

# Implementing Hospital at Home Technology into an Acute Care Nurse Practitioner Program

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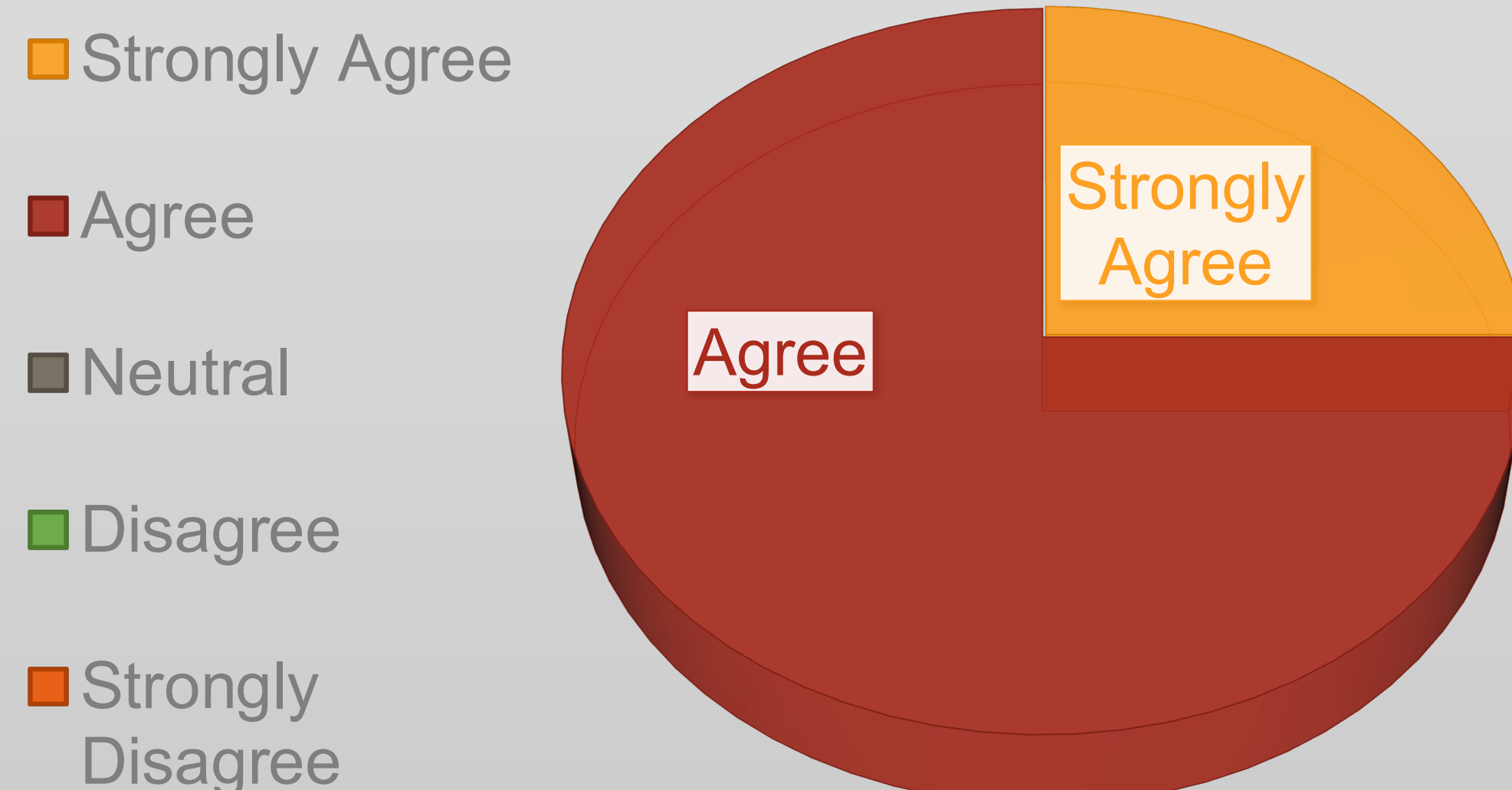
## Background

