



## Initial results from an Acute Care at Home program as alternative to hospital admission

### West Health Institute

Amy Stuck, PhD, RN  
Chris Crowley, PhD

### UC San Diego Health System

Allyson Kreshak, MD    James Killeen, MD  
Vaishal Tolia, MD      Edward Castillo, PhD

# Disclosure of commercial relationships

No Financial Conflicts of Interest to Disclose

Background: With EDs as the gateway to hospital admissions, new options are needed for seniors

**68%** senior admissions originating in the ED



**3.7X** more likely for Medicare beneficiaries to be admitted from the ED than non-Medicare beneficiaries



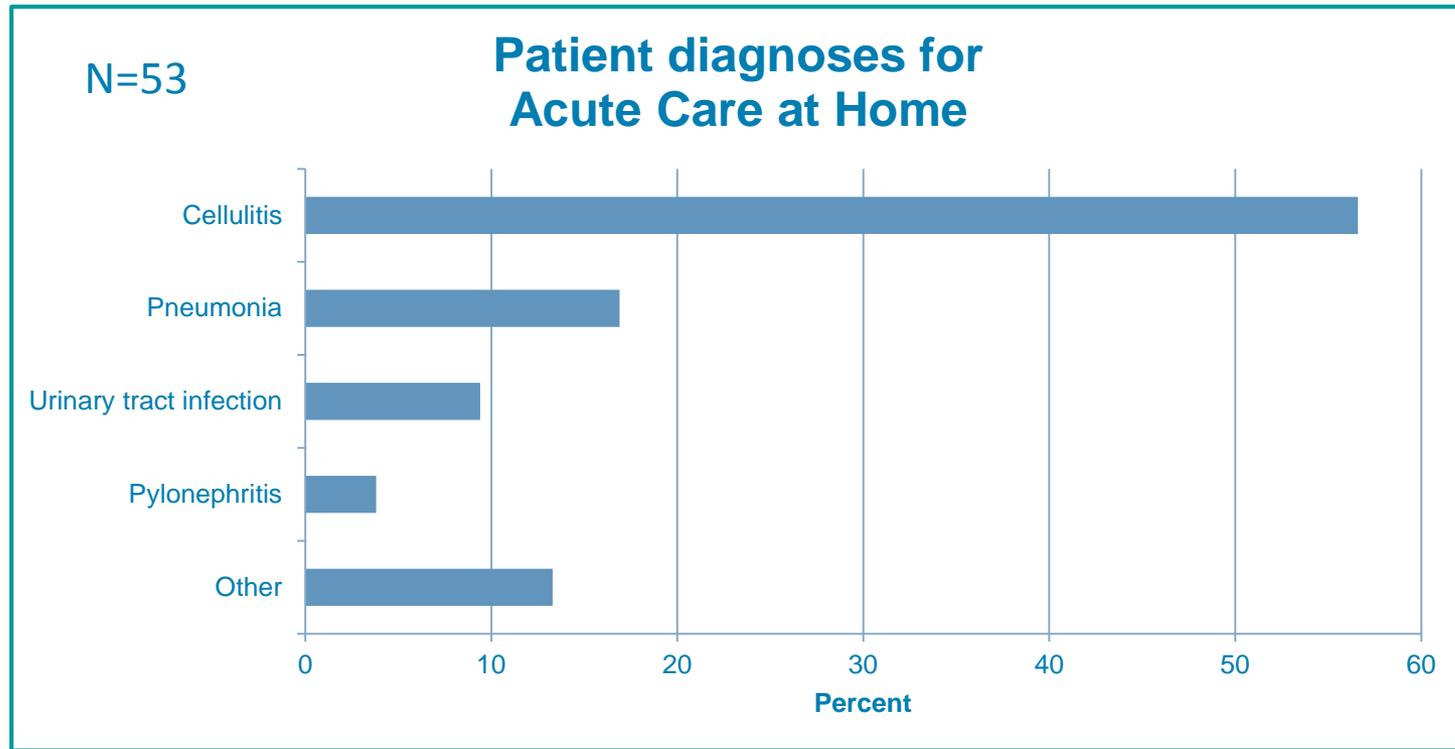
## QUESTION:

What are the key processes for positioning seniors from the ED to home health instead of admitting to the hospital?

# Methods: Developing and testing infrastructure and processes to transition seniors from ED to home health

- **Created processes, both in the ED and home health**
  - Clinical care pathways for low-acuity conditions
  - ED-based Care Coordinator
  - Same-day home health start of care
  - Group communication- TigerText
- **Patient selection:**
  - destined for admission
  - moderate acuity
  - insured
  - primary physician
  - patient preference
  - available resources
- **Measures:**
  - ED revisits and hospital admissions
  - 7 days and 8-30 days

# Results: Cellulitis, PNA, UTI top 3 Dx receiving ACH



*Other: 1 patient each- HF, COPD, Influenza, Neutropenic fever, Pain control, Pulm. Fibrosis, Pylonephritis*

# ACH study results demonstrate low frequency of related return visits

## ACH patients who returned to the ED

# of days after ED discharge	ED revisits		Hospitalizations		(N=53)
	Related to original complaint	Unrelated to original complaint	Related to original complaint	Unrelated to original complaint	
1-7 days	1	7	1	0	9
8-30 days	0	3	1	1	5
<b>Total related &amp; unrelated revisits</b>	<b>1</b>	<b>10</b>	<b>2</b>	<b>1</b>	

# Limitations

- Subjective nature of determining whether revisits and hospitalizations were related to the original complaint or were unrelated.
- One cycle of a QI study does not mean the work of improvement is complete. Clinical outcomes may not necessarily be reflective of what could be realized if the entirety of the process were in place and streamlined.

