

Putting the Puzzle Pieces Together: Best Practices in Hospital at Home Logistics

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Medical Group



The
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Webinar
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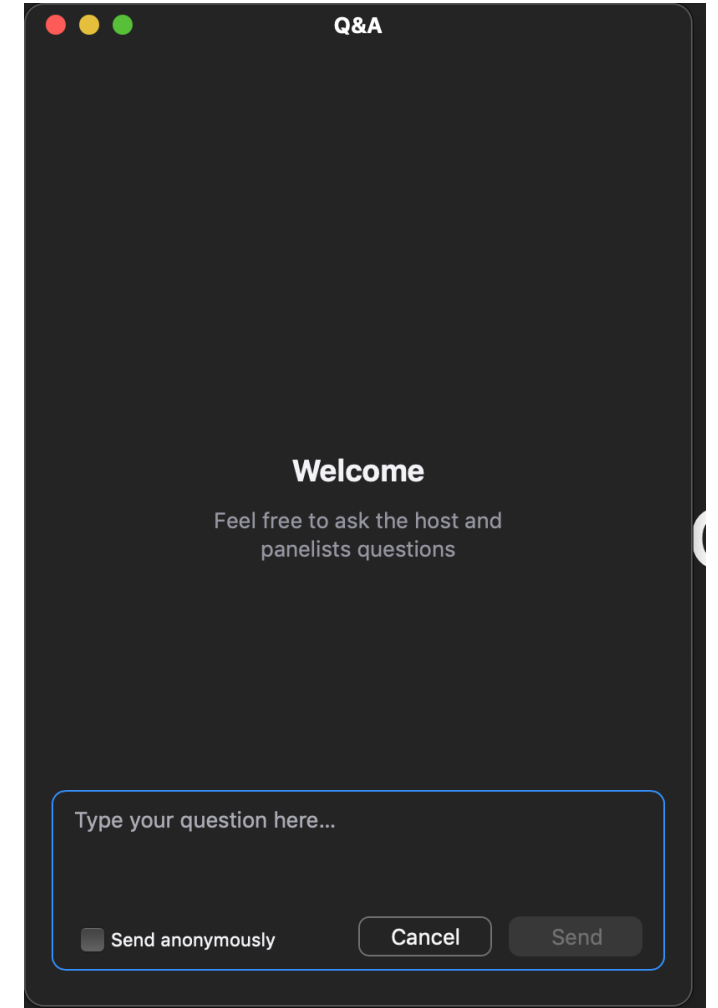
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ZOOM Webinar Housekeeping

- Please submit your questions via the Q&A option.
- Due to the large audience for today's webinar, everyone has been placed on mute.
- If you have any technical issues, please contact Jane Donahue (jdonahue@aboutscp.com) or send her a message via the Zoom chat feature.



Hospital AT Home USERS GROUP™

Website: hahusersgroup.org

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The HaH Users Group Webinar Series

Hospital at Home for COVID-19: What We've Learned and What We're Learning

Are We Ready?: Preparing Your Clinical Team For Delivering Hospital At Home Care

Measuring Up: Meeting Program Standards for Hospital at Home

What's Needed Next? Hospital at Home During the Extended Waiver and Beyond

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Just in Case: What to Do If Congress Doesn't Extend the AHCAH Waiver in 2024

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Users Group Caregiver Experience Study

- A team of researchers at the Icahn School of Medicine at Mount Sinai is looking to interview HaH caregivers to learn more about caregivers' experience and the range of equity challenges relevant to HaH practice, research and policy.
- To get involved, scan the QR code or contact info@hahusersgroup.org





Linda DeCherrie, MD

Vice President, Clinical Strategy and Implementation
Medically Home

Today's Webinar

Putting the Puzzle Pieces Together: Best Practices in Hospital at Home Logistics

Today's Speakers



Douglas Bretzing, DO,
FHM
Medical Director,
BSWH Hospital Care at Home
Baylor Scott & White Health



Peter Chang, MD
SVP & Chief Transformation
Officer
Tampa General Hospital



Hemali Sudhalkar,
MD, SFHM, MPH
Regional Medical Director,
Hospital Strategic Initiatives, TPMG;
National Medical Director of Strategy,
KP Care at Home, The Permanente
Federation
The Permanente Medical Group