Hospital at Home (HaH) programs expanded significantly over the past several years due to the aging population. The COVID-19 pandemic and shortages of hospital beds (Arsenault-Lapierre et al., 2021; Clark et al., 2021). In November 2020, with hospitals at capacity, CMS started reimbursement for hospital-at-home programs. HaH care has been shown to provide similar or enhanced clinical outcomes as compared to inpatient care. The future of the federal waiver for hospital-at-home payment structure remains uncertain. Providers must demonstrate the cost-effectiveness of HaH. Adult-Gerontology Acute Care Nurse Practitioner (AGACNP) students need to develop skills and knowledge to deliver cost-effective HaH care effectively utilizing HaH technology.

What was your level of experience with RPM prior to CSS courses?



THIS RPM SIMULATION INCREASED MY CONFIDENCE AND SKILLS TO USE IT WITH PATIENTS IN THE FUTURE



## Methodology

Faculty identified an appropriate HaH clinical scenario utilizing a standardized patient

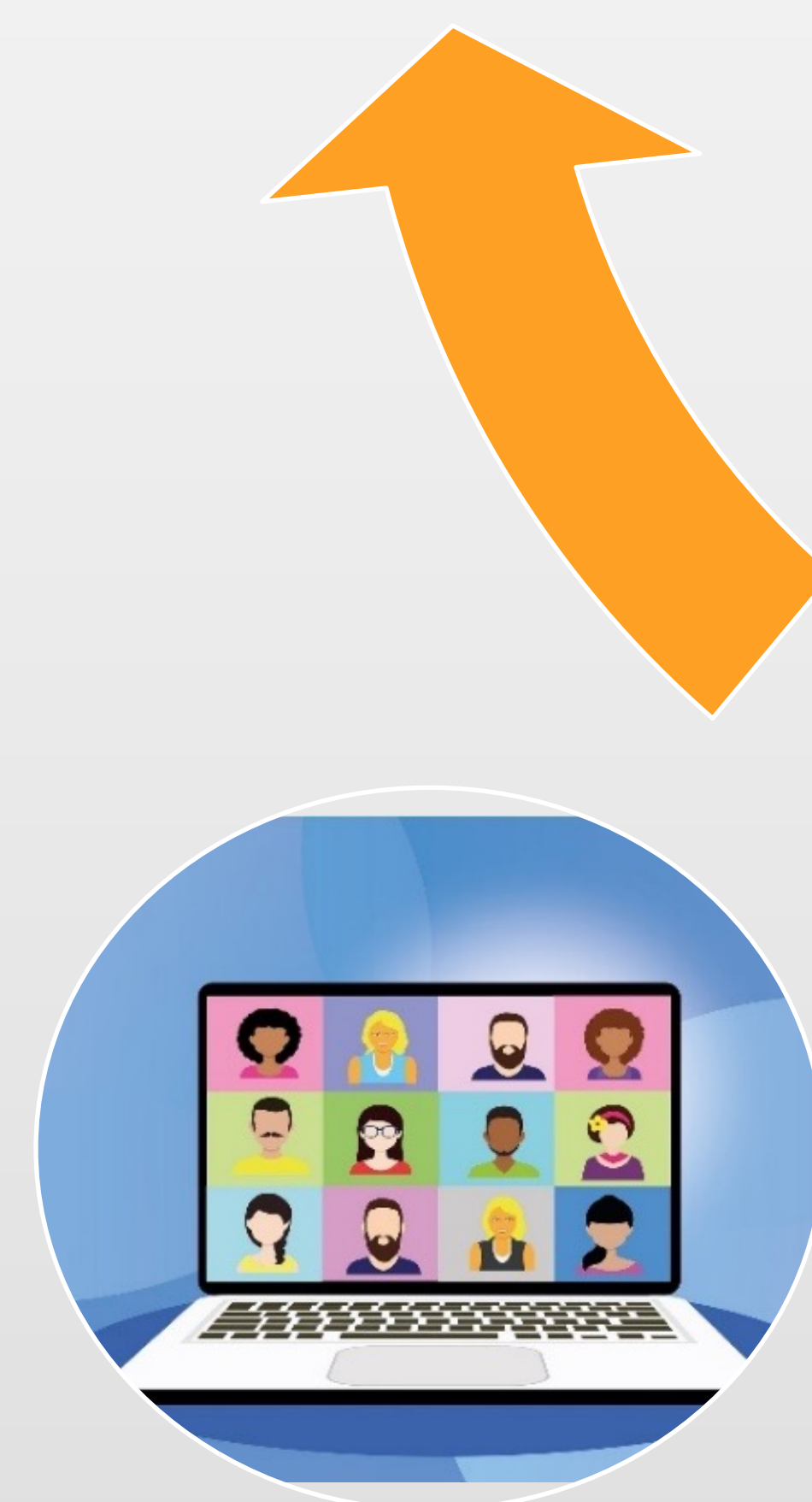
Patient care plan initiated in RPM system