# CONCLUSION:

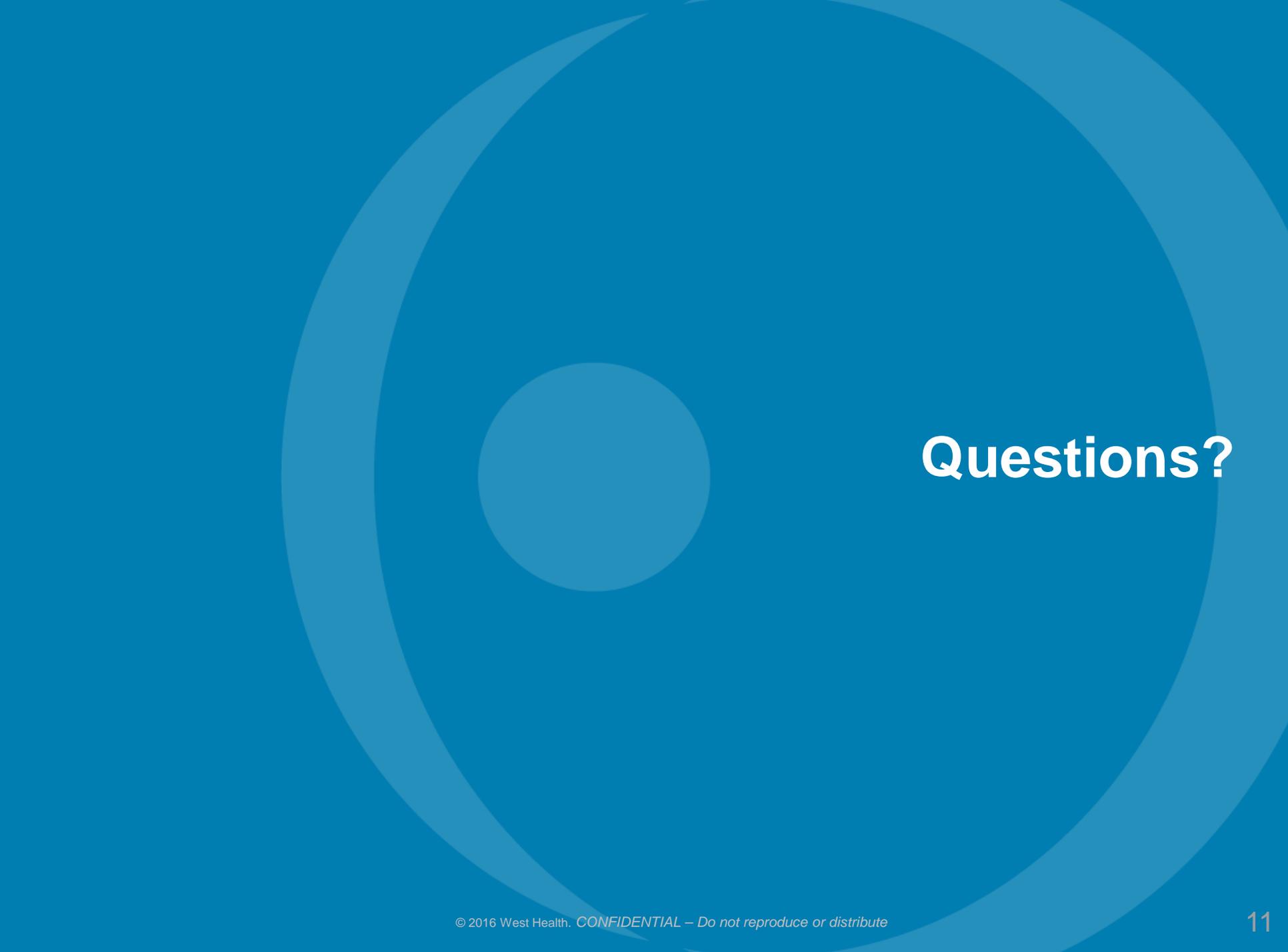
- Once a process for ED to home health is put in place, it has the potential to provide an additional option for EPs when hospitalization may not be the best choice for seniors.
- Logistical challenges are revealed, creating opportunities to streamline and optimize processes.
- In our study, 50 out of 53 selected patients avoided a hospitalization

# References

1 Agency for Healthcare Research and Quality (AHRQ) Healthcare Cost and Utilization Project (HCUP) , National Emergency Department Sample (NIS) , 2011

2 Leff B, Burton L, Mader SL, et al. Hospital at home: feasibility and outcomes of a program to provide hospital-level care at home for acutely ill older patients. *Annals of internal medicine*. Dec 6 2005;143(11):798-808

3 Centers for Medicare and Medicaid Services. Readmissions Reduction Program (HRRP). Accessed April 11, 2017 at <https://www.cms.gov/medicare/medicare-fee-for-service-payment/acuteinpatientpps/readmissions-reduction-program.html>

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**Questions?**