Hospital Home Team: Optimizing integration and continuity for the patients with the highest needs

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Define

Description: An innovative partnership between home care, primary care and hospital, provides timely access, responsive acute and proactive care of high needs patients in their homes. Continuity of care from community to hopsital is prioritized while facilitating discharge and supporting care provision at home.

Aim: Reduce hospitalization and ER use for 50 patients within 1 year.

Interprofessional Team: Physicians, Nurse practitioners, Intensive Case Coordinator Primary Care Nurse, Adminsitrative Support.

Measure/Data

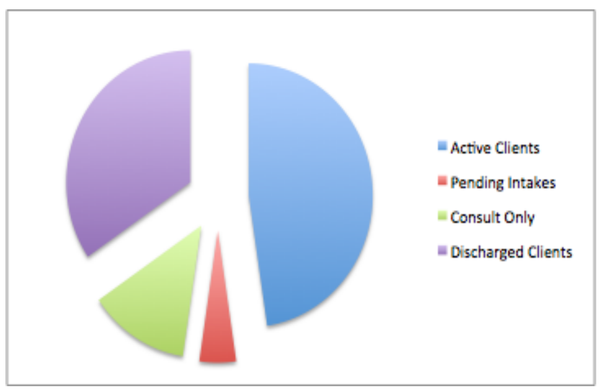
Measurement has been focused in three areas:

Patient Demographics	Age Comorbidites
Interventions	Home Visits Clinic Visits Team Member Involvement
Outcomes	EMS use ER use Hospital Bed Days

Interventions

Results to Date

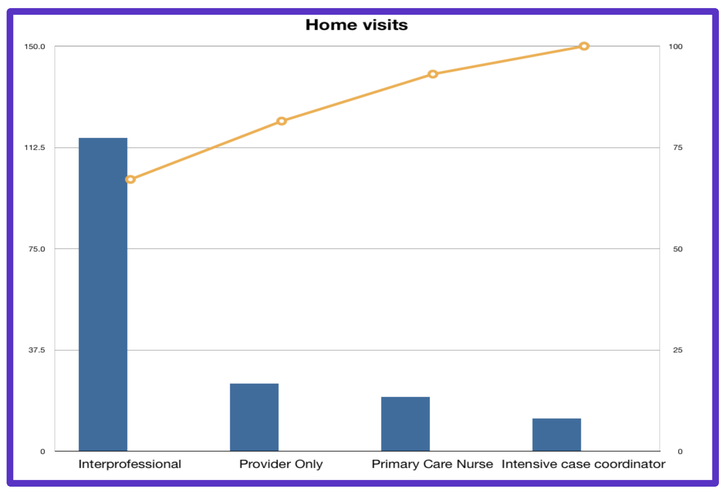
This new program began March 1, 2013; since then 83 patients have been assessed by the program team.



In the first 6 months, we took on the care of 38 individuals. Together these individuals **192** ER presentations and **943** hospital bed days in the year prior to our involvement.

Since our involvement, we have seen a **16% decrease** in the use of ER and a **51% decrease** in hospital bed days.

173 home visits were provided over a nine month period. Home visits are a key element of the work being done; most visits are provided with 2 or more professions in attendance. This allows for rapid decision making at the point of care.



Lessons Learned

- Team dynamic and focus on team development important to optimize ongoing program development
- Create partnerships with other organizations/programs as needed to achieve optimal care for patients in the community
- Support and care for patients' family and caregivers is as important as care for the patient.
- While patients are medically complex, most interventions are supportive rather than strictly medical.
- Case coordinator involvement with care planning both in hospital and in the community has been central to successful discharge planning.
- Providing patients, families and community partners with reliable and unrestricted access to consultation and advice through various mediums