

# Evaluating Home-Based Healing Eligibility for Acute Conditions

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## Objectives

The first objective is to recognize suitable cases for home-based care, considering factors such as patient clinical stability, available support, and the possibility of managing conditions at home. The second objective is to assess patients' conditions remotely, monitor progress, and manage treatment plans effectively through telemedicine and house call visits, ensuring optimal care while allowing patients to remain at home and attend to family responsibilities.

## Case Study

A 29-year-old female presented to the ED for evaluation of shortness of breath and wheezing. She is known to have asthma and eczema, only on a rescue inhaler, and is a single mom with a 12-month-old baby.

She endorsed an upper respiratory infection with cough and congestion symptoms over the past week before the presentation. She saw her physician via telehealth on the day of the presentation and was given Azithromycin and Prednisone with no improvement in symptoms.

Blood tests were significant for low MCH 25.7, MPV 9, high IG Absolute 0.04, and Neutrophils 93.1. The chest x-ray was clear. Her medications were Ipratropium-Albuterol 3mg/3ml, Prednisone, Solumedrol 40 mg, and Tralokinumab-ldrm 300 mg. After ED evaluation, she was admitted to our program for IV steroids and monitoring at home.

SENA's Command Center coordinated her acute and post-acute care. During the acute phase, nurses made regular home visits and connected the patient with her provider via telehealth to assess her condition, monitor her progress, and administer her medications. This approach ensured optimal care while allowing her to remain at home and attend to family responsibilities.

After the treatment course was finished, the patient was transitioned to the post-acute phase, and Coordinators regularly stayed in touch with the patient. They monitored her vital signs readings daily, and they helped transition the patient's care back to her primary care team and specialists. They arranged for her to see a pulmonologist who took over her care. The total episode of care lasted 30 days. During that time, our Team was accessible to the patient 24/7/365 and was able to efficiently and successfully tend to all the patient's medical needs and concerns.



## Impact

The patient was facing a unique challenge as a single parent: a 12-month-old baby who couldn't be left alone. The decision to heal at home was pragmatic: it allowed her to maintain her routine, care for her child, and avoid the emotional strain that hospitalization would have caused for her and her baby. The patient not only prioritized her health, but she also safeguarded her role as a mother.

In an emergency case, the patient experiencing chest tightness and shortness of breath was presented with an alternative: home-based care. The decision was made after the patient met the clinical and social criteria of managing her condition outside the hospital. This case highlights the importance of recognizing when home care is a viable option, emphasizing the patient's well-being beyond clinical settings.

In essence, this example shows the power of harmonizing healing and life beyond hospital walls. The patient's home-based healing, guided by nurse visits and telemedicine, exemplifies personalized care for suitable cases and emphasizes the efficiency of healing at home with the relevant coordination of care.

## Conclusion

This patient case exemplifies the growth of home-based medical care. By facilitating and coordinating the patient's care at home, healthcare providers prioritize patient-centered approaches, ensure close monitoring, and reduce stress on family members. Moreover, this decision aligns with the broader theme of embracing home-based care as an effective, suitable, and sustainable option for managing chronic or acute conditions.

