

# Prioritizing Mental Health and Patient-Centered Care

## A Case Study of Managing a Complex Oncology Patient in Hospital at Home

James Kenney, MD<sup>1</sup>; Wynneerann Barnhart, PAC<sup>2</sup>; William Galilei, CNP<sup>2</sup>; Noah Rosenberg, MD, MBA<sup>2</sup>  
The Ohio State University Wexner Medical Center<sup>1</sup>; Dispatch Health<sup>2</sup>



THE OHIO STATE  
UNIVERSITY  
WEXNER MEDICAL CENTER

### Introduction

When a decision for hospital admission is made, patients often have little say in where they receive their treatment, with plans primarily dictated by the ED and inpatient teams. Unfortunately, patient preferences regarding their care setting, especially in complex cases, are frequently overlooked. In this case, we present a complex oncology patient who, despite recurrent abscess formation and a challenging oncologic history, chose to prioritize his mental health by opting for treatment at home. This decision led to his successful enrollment in our Hospital at Home program, highlighting the importance of incorporating patient-centered care in treatment planning for individuals with multifaceted medical needs.

### Case Presentation

A 27-year-old male with history of metastatic squamous cell carcinoma of the tongue, ADHD, anxiety, bipolar disorder presented with facial swelling that had progressed over several days. He subsequently developed significant submandibular neck and tongue swelling, prompting presentation to the ED.

There, a CT neck with contrast showed a stable tongue base mass in addition to a large fluid collection over the floor of the mouth anterior to the mass with a 6.9 x 3.6 x 5.3 cm abscess. ENT was consulted. A needle aspiration was performed at bedside with 35cc of purulent fluid drained. He was started on Unsayn and a bed request was placed for inpatient admission for close monitoring of his airway and abscess recurrence.

### Case Presentation

However, given frequent hospital admissions and a desire to prioritize his mental health, the patient declined admission. The ED physician subsequently reached out to the Hospital at Home team to see if the patient could be enrolled in the program. Due to the unique aspects of this case, the team engaged in an extended discussion with the patient to clarify care goals, ultimately facilitating the patient's transfer home later that morning to continue IV antibiotic therapy

The following morning, the patient noticed increased fluctuance and swelling on his neck, but he denied issues with swallowing. Around 1am, he called the hotline as he started having difficulty swallowing. He was promptly transferred back to the ED where ENT performed an endoscope and another needle aspiration, draining 65 cc of fluid. Infectious Disease was also consulted and recommended stopping Ceftriaxone, continuing Flagyl, and starting Daptomycin.



### Case Presentation

The patient again declined admission to the bricks and mortar hospital so he was transferred back to Hospital at Home where he continued IV antibiotics for another three days. Given improvement in the abscess, he was transitioned to Bactrim and Flagyl to complete a two-week course. He was discharged to the 15-day transition of care phase and was scheduled to follow-up with ENT and medical oncology.

### Discussion

This case demonstrates the adaptability and efficacy of a Hospital at Home program for managing complex oncology patients and serves as a reminder of the importance of caring for patients in their desired setting. Through careful risk assessment, multi-disciplinary collaboration, and patient-centered care, our program provided an alternative to traditional hospital admission, addressing both the medical and mental health needs of the patient.

