A Unique Approach to Patient Identification for a Hospital at Home Service

Jeff Epstein MD, Atara Nissel PA, Dahlia Rizk DO, Carleigh Gustafson RN, Sanaa Zafar MD, Irina Zaretsky MD, Tuyet-Trinh Truong MD, Ania Wajnberg MD



Barrier to Growth: Patient Identification/Screening

- Mount Sinai at Home admitting team:
 - 1-2 dedicated clinicians (physician/PA)
 - o 1-3 RNs
- Screening across Mount Sinai Health System
 - 5 hospitals in Manhattan/Queens

- Early efforts relied on HaH team finding patients

 o ~1/20 patients reviewed identified as potential candidate

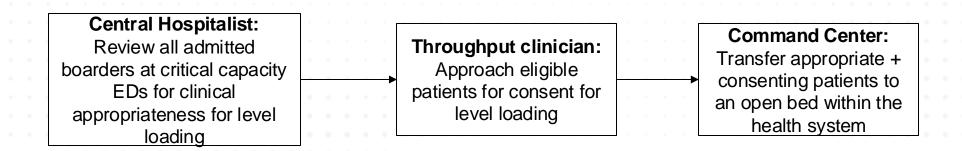


Identifying High Priority Patients

- Utilized AI to analyze live EMR data for real-time insights
 - Discrete data (demographics, location, vitals, lab results, orders, etc.)
 - Non-discrete data (clinical notes, SW notes, etc.)
- Developed programmatic algorithm to generate a priority-scored list of patients
- Criteria considered included:
 - Preferred diagnoses
 - Preferred treatment team
 - Specific medications ordered
 - Prior HaH admission
- Generated ranked list of patients across the health system that we can filter by hospital or by floor/ED

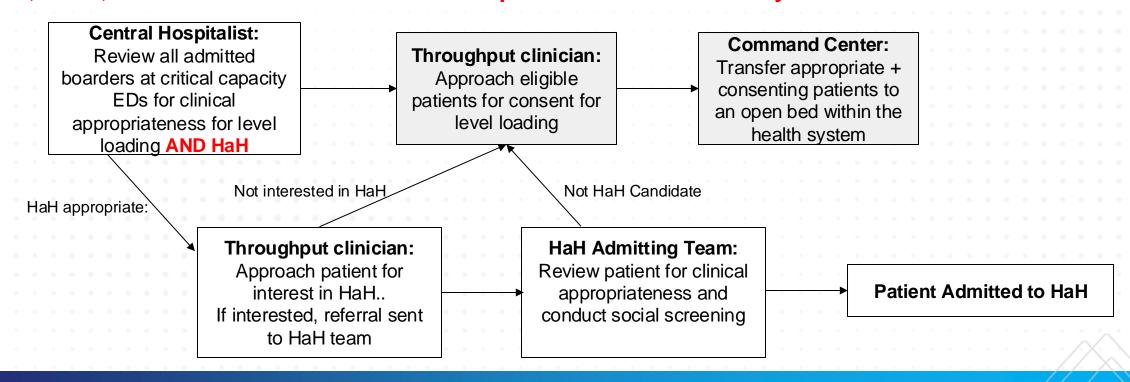
Existing Health System Resources

- Central Hospitalist role created by Mount Sinai Health System:
 - Main responsibilities including reviewing and facilitating transfers across health system
 - o Reviews all admitted patients boarding in ED at hospitals over capacity for transfer
 - o Operates on similar software platform as HaH patient identification module
- ED Throughput clinician approaches patients identified by Central Hospitalist for transfer to an available inpatient bed across the system

