Hospital at Home:
"Bravely Bringing Inpatient to the Patient"

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Changing Healthcare For The Better

Program Objectives

- Identify strategic need for Hospital at Home Implementation (capacity, ED Flow)

- Identify key stakeholders and leader buy-in for successful implementation

- Analyze current state and identify additional resources for location (IT support, staffing)

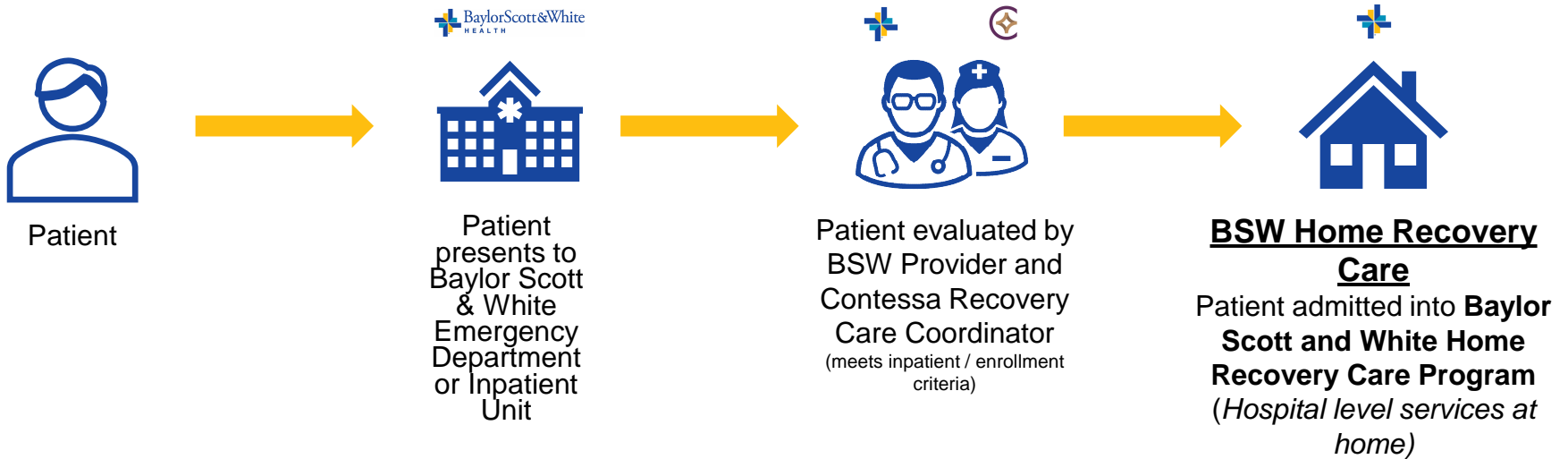- Lessons learned to help drive success of the program

Do We *Need* Hospital at Home?

- ED Metrics (LWBS, Hold times, delayed throughput)

- Inpatient Max capacity

- Payor Status (based on Waiver population)

- Medical/Surg Volumes

- Need to expand capacity quickly

- Quality Focus/KPI Metrics

Overview of the Current BSWH / Contessa Program

Patient

Patient presents to Baylor Scott & White Emergency Department or Inpatient Unit

Patient evaluated by BSW Provider and Contessa Recovery Care Coordinator
(meets inpatient / enrollment criteria)

<u>BSW Home Recovery Care</u>
Patient admitted into **Baylor Scott and White Home Recovery Care Program**
(*Hospital level services at home*)

BSW Home Recovery Care "Hospital at Home"

- Provides inpatient level of care in home setting through the CMS Waiver

- Patients are identified primarily in Emergency Department for home admission or can continue their hospitalization at home from hospital unit

- Must meet waiver criteria for program inclusion
  - Geographic: 30-mile radius of facility
  - Condition can be treated at home
  - Right funding status
  - Home environment conducive to care management

- Hospital Care at Home—we bring the hospital to patient's home--services include:
  - Daily Nursing Visits
    - Twice Daily (approximately 1 ½ hour visits)
    - Coordinated with hospitalist rounding to provide virtual assessment through provided telehealth equipment
    - Virtual Care Unit provides support when nurse is not on site (24/7 "call light")
  - Labs, imaging, IV medications, oral medications, breathing treatments, dietary and specialty consults
  - Physical therapy/occupational therapy/social work provided as indicated/ordered

