



# Subspecialty Consult Utilization on Hospital at Home

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## INTRODUCTION

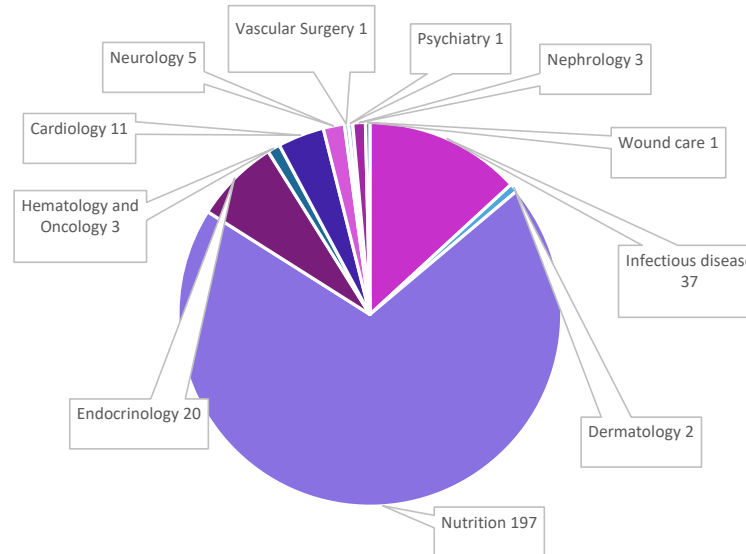
- Patients on Hospital at Home (HaH) have become more complex, requiring a multidisciplinary approach care, including subspecialist care.
- This project describes how we leveraged our Command Center (CC) to create a standardized consultative process for most used medicine subspecialties.

## METHODS

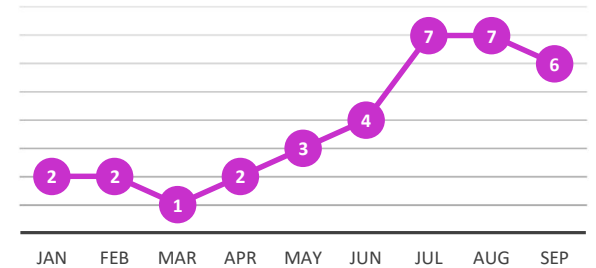
- Our HaH service identified the subspecialty services needed based on our patients' admission diagnoses
- Command Center identified the appropriate staffing resources across the health system and tested a workflow that is conducive to the HaH virtual model
- Consultative teams were educated about the HaH model of care and the consult workflow
- Workflow:
  - The HAH clinician places a desired consult order through Electronic Medical Record (EMR) with associated urgency
  - STAT consult orders are routed to CC for immediate action to connect consultant with the HaH team
  - For routine consult, the HaH team communicates with the designated consult service as per hospital protocol
  - Video consults are scheduled preferentially during morning or afternoon nursing visits.
  - Video visits are performed using a HIPPA compliant link facilitated by nurse.
  - Communication of recommendations follows usual hospital protocol

## RESULTS

- Formal consult services requested: Infections diseases, Cardiology, Nephrology, Endocrinology, Dermatology and Psychiatry
- Once the workflow was established, additional existing consult services across the health system were afforded to HaH patients on a case-by-case basis: Neurology, Vascular surgery, Wound care and Heme-Onc.
- Formal consult services began in 2023. Data tracking began in 2024.
- From January to September of 2024, there have been a total of 281 unique consults:



## No. of Different Specialties Consulted



## DISCUSSION

- We have successfully developed a standardized process for subspecialist consultation on the Hospital at Home Model of care
- The availability of subspecialty consult services has anecdotally allowed us to afford parity of care to patient on HaH compared to care in the brick-and-mortar hospital.
- Though we did not create a mechanism to track, we believe the availability of a robust specialty consult pool has allowed more complex patients onto Hospital at Home.

## ACKNOWLEDGEMENTS

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