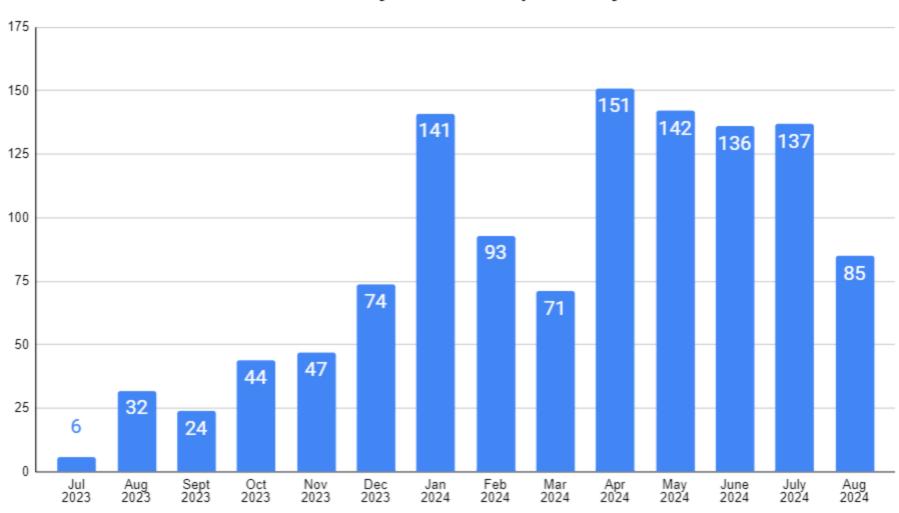


Leveraging Existing Health System Resources

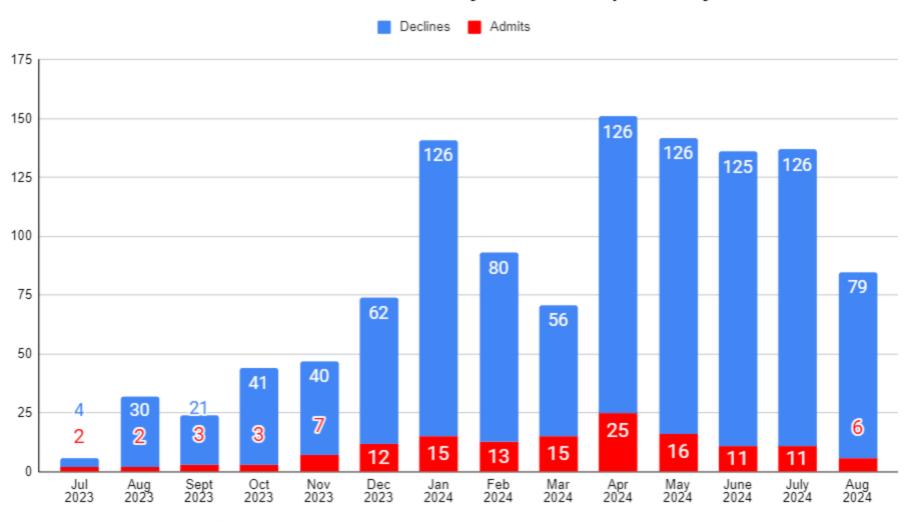
- Central Hospitalist role created by Mount Sinai Health System:
 - Reviews all admitted patients boarding in ED at hospitals over capacity for transfer <u>AND</u> for Hospital at Home transfer
- ED Throughput clinician approaches patients identified by Central Hospitalist first for transfer to HaH
 and, if not, then for transfer to an available inpatient bed across the system



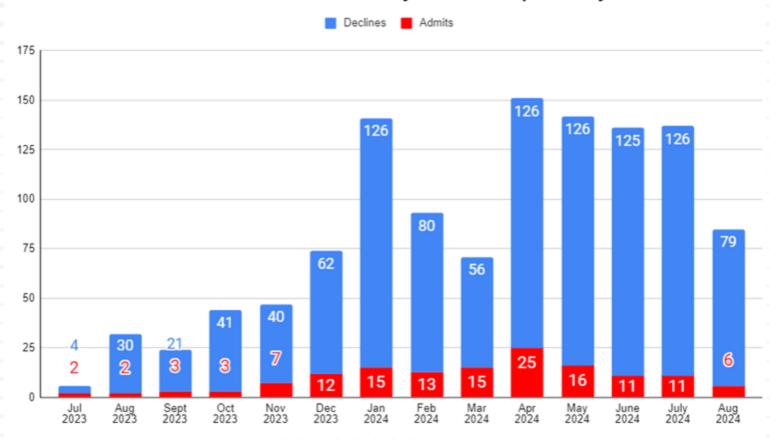
Total Referrals by Central Hospitalist by Month



Total Referrals and Admissions by Central Hospitalist by Month



Total Referrals and Admissions by Central Hospitalist by Month



988 total CH referrals since Jan 2024

- 27% Other (demographic, social, etc.)
- 24% IP provider deferred/discharged
- 21% clinically inappropriate
- 17% patient declined
- 11% (112) admitted



Home-based care is patient-centered care.