

Hospital AT Home USERS GROUP™

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

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The
John A. Hartford
Foundation



American Hospital
Association™

Advancing Health in America



Webinar
May 24, 2022



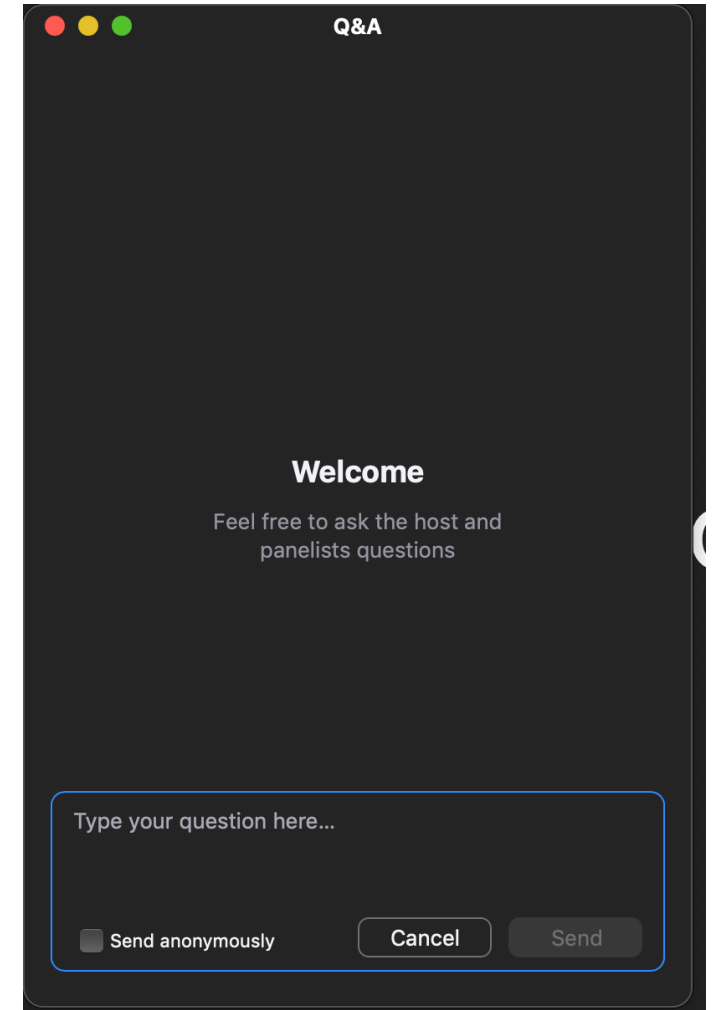
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ZOOM Webinar Housekeeping

- 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 Gabrielle Schiller (gabrielle.schiller@mssm.edu) or send her a message via the Zoom chat feature.





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Hospital AT Home USERS GROUP™

Web: hahusersgroup.org

Tw: @hahusersgroup

TA Center:

hahusersgroup.org/technical-assistance-center

The HaH Users Group Webinar Series

- The Hospital At Home Model and the CMS Acute Hospital Care At Home Waiver
- Building Support for Your Hospital at Home Program: Issues in Strategic Engagement
- Who's In, Who's Out? Deciding Which Patients Are Right for Your Hospital at Home Program
- Tech Matters: Building the Right Digital Platform for Your Hospital at Home Program
- Efficient, Effective, Excellent: Issues in Hospital at Home Logistics and Operations
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2022 Annual Meeting: Save the Date – October 27



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Stay tuned for more information about submitting your poster abstracts!

Today's Webinar

Are We Ready?

