Discharge Planning for Homeless Patients
Requirements for Infectious Disease Screening, Vaccination and Log

On Jan. 1, 2019, a new California law¹ became effective requiring hospitals to take certain steps before discharging a patient experiencing homelessness. CHA published a free guidebook for member hospitals explaining the requirements of the law; this guidebook is available at www.calhospital.org/publication/discharge-planning-homeless-patients.

CHA has received many questions from hospitals about the role of the public health officer in determining which diseases hospitals should screen homeless patients for. CHA has also received questions about the local health department’s role in determining which immunizations to give to homeless patients. This document addresses those questions, as well as questions about the required homeless patient log.

Infectious Disease Screening
The new law requires hospitals, prior to discharging a homeless patient, to document that “the homeless patient has been offered or referred to screening for infectious disease common to the region, as determined by the local health department.”

A hospital can fulfill this requirement by either:

1. Offering the homeless patient screening for the infectious diseases identified by the local health department; or

2. Referring the patient to another location (perhaps a county clinic) for such screening.

It is the responsibility of the local health department or local public health officer to determine which infectious diseases are common to the region. Some public health officers in California have issued letters or memos identifying hepatitis A/B/C, syphilis, chlamydia, HIV, TB, and/or gonorrhea. Hospitals should check with their local public health officers to determine which diseases have been identified.

¹ SB 1152 (Ch. 981, Stats. 2018), codified at Health & Safety Code Section 1262.5.
It is important to note that it is the responsibility of attending physicians — in accordance with hospital policy and/or medical staff guidelines — to determine whether to perform the screening themselves, or refer the patient elsewhere for screening. The local health department cannot require the hospital/physician to do the screening, rather than providing a referral.

Many county health departments operate clinics to diagnose, treat, and prevent communicable diseases, including sexually transmitted infections. Physicians and hospitals are free to refer patients to these clinics for infectious disease screening.

Some local public health officers have issued “recommendations,” “guidelines” or “best practices,” which may seem to suggest that the recommended actions are legally mandated. Not so. The new homeless patient discharge planning law does not give the local public health officer the authority to require attending physicians or hospitals to screen patients for infectious diseases.

The patient has the right to refuse screening at the hospital, and to refuse to go to a different screening location.

**Vaccinations**

The new law requires hospitals, prior to discharging a homeless patient, to document that “the homeless patient has been offered vaccinations appropriate to the homeless patient’s presenting medical condition.”

The attending physician — in accordance with hospital policy and/or medical staff guidelines — is responsible for determining which vaccinations are appropriate to the patient’s “presenting medical condition.” For example, a tetanus vaccine would probably be appropriate for a patient who presents to the emergency department with a puncture wound from a rusty nail, if the patient has not previously received a tetanus vaccine.

Under the new law, the local public health department has no role in determining which vaccinations a particular patient should receive. The local public health officer may issue “recommendations,” “guidelines” or “best practices,” but may not legally mandate any particular vaccines.

Hospitals may wish to consider referring patients to the local health department vaccination clinic, to the extent appropriate.

The patient has the right to refuse vaccination. If the patient refuses a recommended vaccination, an informed refusal should be obtained. Hospitals should remember to give the patient the required federal Vaccine Information Statement to obtain the patient’s consent or informed refusal (see CHA’s Consent Manual for requirements related to consent to vaccinations and refusal of vaccinations).
Homeless Patient Log
Starting July 1, 2019, each hospital is required to maintain a log of homeless patients discharged and the destination to which the patient was released. The law provides great flexibility to the hospital about how to maintain the log. The hospital may add a new field to its current emergency room log (for hospitals that have an emergency department) or develop a new log, either paper or electronic, in any format that works for the hospital. The log must include all homeless patients who are discharged, including those admitted as inpatients and those seen in the emergency department as outpatients. Hospitals may wish to talk to their electronic health record vendor for assistance in adding a new field. Hospitals are not required to be able to produce a log of homeless patients who were seen prior to July 1, 2019. As a reminder, the Office of Statewide Health Planning and Development (OSHPD) requires that the letters “ZZZZZ” be placed in the ZIP code field for patients experiencing homelessness, including inpatients, emergency patients, and ambulatory surgery patients.

The hospital must also maintain evidence of completion of the homeless patient discharge protocol in the log or in the patient’s medical record. Most hospitals will maintain this evidence in the medical record rather than the log. CHA has developed a form, “Homeless Patient Discharge Planning Worksheet” (DP Form 1-A) as a template that hospital may adopt to the extent appropriate for their facility, fill out for each homeless patient, and place in the medical record as evidence of completion of the homeless patient discharge planning protocol. It is available in the free guidebook noted above.

Questions
If you have any questions, please contact Peggy Wheeler, Vice President, Rural Health and Governance, at pwheeler@calhospital.org or Lois Richardson, Vice President and Legal Counsel, at lrichardson@calhospital.org.