Hospital AT Home USERS GROUP

Efficient, Effective Excellent:
Issues in Logistics and Operations in Hospital at Home

Karen Titchener, MS | Huntsman at Home

AAHCM AMERICAN ACADEMY OF HOME CARE MEDICINE

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Webinar

February 9, 2021

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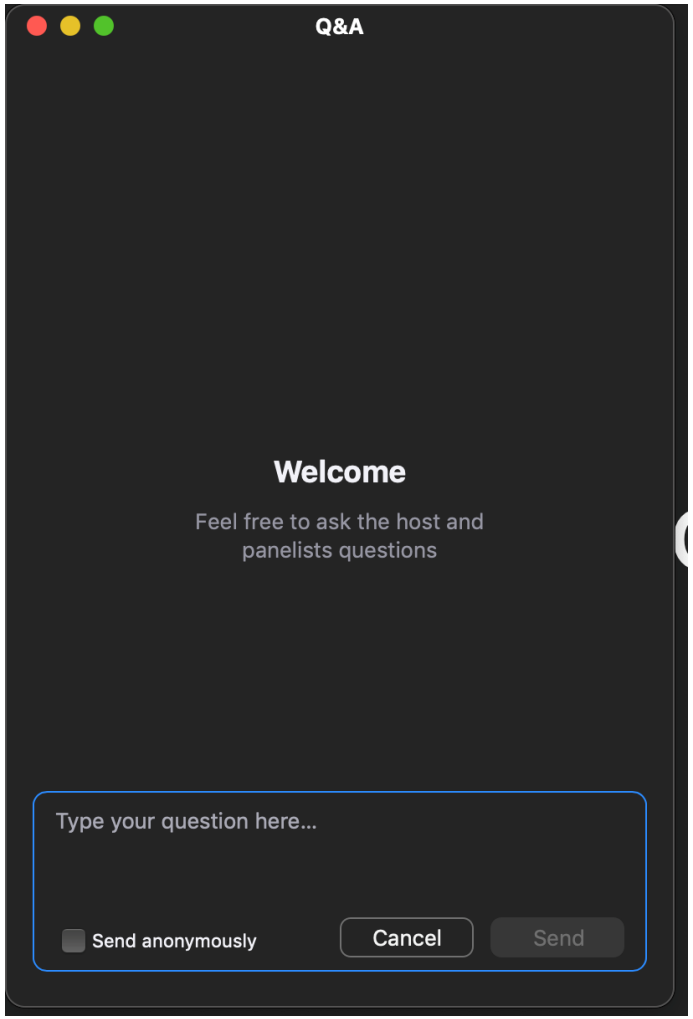
Hospital at Home USERS GROUP

ZOOM Webinar Housekeeping

- Please submit your questions via the Q&A option
- Due to the large audience for today's webinar, everyone has been placed on mute
- If you have any technical issues, please contact Gabrielle Schiller (gabrielle.schiller@mssm.edu) or send her a message via the Zoom chat feature



Al Siu, MD, MSPH

Director, Mount Sinai at Home

Professor and Chair Emeritus of the Brookdale Department of Geriatrics and Palliative Medicine at the Icahn School of Medicine at Mount Sinai

Geriatric Research, Education, and Clinical Center (GRECC) at the James J. Peters Veterans Affairs (VA) Medical Center

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TA Center (beta):

www.capc.org/strategies/acute-hospital-home

The HaH Users Group Webinar Series

- The Hospital At Home Model and the CMS Acute Hospital Care At Home Waiver
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- Tech Matters: Building the Right Digital Platform for Your Hospital at Home Program
- **Efficient, Effective, Excellent: Issues in Hospital at Home Logistics and Operations (Today)**

- On Time, Every Time: Delivering Hospital at Home Ancillary Services (2/16)
- How Are We Doing? Evaluating Hospital at Home Quality and Safety (2/23)

See Events at HaHUsersGroup.org or
the Users Group TA Center for more information…

Today's Webinar

Efficient, Effective Excellent:
Issues in Logistics and Operations in Hospital at Home (Session 1)