Standardized patient (SP) recruited and trained to role and technology utilizing ASPE standards of best practice

SP entered real-time data over the past 24 hours for AGACNP students to review

The students received a pre-brief and orientation to HaH and RPM equipment prior to the simulation, utilizing Healthcare Simulation Standards of Best Practice as a guide

The HaH interventions included implementing HaH technology to analyze remote patient data, obtaining a brief history and physical exam, interpreting and responding to laboratory findings, and constructing an ongoing care plan

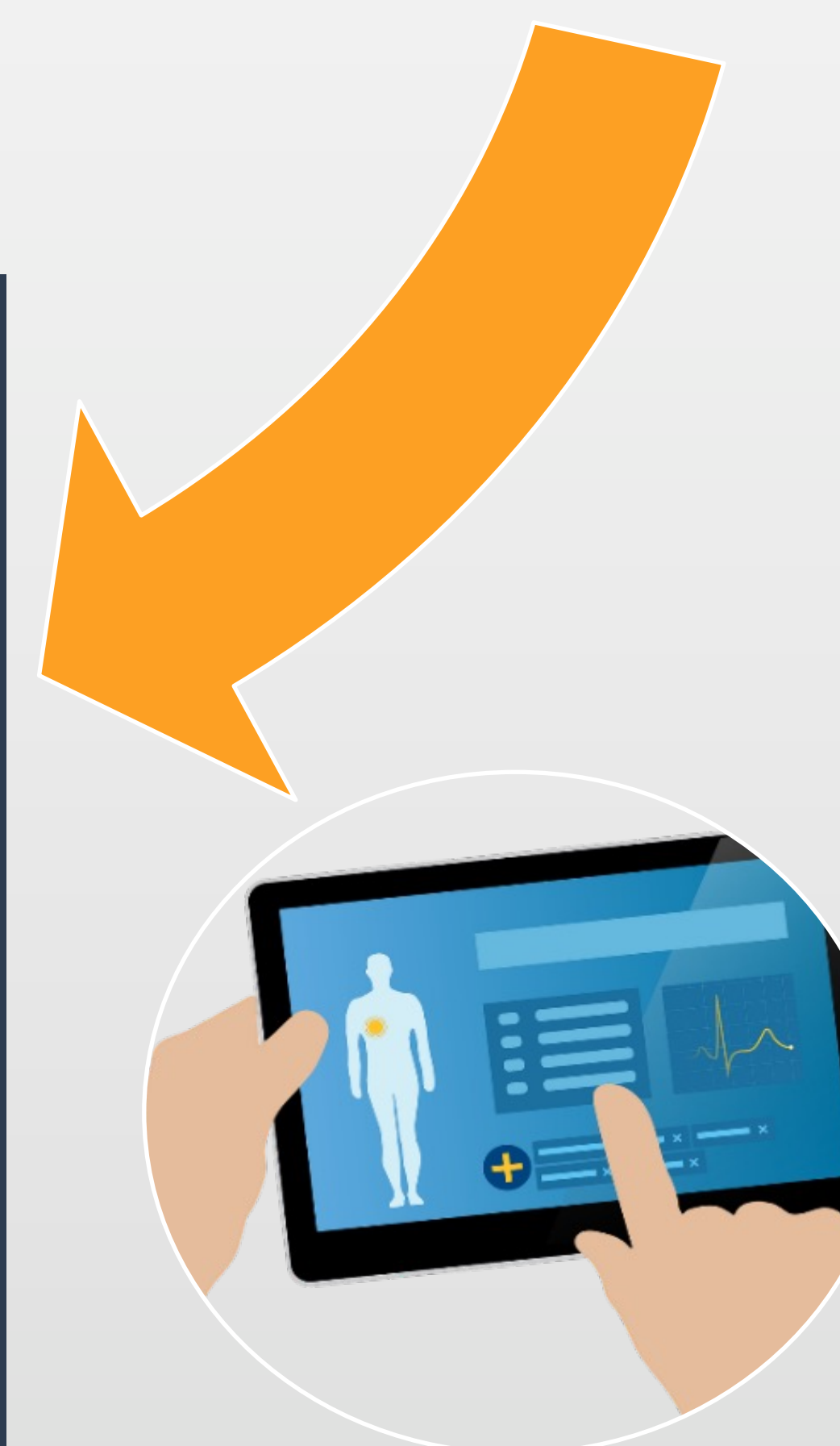


Learners review the clinician portal including data throughout the HaH admission.

Learners initiated a video visit with the patient

Comprehensive debrief with faculty utilizing PEARLS debriefing framework

Simulation/Faculty QI process



## Conclusion

HaH is a health care strategy which has been shown to have similar mortality rates as hospitalization, lower readmission rates, lower long-term care admission rates, and lower rates of depression and anxiety (Arsenault-Lapierre et al., 2021). It is essential that AGACNPs have the skills and knowledge to effectively implement HAH with patients and reduce the risks of hospitalizations. A HaH simulation with RPM can help student AGACNPs develop skills and comfort in implementing RPM with a group of patients.