  - Ensure that the standard of care for H@H patients is the same as the standard for treating such patients in the inpatient setting following BSW policies for care delivery

BSW Home Recovery Care Implementation

Success in Screening—Stakeholder Engagement

- **Have a strong communication plan**

- **Who do we engage/target audience?**

Senior Leadership
- Need C-Suite to fully support and assist with any barriers to implementation
- Shared vision and alignment

ED Leadership
- Strong Medical Director and ED provider support
- Nursing partnership

Case Management
- Work closely with case management leaders in identifying areas of opportunity
- RCC and case management partnership is key
- Include med/surg nursing team

Pharmacy
- State Regulations
- Maintain inpatient oversight
- Medication management

Providers
- Hospitalist
- Specialty practice
- Virtual care

Informatics
- Strong clinical informatics support from beginning
- Align platforms

BSW Home Recovery Care (HRC) Patient <u>Screening</u> Process and Team

<u>2-Step Screening Process</u>:

1. **Operational eligibility:**
   - Age >18
   - Right payor status
     - CMS Waiver
     - Value-Based MA
   - Live within 30 miles of our facility (by zip code)

2. **Clinical eligibility:**
   - Treatment modalities that can be done at home
   - Have a home environment that is conducive to hospital level of care at home

Recovery Care Coordinator (RCC)
- Contessa's on-site RN responsible for screening patients and functioning in a care coordination capacity ('Charge Nurse/CM')

HRC Admitting Hospitalist Partner
- Your on-site BSW hospitalist trained on performing clinic screening of HRC candidates as well as the HRC admitting process, performing the required face-to-face initial H&P

= EPIC icon indicating operational criteria MET

= EPIC icon indicating operational criteria NOT met

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Treatment Modalities that **CAN** be done at home

- Labs, Imaging, DME
- PT/OT/ST
- Arranging visits with consulting specialists
- Supplemental oxygen up to 4 liters per NC*
- Established CPAP/BiPAP patients
- Respiratory treatments

- IV diuretics
- IV antibiotics (continuous and intermittent)
- Continuous IV fluids
- Wound and ostomy care including wound vacs
- Intermittent catheterizations/Foley catheter care

Patients with baseline oxygen use above 4L can be considered for admission based on their clinical presentation including past medical history.

Treatment Modalities that CAN'T be done at home

- Oxygen requirements greater than 4 liters per NC*
- New orders for CPAP/BiPAP
- Cardiac drips
- Heparin/insulin drips
- Continuous cardiac telemetry monitoring
- Blood transfusions
- Continuous pulse oximetry
- Continuous bladder irrigation
- NGT to suction
- Frequent neuro checks
- IVP/IM controlled substances

Patients with baseline oxygen use above 4L can be considered for admission based on their clinical presentation including past medical history.

BSW HRC Patient <u>Rounding</u> Process and Team

On Admission:

- **Onsite hospitalist admits patient to HRC**
    - Places orders, including any equipment needed

- **ACRN meets the patient in their home:**
    - Sets up telehealth (Biofourmis) kit, educates patient/family on use
    - Performs patient intake, including comprehensive medication reconciliation
    - Assesses need for further equipment
    - Educates patient on escalation process

biofourmis

Then on daily basis:

- ACRN rounds on patient twice daily, 1.5-2 hours each visit.

- Virtual Rounding Hospitalist will perform their daily visit virtually when the ACRN is in the home.

- After-hours, patients have RN access via our VCU, escalations to our on-site night hospitalists.