Hospital at Home USERS GROUP

Karen Titchener, MS
Director of Strategic Development, Huntsman at Home
Adjunct Assistant Professor, College of Nursing, University of Utah
Karen.titchener@hci.Utah.edu
Twitter: @karen_titchener

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Session 2 from Peter Read: Needed Services

- Pharmacy
- Infusion Services
- Respiratory Care (including O2 delivery)
- DME
- Diagnostics: Lab, Radiology, EKG, US, Echo, other
- Transportation
- Food Services
- Therapies (Physical, Occupational)
- Social Work

Huntsman Hospital at Home

Session One: OVERVIEW

Team

- Who: Leadership, team and staffing levels
- Why: Target population
- Staff induction and training

Operations

- Hours/shift pattern
- Expectations of staff ratio/caseload/ acuity levels
- Clinical hub
- Day-to-day
- EMR/communications/IT/phones
- Referrals process and patient recruitment

What Hospital at Home is NOT

- Post-acute care
- Home health
- Case management/chronic disease management
  - Hospital at home is about acute illness management, and whilst it may manage acute exacerbations of chronic disease, as with hospital care the responsibility and expertise for ongoing chronic disease management remains with the primary care team and outpatient specialist care.
- Admission prevention
  - Hospital at home is not intended to prevent access to specialist acute care.
  - Admission prevention programs that focus on chronic disease management and high-risk categories such as frailty are best placed to prevent decline leading to admission.

What Hospital at Home IS

Key features for Hospital at home

- The acuity and complexity of the patient condition differentiates Hospital at Home from other community services.
- It provides urgent access to hospital-level diagnostics, (such as endoscopy, radiology, or cardiology).
- It provides hospital level interventions (such as access to intravenous fluids, therapy and oxygen).
- It requires daily input from a multidisciplinary team that includes multiple visits and provisions for 24-hour cover with the ability to respond to urgent visits.
- It requires acute care level specialist leadership and clear lines of clinical responsibility.
- Defined inclusion and exclusion criteria, with defined target population for example for over 18 or over 65.
- These programs deliver a time-limited, short-term intervention of 1-14 days.

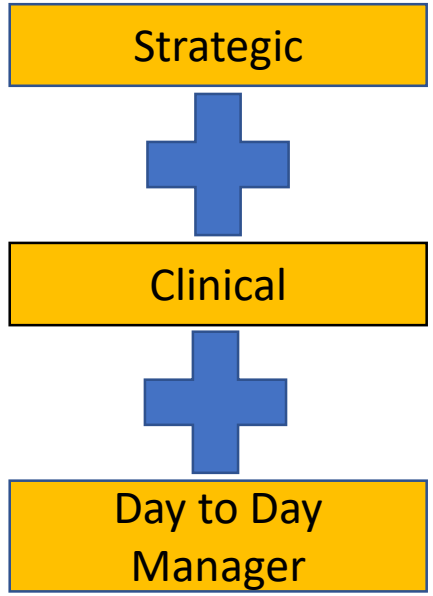
Leadership for the Program

"Continuous effort- not strength or intelligence is the key to unlocking our potential"
Winston Churchill

Characteristics of Program Leadership

- Pioneer
- Visionary
- Innovator
- Confidence
- Honest and integrity
- Accountability
- Can cope with the highs and lows

- Ability to problem solve and be flexible
- What next?
- Ability to delegate
- Not necessarily the person that dots I's and crosses T's
- Find a key support of you and the program
- "Someone who would not ask someone to do what they are not willing to do themselves."



Program Patient Capacity

Program Capacity

- Expected capacity of the program: how many patients will the program see at any one time?
- Target population+ and patient group?

