

# RETROSPECTIVE ANALYSIS OF COMMUNICATION PATTERNS FOR CARE TEAMS AND PATIENTS IN AHCAH PROGRAMS

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## Introduction

Operating an acute hospital care at home (AHCAH) program requires delivering essential elements of inpatient hospital care to qualified patients in their home<sup>1</sup>. The role of technology is key to helping with the expansion of hospital at home programs<sup>2</sup>. Understanding how digital communication tools are being utilized will improve adoption and access to care for patients<sup>3</sup>.

## Methodology

Retrospective analysis of utilization of digital communication between patients receiving acute care in the home and their remote care teams. Communication data over a four-month period (3/8/2022 to 7/8/2022) was analyzed for the following metrics: call initiation, call duration, call type, and use of digital communication.

## Results

51% of total patients (N=238) had a digital communication encounter (Fig 1). There was a total of 462 digital encounters of which 59% were initiated by the care provider and 41% were initiated by the patient (Fig 2). 79% of the encounters were via video and 21% of the encounters were via audio. Average duration of patient-initiated video encounter was 5.1 minutes, and audio encounter was 3.8 minutes. Average duration of care provider-initiated video encounter was 4.0 minutes, and audio encounter was 2.2 minutes (Fig 3).

## Conclusion

Utilization of digital encounters in AHCAH programs during a four-month period was seen by 51% of patients and care team providers. We identified a 27.5% increase in the duration of video encounters initiated by patients and 72.7% increase in the duration of audio encounter when initiated by patients. Care team provider-initiated audio and video encounters had the shortest duration. Care team provider-initiated encounters seem to be a more efficient means of communication with AHCAH patients.

## Discussion

The findings reflect that communication channels are a key component of supporting AHCAH programs. 51% of patients participated in 462 digital communication encounters over a four-month period. The encounters initiated by the care team were prompted by alerts generated by patients in the monitoring software. The large differences in the duration of the encounters initiated by patients vs. care providers (for both video and audio) were not expected.

51% of patients (N=238) had a digital communication encounter

462 digital encounters

59% initiated by the care provider

41% initiated by the patient

79% of the encounters via video

21% of the encounters via audio

27.5% ↑ in the duration of video encounters initiated by patients

72.7% ↑ in the duration of audio encounter when initiated by patients



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## Discussion (cont.)

This may suggest that pro-active care team outreach, to address clinical changes, may be a more efficient use of time and resources. Further evaluation is needed to determine differences in encounter type by gender, as well as the reason for the audio vs. video call. Understanding the causes for the patient-initiated calls and the use of audio vs. video could help in optimizing remote care for AHCAH patients.

## Figures

### Communication encounters by call type

Total patients	238
Patients using calls	121
Total calls	462
Video calls	366 (79.22%)
Audio calls	96 (20.78%)

Figure 1: Communication encounters by call type

### Total Calls by Initiator Role

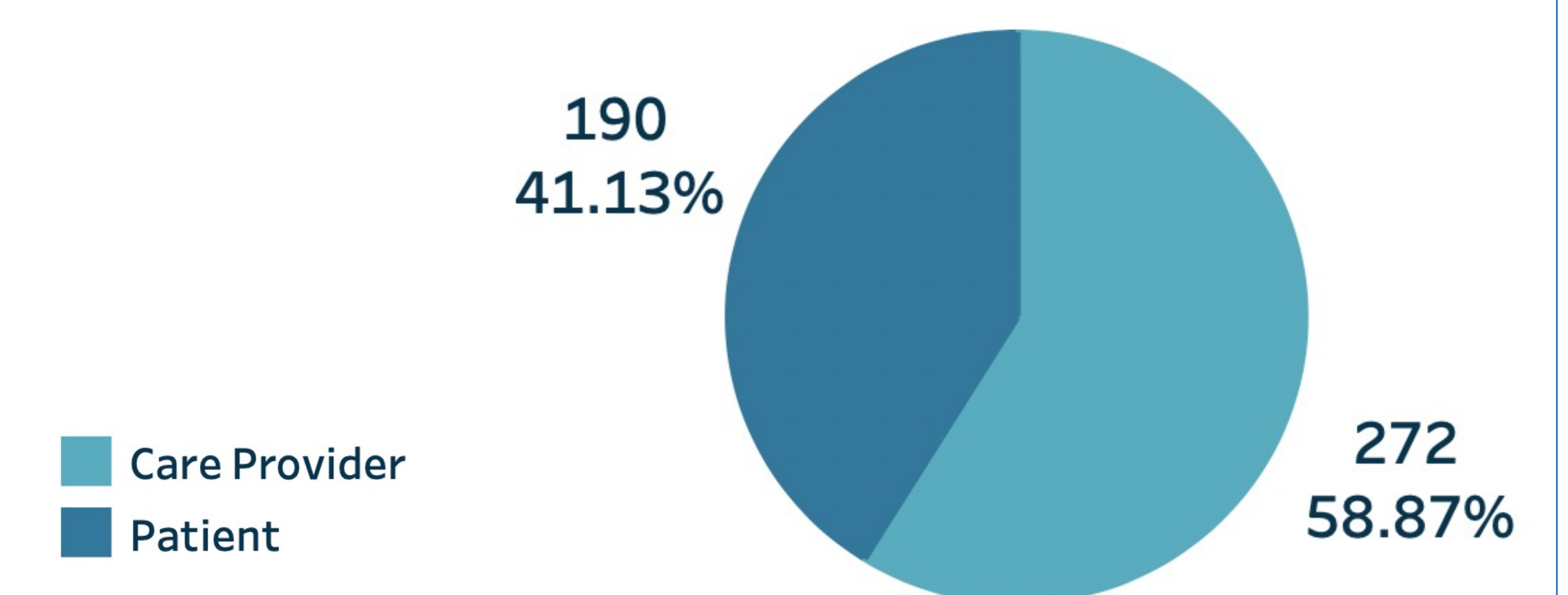


Figure 2: Percent of calls initiated by patients and care provider

### Average Duration of Calls by Initiator (seconds)

	Audio	Video
Care Provider	134.42	239.98
Patient	229.65	305.09
Overall	190.24	261.53

Figure 3: Communication encounters by call type

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