Field Acute Care Register Nurse (ACRN)
- In-the-field 'floor' nurse, rounding on HRC patients twice a day, patient:nurse ratio 2:1

Virtual Rounding Hospitalist
- Off-site or on-site BSW hospitalist capable of performing daily rounding on HRC, designed to be part of a virtual 'practice'
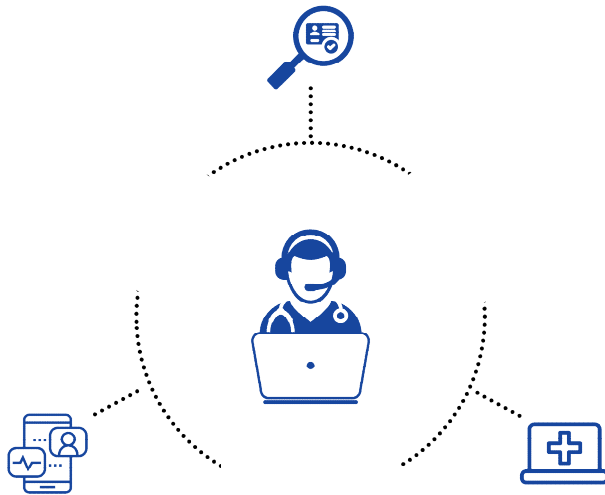
Virtual Care Unit (VCU)
- After-hours (10P – 7A) virtual command center, manned by RNs, who can address any acute needs for the patient, ('Call Light')

Virtual Consultations in HRC

Per Site, medical and surgical consultants will need to be identified by HRC Site Lead:
- Prioritize: ID, cardiology, nephrology, SPC

Consultants can utilize the telehealth platform and the ACRN visit to perform a comprehensive consultant (best practice):
- This will be coordinated/scheduled with the local RCC

Future state:
- Apply an E-consult workflow for consultation where applicable

# Virtual Tools-Leveraging Technology

Telehealth System Allows Patient and Care Team to Easily Connect

Patients are equipped with a telehealth system allowing them to connect seamlessly with their provider, Registered Nurse and Recovery Care Coordinator

TELEHEALTH PLATFORM

- Virtual visits
- Biometric data
    - Blood pressure
    - Pulse
    - Pulse oximetry
    - Glucose
    - Weight
- Care plan specific assessments
- Patient health summary
- Virtual stethoscope
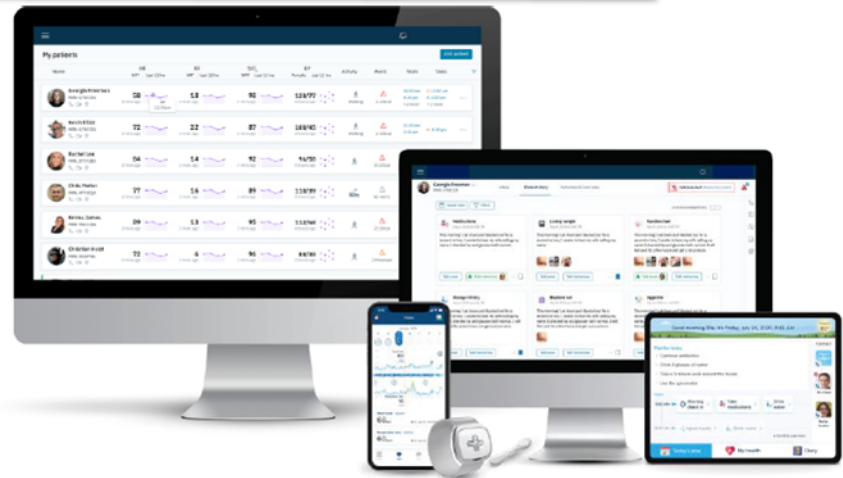
BSW Home Recovery Care Insights

Delivering Hospital in the Home -- Structure

- **Policy and Procedure Alignment**
  - Partner with nursing practice, legal, regulatory
  - Strategize on NOT changing policy to fit home—"How to meet the intent virtually"
    - 2 nurse requirements (assessments, wasting medication,)
    - Pharmacy guidelines (state requirements)

- **EMR**
  - Close partnership with informatics team and lead
  - Build to meet standards and adjust for visit vs. shift
  - Field support first two weeks of go-live

- **Technology**
  - Assess existing resources
  - Assess service area (wireless providers), VPN support
 - Equipment regarding wireless supports

Delivering Hospital in the Home-Staffing

- **RN Staffing Support**
  - Recruit early
  - Hybrid nurse (inpatient skillset with home comfort level

- **Education**
  - Partner early with education—build replicable competencies for multiple sites
  - Develop specific virtual competency
  - Constantly reassess needs