Patient volume + Acuity = Number of Staff + number of visits

Shift Pattern

8 hour = 3-5 visits daily

10 hours = 4-6 visits daily

12 hours = 6-8 visits daily

Program Staffing

Who to recruit? Acute or Community? Partnerships/Contracts? Employ vs. Out-source

- MD
- NP
- RN
- EMT
- Home health aids
- PT/OT/SW
- Administrative support

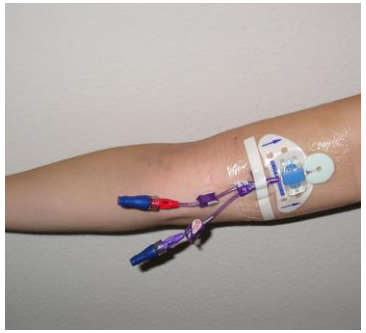
Characteristics of Hospital at Home staff?

- Fast pace/ high energy/high intensity/complex care
- Think on your feet
- Flexible/adaptable/team player
- Good people skills
- Appropriate skill and knowledge for this kind of program
- Comfortable as an autonomous practitioner

Staff Induction, Competencies and Training

Induction to the Program

1. Two-week training program
   - Introduction to Huntsman at Home
   - Fundamentals of care in HaH
   - Holistic assessment--overview
   - Problem bases assessment
   - Team building: half day
   - Clinical management
   - Functional and psychological care
2. Self-directed learning
   - Mandatory training
   - EMR training
   - IT/Skype
   - CAPC
3. Classroom teaching -- competency verification
4. Clinical shadowing



Day-to-Day Operations to Be Effective & Efficient

Daily Staff Required

- Providers for the day, NP or MD
- RN's
- Nursing aid
- Administration staff
- Clinical Hub lead–NP
- Operational manager
- Cars with ready-made equipment (EKG, Bladder Scan, IV access Kit)
- First doses pharmacy bag

- As you start your program, allow it to evolve to meet the patients needs.
- DON'T BE AFRAID OF CHANGE.

Communications Systems

Daily Clinical Hub (7 days a week 8am to 8pm)

- Admin staff: answer phones, take referrals, schedule appointments
- Phone system? Why
- Hunt Group established with Verizon, first tries admin line at clinical Hub, then duty team
- Clinical staff have phones, computers, hotspot, Epic on PC document on patient's home. (The team works with billing to ensure documentation is coded correctly for payment.)
- Partners: Read-only EPIC. Orders sent to HH medical record.
- Clinical lead at Clinical Hub available to all field staff including partners to answer questions, guide care, write orders, take feedback from field staff after each visit.

AFTER 8PM, the phones are transferred to Home Health Duty RN with medical backup.

Communications Systems (Cont.)

