

Safety Management System Development for High-Quality Hospital at Home (HaH)

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Let's talk safety!

INTRODUCTION

Hospital at Home (HaH) has transformed care delivery through decentralization of logistics management for acute care. This requires adaptation of safety management systems to HaH for inpatient-level care at home with operational, logistics, and clinical nuance. Ensuring patient safety in HaH requires tailored approaches to operational excellence to produce safe care.

OBJECTIVES



Establish safety culture required for high reliability organizing in HaH operations, supported by incident reporting infrastructure & governance processes to progress continuous improvement. Focus this safety management system on unique elements of HaH care model, areas of operational complexity and risk.

METHODS

- Define incident taxonomy for potential HaH failure modes, given unique care model (home-based, hybrid virtual/in-home care, decentralized logistics management, high complexity with scale):
 - Timeliness** - delays in delivery of care by clinical & non-clinical workforce (eg in-home RN, paramedic, & couriers)
 - Reliability** of technology operations for virtual acute care logistics management, remote monitoring, telemedicine
 - Competency** of employed (MDs, APPs, RNs) and contracted (paramedics, home PT, other) clinicians for novel HaH model
 - Communication** between virtual and in-home clinicians
- Apply HaH-adapted incident taxonomy via incident reporting & analysis infrastructure for all stakeholders in HaH value chain

Figure 1: Safety Systems of Learning in HaH

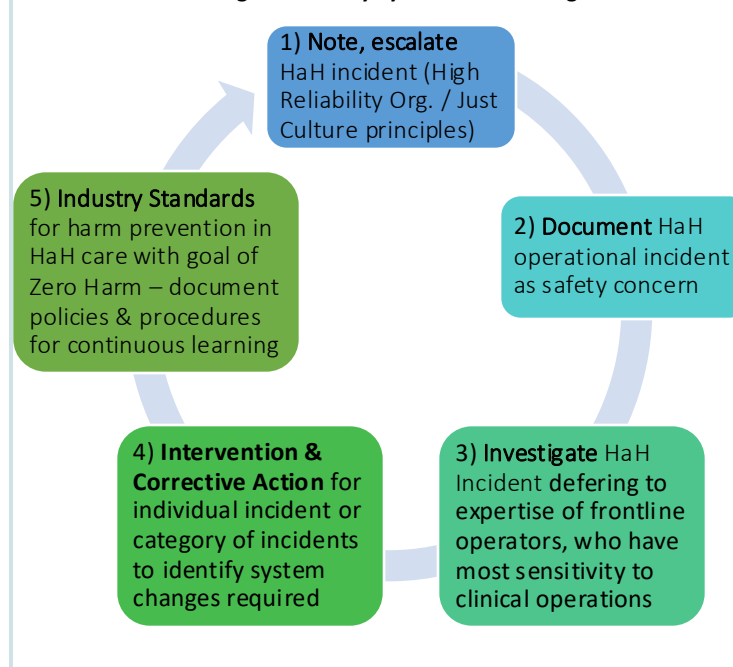
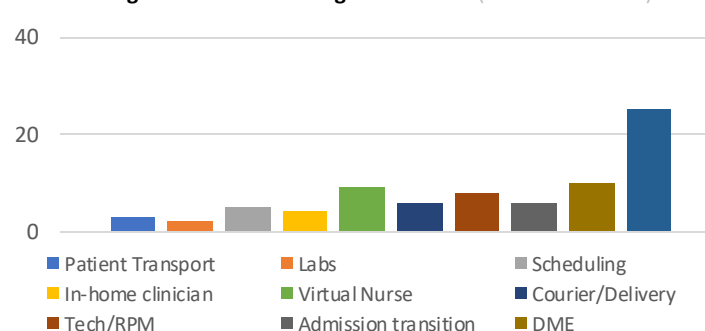


Figure 2: Incident Categories in HaH (*Simulated Data)



RESULTS

- Establish safety management system for HaH unit
 - Begin continuous review of severe safety incidents with root cause analysis specific to HaH model
 - Increase focus on near misses & good catches
 - Dedicate resource for quality improvement to focus on prevention for high volume/severity incidents
 - Align safety system to CMS AHCAH waiver (as applicable) for reporting & communication
- Establish governance & forums for incident trend analysis & corrective action planning across HaH units (as applicable)
- Refine & amend HaH practice standards (policies & procedures) based on incident trends
- Integrate operations incident & corrective action insights with evidence-based practice standards for HaH care model
- Document policies & procedures to refine HaH standards
- Define industry-wide HaH operations insights & standards

CONCLUSIONS

Convening HaH multidisciplinary stakeholders – clinicians and non-clinical workforce – in safety event prevention requires an **incident reporting infrastructure** and **taxonomy** that honors the **unique programmatic features of HaH**. Appropriate incident taxonomy supports **discussion of improvement opportunities for corrective action in dedicated safe spaces** for collaboration across individuals and organization that collaborate in HaH care.

Purpose built definitions, tools, structures (such as Safe tables, Patient Safety Organizations), and policies ensure collaborative efforts to strengthen safety systems in this care model.