- **Vendor Management**
  - Contracting –ensure holiday, weekend, hours can support inpatient at home
  - Expectations on response time
  - Leverage medical director for support

- **RN Staffing Support**
  - Recruit early
  - Hybrid nurse (inpatient skillset with home comfort level

- **Provider credentialing**
  - Start early
  - Telehealth component

Aligning Ancillary Support and Synergies
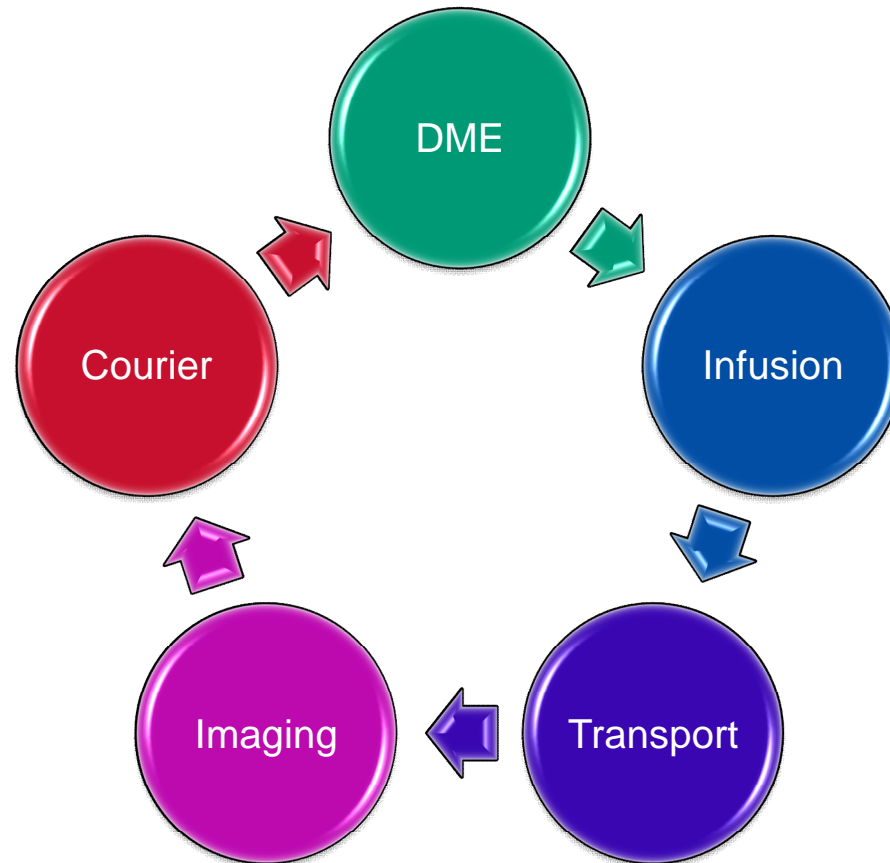
"It Worked!" Insights on Successful Roll Out

- **Great partnerships with all key departments**
  - Clinical, Emergency Management, EMS/RAC, Regulatory, Nutrition, billing/revenue cycle

- **Plan for Everything/Don't assume anything**
  - "It has never happened"---IT WILL!
  - Mock drills (pre-roll out and continuous readiness)
  - Home environment highly uncontrolled
  - Proactive business continuity plan

- **Nutrition/Dietary**
  - Be prepared
  - Home brings a new perspective
  - Transport of trays

First Launch Home Recovery Care Insights

- Successful 1st day launch with 2 admissions

- Strong support from informatics with IS team in the field supporting nursing during first 2 weeks

- Strong engagement from providers—including specialty virtual consults in the first 2 weeks of launch

- Highly engaged leadership team and clinical stakeholders have supported strong buy-in

- Launched with MCR FFS and Waiver patients (one population)

- Dashboard of KPI and Quality Metrics

Every Opportunity is a Lesson!

- Vendor Management –Alignment with organizational mission/vision/values

- System Waiver Process

- Unpredictable Nature of Home—workplace violence correlates to home

- Prepare to have and ongoing proactive staffing approach

- Replicating daily inpatient operations (charge capture)

- Each facility will bring own nuance – SME meetings early in planning

- Environment Emergency Kits –Spring in Texas!

QUESTIONS?

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