[Learn more at: HaHUsersGroup.org](https://www.HaHUsersGroup.org)

Panelist Disclosures

- **Douglas Bretzing, DO, FHM**
 - None
- **Peter Chang, MD**
 - None
- **Hemali Sudhalkar, MD, MPH, SFHM**
 - None



Program Introductions

Baylor Scott & White Health

- 52 hospitals across Central and North Texas
- Not-For-Profit Organization
- History of Hospital at Home
 - Launched in February 2023 as Joint Venture
 - Relaunched June 2024 as wholly BSWH owned and operated service line
- Hospital at Home Today
 - Live in 3 Hospitals
 - Temple – 636 beds; Quaternary care; Teaching institution
 - McKinney – 192 beds
 - College Station – 142 beds
 - Current daily census range – 6-12

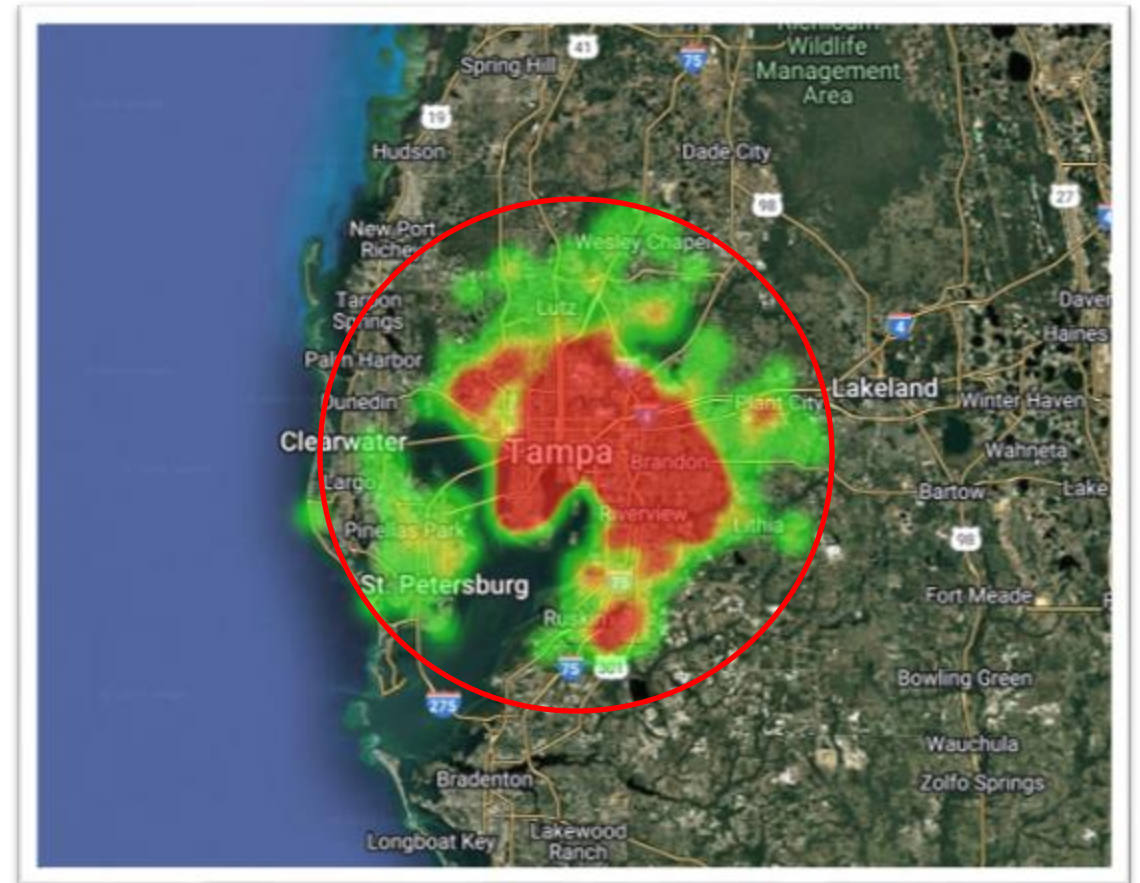


About TGH at Home – Built by us, for us and with us



Metric	End of '23	End of '24	Comment
Total Enrollments	250	>1000	>300% growth
Average Daily Census	3.87	13.52	~200% growth
Bed Days Saved	1151	4202	~300% growth
Readmissions	~7%	~5.5%	We are treating higher acuity patients, and the readmission / escalation rates are going down
Patient Experience	4.98	4.98	Care Model
DRG's Treated	61	155	~150% expansion in treatment of Unique Diagnosis Related Groups (DRGs)
Capabilities Expansion	15/22	19/22	At Home Imaging, Blood Transfusion Added
Payor Access	42%	78%	With the addition of Medicaid in FL
Staff Size	17	43	~150% growth

The Virtual Hospital



Kaiser Permanente Northern California Hospital@Home Users Group

Hemali Sudhalkar, MD, SFHM, MPH
Regional Medical Director, Hospital Strategic Initiatives
Kaiser Permanente Northern California (KP NCAL)
1/23/2025

