Lessons Learned and Shared From Home at Hospital

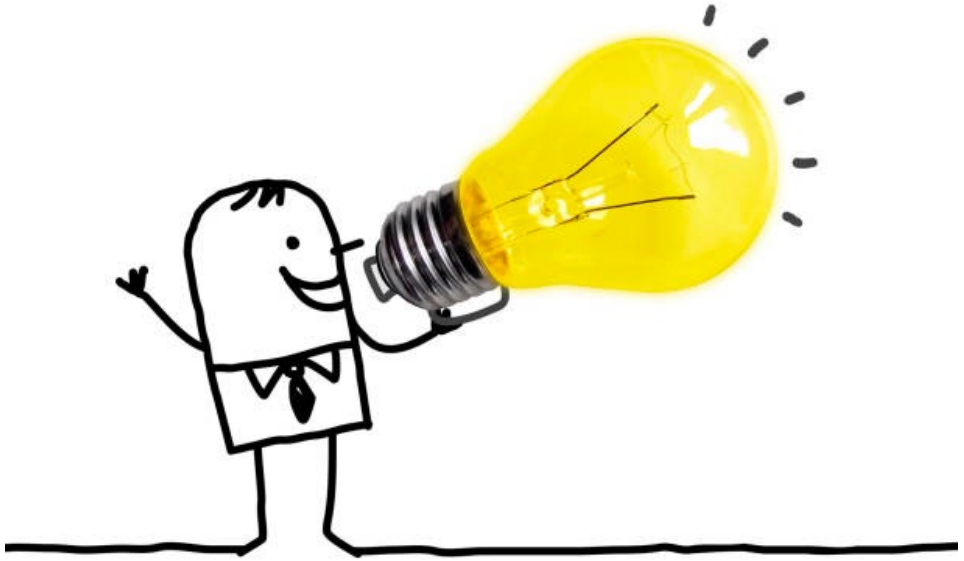
Scott Willits, ACP

Faculty & Affiliation Disclosure

Scott Willits, NRP

- **Medically Home, MIH Director**
- **National Association of MIH Providers, Board Member**

The following presentation contains clinical summaries of real patients with protected health information removed.



Objectives

Consider the various patient populations that would benefit from a Hospital at Home program.

Review a patient's story and clinical outcomes.

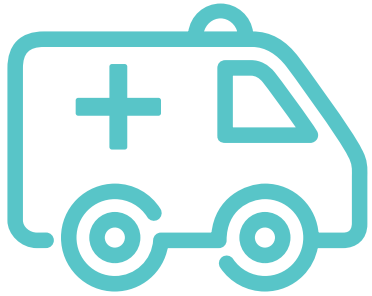
Consider the impact that a Hospital at Home program would have on your community.

Hospital at Home Partners

Home Care Services (Aides)	Lab Processing	Mobile Imaging
Home Health	**Community Paramedicine**	Phlebotomy
Infusion Therapy		Courier Delivery
Security	Medical Waste	Home Technology Installation
Medical Meals	Oxygen / Respiratory	Durable Medical Equipment
Pharmacy Services	Medical Supplies	Patient Transportation

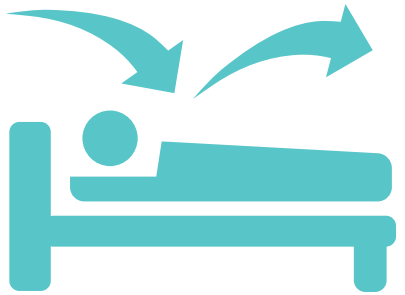
Potential Patients

Episode Prevention



ED Substitution

Oncology Patients



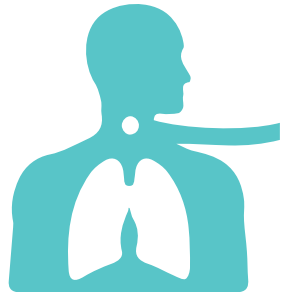
Acute Substitution

Pediatric Patients

Observation Substitution

Transfusion

Reduced LOS



Ventilated Patients

SNF Substitution

Ms. Cindy-Lou

- **Primary Care at Home:**
  - **A coordinated Community Paramedic in-home visit with the virtual Primary Care Clinician for a wellness physical and general assessment.**
- **Post Cardiac Discharge Program:**
  - **A coordinated Community Paramedic in-home visit with the virtual Cardiology Clinician for a wellness physical and targeted assessment every 3-5 days.**
- **Palliative Care Community Paramedic Program:**
  - **A coordinated Community Paramedic in-home visit with the virtual Palliative or Hospice Clinician every 5-7 days or same-day urgent visit.**
- **Hospital at Home:**
  - **A partnership of a virtual clinical team and local Community Paramedics with 2-3 appointments per day to fulfill the treatment plan.**

Ms. Cindy-Lou

67-year-old female.

Retired after 39 years teaching in the public schools.

Fixed income with government assisted living.

Spouse passed away 10+ years ago with no immediate family in the area.

Myocardial Infarction x 3 (2017, 2019, 2022)

Congestive Heart Failure (LVEF <40%)

AV Block, Complete (2022)

Hypertension

Severe Obesity

No history tobacco use

History of alcohol addition, 20+ years sober

Physical activity is seasonal (spring-summer)

Ms. Cindy-Lou

Myocardial Infarction #1 — **2017**

2017-2019 — **9 Admissions for Exacerbated CHF (B&M). ALOS = 22 midnights.**

Myocardial Infarction #2. Enrolled in Post Cardiac Discharge Program x 30 days. — **2019**

2019-2020 — **7 Admissions for Exacerbated CHF (B&M). ALOS = 13 midnights. Enrolled in Post Cardiac Discharge Program x 30 days.**

4 Admissions for Exacerbated CHF (Hospital at Home). ALOS = 8 midnights. Enrolled in Post Cardiac Discharge Program x 30 days. — **2020-2022**

2022 — **Myocardial Infarction #3 + pacemaker. Discharged to Palliative Care Community Paramedic Program.**

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Thank You