**Preparing Your Clinical Team For
Delivering Hospital At Home Care**



Xiomara M. Dorrejo, MS, AGPCNP-BC
Nurse Practitioner, Hospitalization at Home
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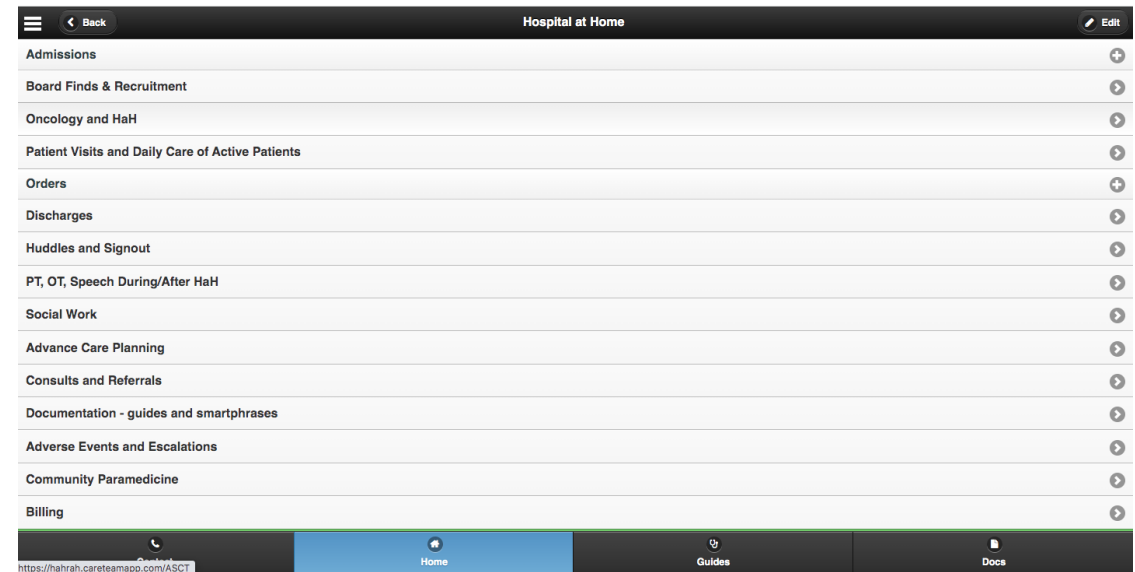
Mount Sinai

Training for Nurses & Advanced Practice Providers (APP's)

ACRN and NP Training Overview


- 3-6 month onboarding
- Competency checklist
- Training needs assessment
- Didactic training sessions (onsite and virtually)
- Skills-lab and hands-on training sessions
- Shadowing experiences (onsite, offsite & virtually)
- Mock patient visits
- Buddy system
- Peer preceptorship
- Debriefing sessions
- Gradual increase in patient caseload
- Technology, equipment, and supplies
- Training materials, guides, and HAH app
- 3 and 6 month evaluations
- Refresher training sessions
- Trainings for new initiatives

HAH APP



Training Curriculum

- HAH program background and history
- Admissions process
- Acute phase through monitoring phase
- Interdisciplinary team roles
- Team communication/signout
- Care coordination
- Time management
- Weekday/weekend workflows
- Home care safety and best practices
- Home visits
- Telehealth visits
- Skills: i.e Lines, Tubes, Drains,
- Treatment guidelines and HAH app
- Orders, discharges, and referrals
- Documentation and billing
- Incidents and escalations