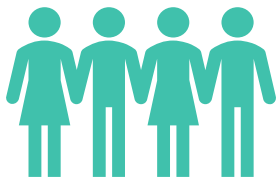
Kaiser Permanente Northern California



~10k Physicians



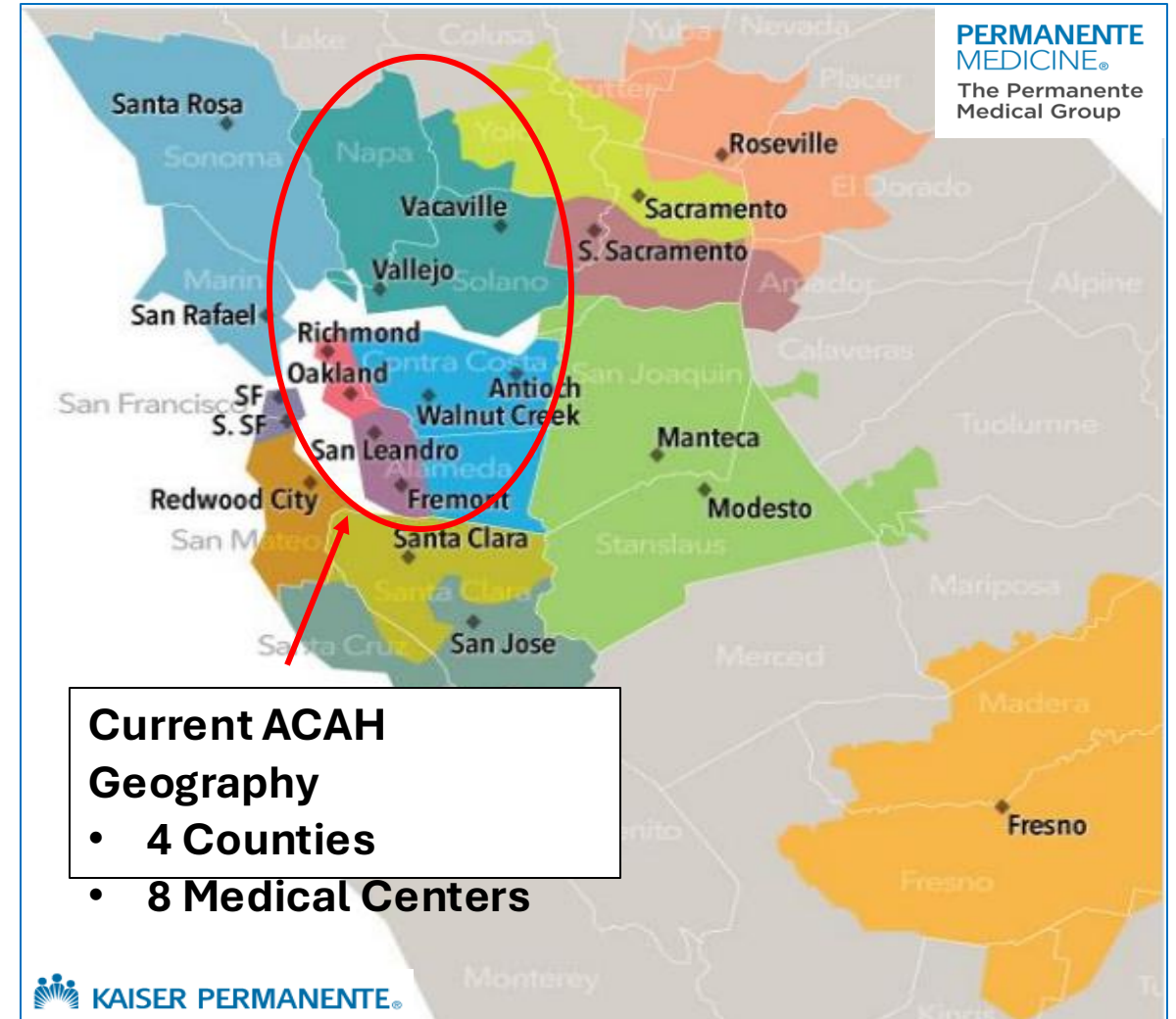
100+ Specialties
and Subspecialties



40k+ nurses
