



# Presbyterian Healthcare Services' Hospital at Home Program

Given the choice, most patients would rather receive care at home than in the hospital. Through Hospital at Home, Presbyterian Healthcare Services is meeting that wish for many patients, and producing better outcomes.

## BACKGROUND:

### Moving Home Care to the Next Level

Through Presbyterian Healthcare Services' Hospital at Home program, a team of clinicians offers in-home skilled multidisciplinary care in the four-county area surrounding Albuquerque and parts of Santa Fe County.

In collaboration with experts from Johns Hopkins, who developed Hospital at Home, Presbyterian spent many months designing and building its own Hospital at Home program for implementation in 2008.

## Hospital at Home: At a Glance

- Provides hospital-level care for qualified patients in their homes.
- A physician visits daily, nurses once or twice daily.
- Ancillary services such as occupational therapy and physical therapy, as well as some tests such as EKGs and lab work, can be delivered in the home.
- Once stabilized, patients are "discharged" and can receive more traditional home care services.

The health system has received [national attention](#) because of the program's success, and has served as a learning laboratory for dozens of other health systems.

## HOW THE PROGRAM WORKS:

### Hospital Care, Home-Delivered

Patients come to the Hospital at Home program through three routes: They arrive at one of the emergency departments in any of Presbyterian's three Albuquerque-area hospitals; they are referred from the community by a Presbyterian physician, their House Calls physician, urgent care center or the system's home health agency; or they are transferred directly into the program from the hospital.

To be eligible, patients must have a diagnosis on an approved list of conditions that can be effectively managed through a Hospital at Home program, and must be judged to be otherwise stable if treated and not at significant risk for rapid deterioration. They must be sick enough to meet an inpatient level of care, but not intensive care; live within 25 miles of one of Presbyterian's Albuquerque-area hospitals; and be covered by Presbyterian Health Plan.

When admitted to the program, they are seen by a nurse immediately. A physician or nurse practitioner visits every day, and registered nurses also come daily, often twice a day. Patients can also receive rehabilitation services, speech and occupational therapy, nutrition counseling and necessary medical equipment at home. The care team can also perform X-rays, EKGs and lab work in the patient's home.



*Dr. Melanie Van Amsterdam, Presbyterian's lead physician for Hospital at Home, cares for Peggy in her apartment.*

When patients stabilize, they are discharged to a more traditional home care service, and often continue to receive provider services from their Hospital at Home physician through House Calls. Depending on the patient's condition, home health continues to assure recovery, complementing nursing services and rehabilitation therapy as needed. When patients regain enough strength to manage a clinic visit, care reverts to their primary care physician and Medical Home team, just as it would if they had been hospitalized. Hospital at Home patients with advanced illness are transitioned to a new program called Complete Care that is designed to ensure long-term home-based care, early identification of changes in condition and early interventions to prevent future emergency room visits and hospitalizations.

### Patient Story: Before and After

Peggy had a history of congestive heart failure and COPD. After collapsing, she was admitted to Presbyterian Healthcare Services' Hospital at Home, receiving the same level of care at home she would have in a traditional hospital. She received at least twice daily visits from the nurse and a daily visit from her physician. "Whoever would have thought to have all of this wherever I might live?" Peggy said, adding that her doctor is "a real friend."

### RESULTS:

#### Better Outcomes, Shorter Stays, Lower Costs

Data from the program's patients compared to hospital inpatients showed:

- Shorter average length of stay: 3.3 days vs. 4.5 days.
- Fewer readmissions: 3.2 percent average readmission rate vs. 9 percent nationally.
- Lower mortality rates: less than 1 percent vs. 1.5 percent for hospitalized Medicare patients.
- A fall rate of zero since the program began.
- 96.8 percent patient HCAHPS satisfaction score (99th percentile rank).

In addition, Presbyterian points to gains such as avoidance of hospital-acquired infections and reductions in delirium, adverse drug events and other unintended consequences of inpatient hospitalizations. Post-acute services, particularly skilled nursing facility use, is dramatically reduced as patients are at home and maintaining their independence through the course of care. Since patients receive care in the comfort of their own home, they continue to engage in self-care activities around the home, mitigating the functional decline seen during a hospital stay and aiding in improved outcomes. 🍊