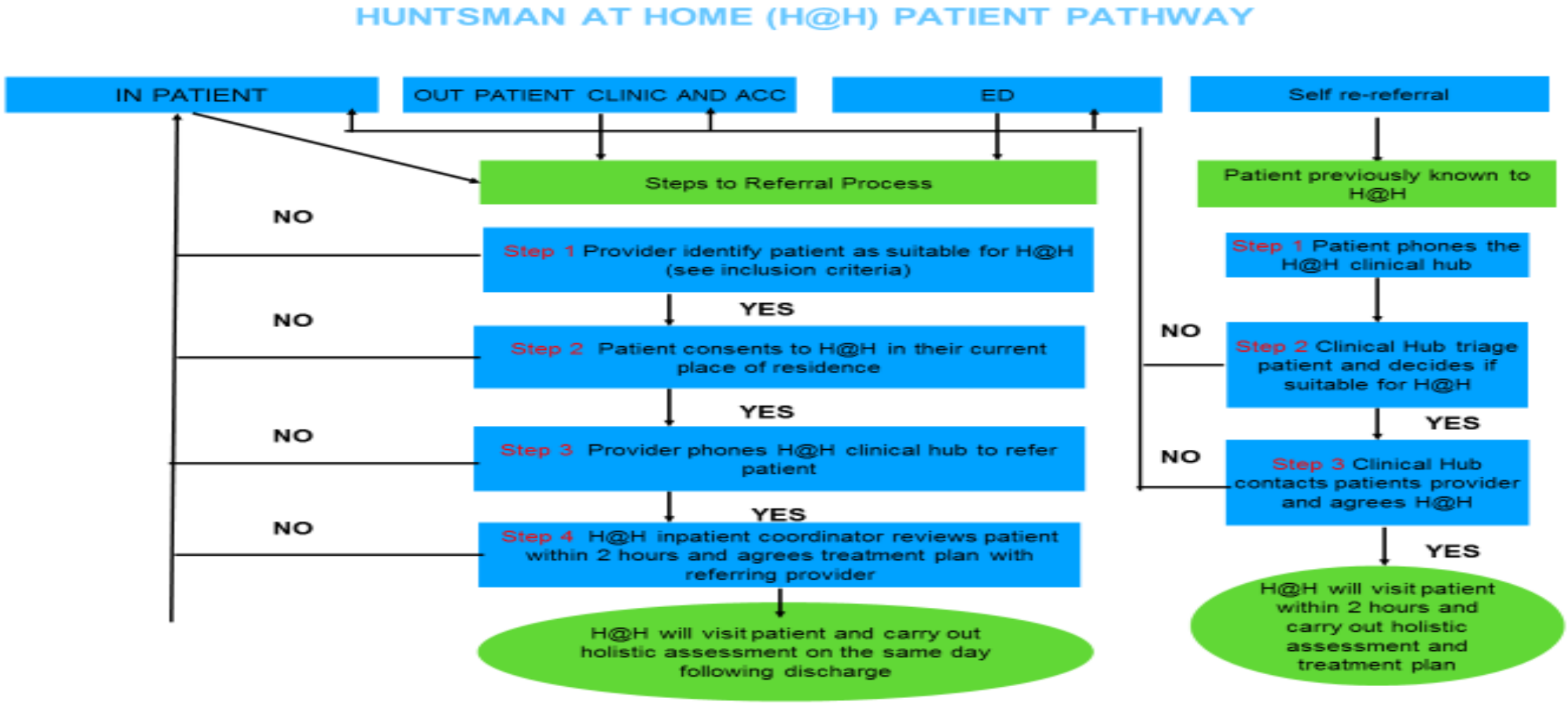
Daily Communications: Clinical HUB

- Daily morning virtual ward round with field staff with report and care guidance
- Communication via HIPAA Compliant “Mattermost” app
- Referrals come through on EPIC after discussion with Lead,

Clinical lead orchestrates communication with:

- Patients
- Staff
- Oncology teams
- Case mangers
- Clinics
- Reviews daily admits for potential patients
- Attends Discharge planning meeting
- Receives feedback for field team after each visit and deals with any ongoing issues
- Or need to talk with patient oncologist
- Liaise with patient and carers

Referral Process and Patient Selection



Operational Referral Pathway

- Referral is received through the H@H Clinical hub.
- H@H Clinical Hub Administration will take patient information and demographics.
- H@H Duty Clinician gains information from the referrer and makes a decision to accept or decline patient based on inclusion criteria.
- H@H duty clinician reviews the patient on the ward, ED, HAC, or outpatient department and agrees patient plan with patient's provider.
- Once the patient is discharged from hospital, they will be reviewed within 2 hours, if necessary, and receives holistic assessment and planned care by NP.
- The visiting provider feeds back to the Clinical Hub, where forward visits and plan of care are decided by the Multidisciplinary team.
- The patient will be visited at least twice a day by an RN and once a day by an NP for 5-7 days.

Key Points to Remember

- Strong leadership is essential
- Recruit the best to be the best
- Have good in-depth training for staff both clinical and philosophy of care in HaH programs
- Daily operations need to be fast, responsive and efficient
- Seamless patient flow from acute to community
- Good communication within the team between staff, patients, oncologists, patient and family
- Ensure good patient and family support
- Don’t be afraid of change

Remember: Always Think BIG and stay STRONG

You will make it!

Questions?

Learn More

- Hospital at Home Users Group
  https://hahusersgroup.org/

- Hospital at Home Users Group Tools and TA
  (Beta version, powered by CAPC)
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THANK YOU

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Please make sure to join our next webinar:

On Time, Every Time

Delivering Hospital at Home Ancillary Services

February 16, 2021 - 4pm – 5pm ET

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