and staff



More than 4.6m
patients



ALOS: 4.2 days, ADC: 22

Dec 2024 admissions: 156, this month on track for 170

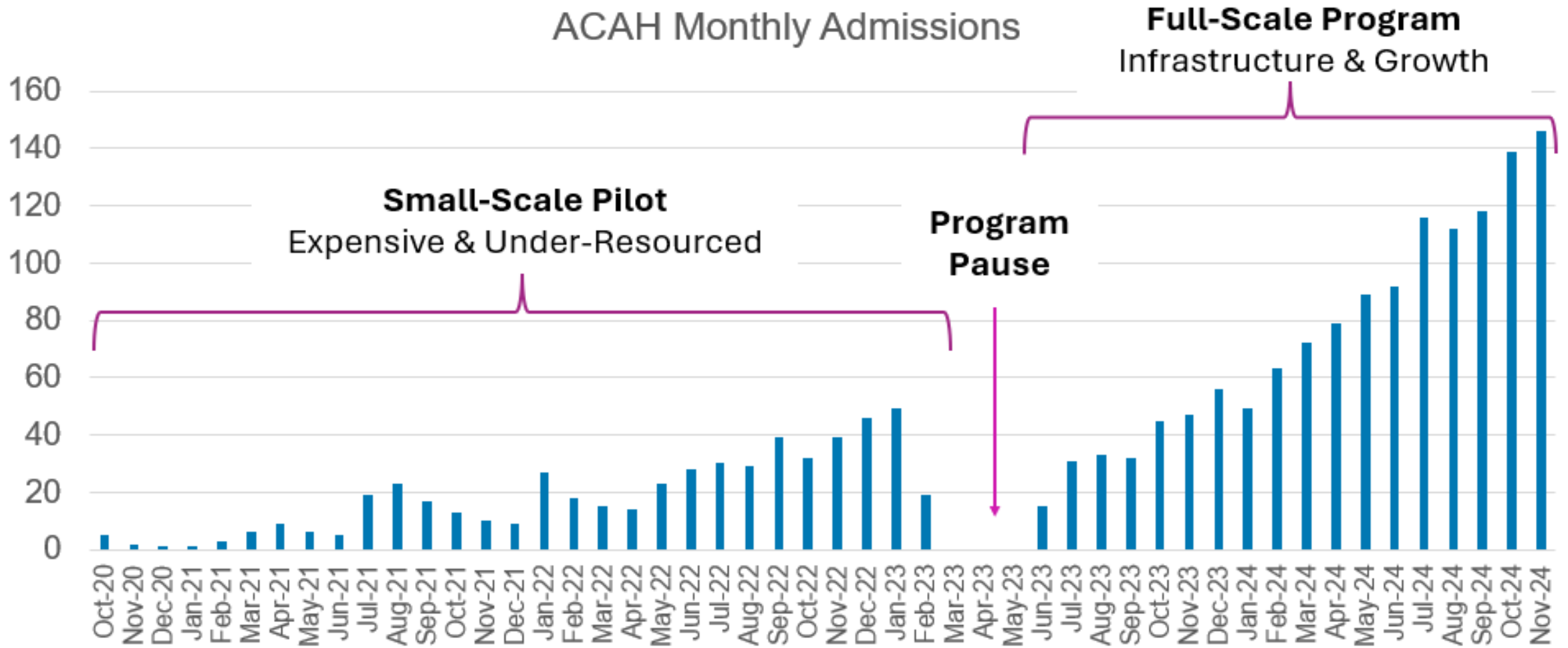
AVG Admissions per day: 5 (2-9)

