and other post-operative care

Other trauma



GENERAL ADMISSION CRITERIA

To be admitted to the Barbara McInnis House, the patient must:

Have a primary medical problem

Be medically and psychiatrically stable to be managed in our setting

Need short-term care

Be independent in Activities of Daily Living (ADLs)

If the patient is taking methadone, he or she must be enrolled in a methadone program.



DID YOU KNOW THAT...

Every patient receives care from a multi-disciplinary team that consists of an M.D., nurse practitioner or physician assistant, a registered nurse and a case manager.

Each patient's plan of care is continually evaluated by the team with the Medical Director.

Three nutritious meals a day are prepared by our kitchen.

Transportation is provided for patients from the Barbara McInnis House to their appointments.



REFERRAL PROCESS

Patients are admitted 24 hours a day, 7 days a week based on referrals from hospitals, shelters, clinics and various other health care service providers. Patients cannot self-refer for admission to the Barbara McInnis House.

To refer a patient to the Barbara McInnis House, please contact the admissions office by calling (857) 654-1760.



Barbara McInnis House
780 Albany Street, Boston, MA 02118
Tel: 857-654-1760
Fax: 857-654-1112

INFORMATION NEEDED ON ALL ADMISSIONS on IV ABX
All IV antibiotics must be infused through a PICC line/ midline

Patient Name: _____ DOB: ____/____/____

Height: _____ Weight: _____ Allergies: _____

Diagnosis for Antibiotics: _____

Any Conditions?: CHF Diabetes Kidney Disease HTN

1. Type of Central Line: _____

2. Length of Line (in cms): _____ Size of Line: (ie: 4 French) _____

3. When was the Line Placed: _____

4. Chest X-Ray done after Placement: YES NO

Send CXR placement confirmation: Completed

Send PICC line placement confirmation: Completed

5. How many Lumens: _____

6. Lumens Patient: YES NO

8. Lumens Labeled: YES NO

9. Name of Antibiotics: _____

Dose: _____ Frequency and Time: _____ Stop Date: ____/____/____

10. IV Dressing last changed: Date: ____/____/____

11. Trough # _____ Date: ____/____/____ Next Trough Due: ____/____/____

12. BUN: _____ CREAT: _____

13. On Day of Discharge: Timing of last dose: _____



Barbara McInnis House Admissions Department
780 Albany Street, Boston, MA 02118
Tel: 857-654-1760, Fax: 857-654-1112
Evenings/weekends Tel: 857-654-1706, Fax: 857-654-1115

METHADONE CONFIRMATION SHEET

Before a patient receiving Methadone for opioid addiction can be accepted to the Barbara McInnis House, the referring agency must complete the form below which demonstrates that they have confirmed that the patient can receive daily dosing at a Methadone Clinic in the Boston area.

Patient Name: _____

Date of Birth: _____

Methadone Clinic Site & Address:

Telephone Number: _____

Contact Person: _____

Dosing Time: _____

Signature: _____

Date: ____ / ____ / ____