## References

- Arsenault-Lapierre G, Henein M, Gaid D, Le Berre M, Gore G, Vedel I. Hospital-at-Home Interventions vs In-Hospital Stay for Patients With Chronic Disease Who Present to the Emergency Department: A Systematic Review and Meta-analysis. *JAMA Netw Open*. 2021;4(6):e2111568. doi:10.1001/jamanetworkopen.2021.11568
- Clarke, D. V., Newsam, J., Olson, D. P., Adams, D., Wolfe, A. J., & Fleisher, L. A. (2021). Acute hospital care at home: The CMS waiver experience. *NEJM Catalyst: Innovations in Care Delivery*. <https://doi.org/10.1056/CAT.21.0338>

## Results

A small group of Adult Gerontology Acute Care NP (AGACNP) students successfully completed a Hospital at Home simulation utilizing Remote Patient Monitoring (RPM) After completing the simulation, 100 % of the AGACNP students agreed that Remote Patient Monitoring (RPM) can be used to effectively provide care to acutely ill patients at home. One hundred percent of the students agreed that RPM simulation increased their confidence and skills to use it with patients in future clinical situations. One hundred percent of the students had little to no experience with RPM prior to the simulation. Students identified additional types of cases which could be addressed utilizing RPM including: skin conditions, neurological conditions, gastrointestinal conditions, heart failure, diabetes, and chronic respiratory conditions such as COPD and respiratory infections. Students identified that they needed additional details about how soon a nurse can complete a follow-up visit in a patient's home.

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