Admissions till date last week: 2018

More than Tripled admissions in 2024

ACAH Turning Point

ACAH Monthly Admissions





Panelist Presentations



Transportation

- Seamless transportation of your patient from the hospital to home is paramount
 - Rate limiting step to patient throughput for many programs
 - One of the first touchpoints the patient has while on your service
 - Pro Tip

Transportation

- How we approach transportation at BSW Health
 - BLS vs ACLS
 - Temple Market – BSW Transport
 - Prioritization
 - McKinney and College Station Markets – Vendor Contracts
 - Contracted TAT's
 - Heads up and Will Call
 - Important discussions
 - MOT awareness
 - Expectations for equipment transport
 - Billing
 - Handoffs



Escalation Transportation

Partner with your EMS
Regional Advisory Council

- Who we are, what we do
- Patient identification

Regional nuances

Urgent vs Truly Emergent





Logistics Deconstructed (DME example)

Sourcing

Delivery

	01 InSource No DME Partner	02 InSource DME Closet	03 Hybrid DME Partner	04 Outsource DME Partner
Sourcing	Source from Hospital Distribution	Source from DME Vendor (DME Closet)	Source from DME Vendor	Vendor Supplied
Delivery	Courier / Clinical Team to Deliver (no billing)	Courier / Clinical Team to Deliver (no billing)	Courier / Clinical Team to Deliver Or by Vendor (billing on d/c)	Vendor Delivered

Diagnostics

Hemali Sudhalkar, MD, SFHM, MPH
Regional Medical Director, Hospital Strategic Initiatives
Kaiser Permanente Northern California (KP NCAL)
1/23/2025

KP NCAL Lab Processing

- Labs

- Drawn in the home by a phlebotomist (vendor) or Home Health RN
- Dropped off at closest KP inpatient lab facility
- Processed STAT
- Turnaround time ~3-4 hours
- No POCT at this time (waiting for CLIA license from HH vendor)

Advantages

- Accurate
- Almost any lab can be done in the home

Challenges

- Courier costs
- All local inpatient labs require training on ACAH workflows
- Some labs cannot be done in the home: lactic acid

KP NCAL Imaging

- In Home: Chest X-ray, Abdomen Ultrasound, Vascular US
- Medical Center: All other x-ray/US imaging, CT, MRI
- Study can be performed within 2-6 hours
- Preliminary read from technician, Radiologist when uploaded
- Lack software interface: Vendor >> KP EMR

Advantages

- Convenient for patients
- Avoids utilization of constrained hospital/outpatient resources

Challenges

- If steps are done incorrectly, there are delays to image being uploaded for Radiologist read
- Other X-ray or US imaging requires complicated manual process that often results in errors and has now been discontinued
- Patients who need imaging need to be brought back to med center
 - Urgent need → ED
 - Non urgent need → outpatient radiology

KP NCAL Cardiology Studies

- EKGs can be done in the home
 - Assess for abnormal rhythms, QTc interval (Photo of EKG in real time)
 - We generally do not run EKGs in the home if there is a concern for ACS
- Echo must be done at medical center

Advantages

- Patient convenience
- Turnaround time 2-3 hours

Challenges

- There is no interface for uploading EKG into KP EMR
 - EKGs photographed and sent electronically to the cardiologist for read
 - Study Read uploaded in EMR
- Burdensome workflow which is not favored by our cardiology colleagues

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For More Information

- Hospital at Home Users Group
<https://hahusersgroup.org/>
- Hospital at Home Users Group Technical Assistance Center
<https://www.hahusersgroup.org/technical-assistance-center/>
 - **Featured Resource – Structuring HaH Programs as an Ambulatory Model**
<https://www.hahusersgroup.org/event/just-in-case-what-to-do-if-congress-doesnt-extend-the-waiver/>

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