 Mount Sinai		Hospitalization at Home Program Competency Checklist Nursing Workflow	
		<input type="checkbox"/> Telehealth Visit	<input type="checkbox"/> Field Visit
Name: _____		Employee ID#: _____	
Procedure			
1. Confirms with team patient visit time, priority and type (i.e. RN only or RN/Provider telehealth visit at 8:15am)			
2. Contacts patient to confirm visit time and instructs patient/caregiver to take out all meds for med rec (i.e. oral/injectables/inhalers/creams), pill box, personal glucometer & remove IV meds from refrigerator*			
3. Utilizes interpreter services for limited English proficiency patients*			
4. Reviews orders and patient progress notes in EPIC Haiku.			
5. Confirms unclear orders with provider and reports estimated visit time and/or delays in a timely manner			
6. Ensures nursing bag with adequate HAH supplies: Lab/PIV start kits and PPE kits			
7. Explains HAH role and visit purpose. Adheres to infection control procedures: hand hygiene and/or PPE/disinfects equipment			
8. Obtains chief complaint and history/review of systems based on patient's diagnoses			
9. Assessed medication adherence: patient taking meds from HAH pill box <u>qvisit</u> and reason for missed meds			
10. Performs comprehensive physical examination based on patient's diagnoses and orders.			
11. Obtains accurate vital signs per orders (i.e T, orthostatic BP, HR, RR (at rest) & SpO2 with and without O2, at rest and with ambulation)			
11a. Assessed orthostatic BP accurately: BP & HR sitting at rest for 5 minutes, repeats BP & HR standing after 1 minute and after 3 minutes*			
11b. Assessed SpO2 at rest (room air); with activity (room air); at rest (on oxygen); with activity (on oxygen) *			
12. Screens for SEPSIS: Rigors? Suspected infection? Altered Mental Status? $\geq 100.4F$ or $\leq 96.4F$? SBP < 90 or			
24. Demonstrates skills-based knowledge:			
<input type="checkbox"/> Phlebotomy <input type="checkbox"/> Infusion Therapy: <input type="checkbox"/> Gravity <input type="checkbox"/> Ambulatory Pump <input type="checkbox"/> PIV Management <input type="checkbox"/> PICC Management <input type="checkbox"/> MIDLINE Management <input type="checkbox"/> Oxygen Management <input type="checkbox"/> Incentive Spirometry <input type="checkbox"/> Peak Flow Meter Monitoring <input type="checkbox"/> Other: <input type="checkbox"/> Inhalation Therapy <input type="checkbox"/> Indwelling Catheter <input type="checkbox"/> Wound Care Management			
25. Pre-pours medication after medication reconciliation with provider (SOC/DC visit/med changes):*			
26. During telehealth visits, coordinates visits with Recovery Care Coordinators and demonstrates proper use of vivify equipment and digital stethoscope*			
27. Provides patient teaching via teach-back and return-demonstration(SOC/DC visit): Reviews HAH folder: Action plan, My daily chart, magnet on fridge, updated med list; treatments and vivify vitals monitoring			
28. DNR/DNI patients: ensures pink MOLST Form posted on refrigerator*			
29. Vivify Kit – ensures plugged to power outlet and informs patient tablet must remain charging 24 hrs.			
30. Timely, accurate documentation			
31. Prioritizes nursing assessments and interventions appropriately			

Discussion



Dispatch Health

Training for Doctors (MD's)

“Can we just plug any of our physicians into this model of care?”

3 Key Elements

- Attracting the Right Talent
- Understanding What Physicians Will Want to Know Before Starting
- Ongoing Professional Development for the Novel Care Environment



91-year-old male with a history of heart failure with preserved ejection fraction, mild to moderate aortic stenosis, and mild to moderate cognitive dementia

Attracting the Right Physician Talent



Value Alignment

The idea of working with a patient and their family in their environment is energizing and strikes a core value

Prone to Agility and Creativity

Can balance agility with safety and evidence-base to marry humanity and science

Open to Flattened Hierarchy and Energized by Team Dynamics



85-year-old with chronic COPD and 3 inpatient hospitalizations in the past year for COPD, now with pneumonia.

What physicians will want to know



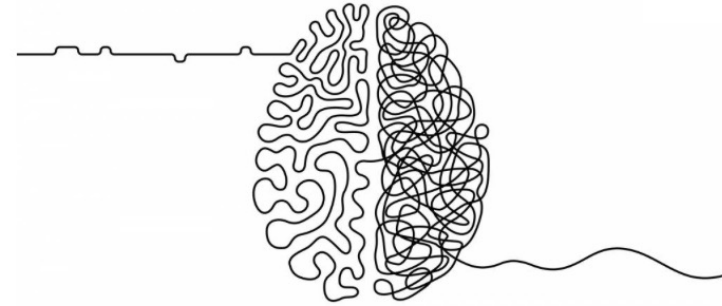
- **Patient Safety.** How do we know this care is safe? What tools are at my fingertips to facilitate the patients?
- **Hitting on the Quadruple Aim.** How do these models support value-based care?
- **Patient Selection.** How do we appropriately select patients for this level of high-acuity care?
- **Clinical Pathways.** What conditions will I be treating and what guidance will I have around how to best provide evidence-based care in the home?
- **Practice Scope.** What does immersion in the world of this model mean, if anything, for my traditional practice?
- **Logistical support.** Clearly, one of the main advantages of centralizing care in a hospital is that the logistics are all handled. For in-home models, how will all the required services be deployed?

Professional Development for the Novel Care Environment



Technical Novelties

- The technology
- Maneuvering the logistics and tacit knowledge
- Safety-based protocols



Cognitive Novelties

- Assessing patient appropriateness
- Being comfortable in the home or beaming in
- Shared decision making in the home
- Clinical reasoning in the home
- Leading an interdisciplinary team (remotely)

Important Training Modalities



Individual and team-based onboarding

Team-based hard-wired professional development.

- Recurring structured peer-to-peer learning around key topics.
-
- Example: "How do you create a shared decision-making environment with patients and their people around home vs. the hospital?"

Interdisciplinary case review series

"Another set of neurons" – i.e., real-time phone-a-friend while doing the work



Discussion



Medically Home

Training for Community Paramedics

Medically Home MIH Clinical Academy



- Didactics, hands-on skills training, and case-based simulations run by board certified Emergency Physicians, Clinical Nurse Educators, and Community Paramedics
- Academy Learning Objectives
 1. Clinical Assessment – Includes history taking/interviewing, physical examination, case presentation, documentation
 2. Pharmacology – medication formulary specific to the HaH model, including antibiotics and diuretics. Includes clinical indications, monitoring, infusion rates and compatibilities, and contraindications
 3. Lab Medicine – focus on point of care lab values and clinical presentations of abnormalities (BMP, CBC, LFTs, U/A)
 4. Specific skill training:
 - IV placement, phlebotomy and blood culture collection
 - Sterile technique
 - Basic wound care and wet-to-dry dressing changes
 - Urologic procedures (foley), ostomy care
 - Indwelling vascular line access/dressing
 - Medication administration/infusions
 - Point of care testing

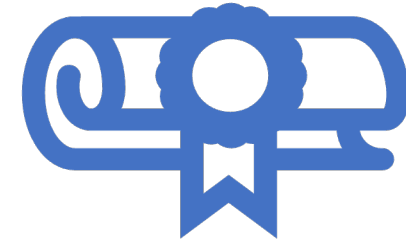
Standardized Mobile Integrated Health Training



Medically Home's MIH Clinical Academy



Sponsored Paramedic Training Course



International Board of Specialty Certification (IBSC) Community Paramedic Certification (CP-C) examination

Post Go-Live



- Sponsored Paramedic Training Course
 - Self-paced, online, up to 4 months
 - Designed to prepare learners to enter the Community Paramedic Profession as an entry level provider
 - Goal of passing the International Board of Specialty Certification (IBSC) Community Paramedic Certification (CP-C) exam
 - Advanced training on assessments, plans of care, chronic condition management, enhanced pharmacology and laboratory medicine
 - Focus on how to function within the non-transportation parts of the healthcare system
 - Clinical hours that will be done virtually or in-person

Treatment of EMS and MIH Groups as Strategic Partners



- **National partnerships** allow increased availability through a network of clinically standardized MIH providers
- Encouragement and enablement of local EMS/MIH partners to work within the TetherMed solution
- Paramedics and Acute Care Nurses not currently practicing to full scope of practice and often dissatisfied with outdated 911 transfer model
 - TetherMed **opens career pathways**, increased earning potential, and **greater job satisfaction** which is **critical to growing and maintaining this critical new role**
 - Appetite for increased accountability and input in advanced primary care and population health
 - New source of higher-margin use cases and revenue for MIH providers
- Substantial planned growth of Yale and MHG in next 1-2 years will be challenged without investments which allow capacity to develop prior to current need
 - Potential bottleneck unless minimum visits guaranteed
 - **Scales with Yale throughout regional footprint**

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Audience Q&A

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

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 – Annotated CMS Waiver**
<https://www.hahusersgroup.org/technical-assistance-center/cms-waiver-requirements/options-for-addressing-the-2020-cms-waiver-requirements/>

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