Clinician Experience During Home Hospital for Adults Living in Rural Settings: A Qualitative Analysis of a Randomized Controlled Trial

Ryan Brewster, MD^{1,2,3}, Meghna Desai, MPH², Sarah Findeisen, BA², Stephanie Blitzer, BA, RSASP², Patricia Dykes, Ph.D, MA, RN, ^{4,5,6}, David M Levine, MD MPH MA^{2,3,5}

1. Department of Neonatology, Beth Israel Deaconess Medical Center, Boston, MA, USA, 2. Ariadne Labs; Boston, MA, USA, 3. Harvard Medical School; Boston, MA, USA, 4. The Center for Patient Safety Research and Practice, Brigham and Women's Hospital; Boston, MA, USA, 5. Division of General Internal Medicine and Primary Care, Brigham and Women's Hospital; Boston, MA, USA

BACKGROUND

PROBLEM: Clinician experiences and perceptions of home hospital (HH) care are not well-characterized.

GOAL: Conduct qualitative semi-structured interviews to understand provider experience in rural home hospital care.

METHODS

- 1. Parallel patient-level RCT: intervention, home; control, hospital across three sites. Two in the United States and one in Canada.
- 2. Home patients received two daily visits from RN/EMT-P, one visit from MD, IV infusions, oxygen and other care as needed.
- 3. Completed interviews with home hospital clinicians on their experience providing care in the home, perceptions of quality and safety, experience with technology and personal experience with burnout.

RESULTS

- 16 interviews completed across three study sites.
- 6 domains identified from the qualitative interviews.

CONCLUSION

- Clinicians had **positive perceptions towards HH** compared to the brick-and-mortar hospital (BAM).
- · High levels of professional fulfillment and satisfaction with HH.
- Perceived benefits of home hospital included greater patient and caregiver engagement and comfort and a high quality of care.
- · Potential for home hospital to enhance clinician wellbeing.

"Every patient that I'm aware of improved and was discharged successfully off (rural home hospital)...I thought it was better [compared to care in a brick-and-mortar hospital]. I spent more time with the patient. I got to know them a bit better... They felt more connected with me just because they were at home and talking to someone... The relationship was better than in inpatient." -MD

"Just think that people that receive care in the <u>right</u> <u>circumstance and right scenario</u> within their homes <u>heal</u> <u>quicker and heal better</u>" -Community Paramedic

"Being in a hospital setting, it's <u>not an ideal</u> <u>environment</u>. You're always interrupted. It's a loud environment. Nurses are kind of running around everywhere. You're being interrupted a million times. Whereas from a [RHH] perspective, you've got your max one to five patients, and <u>you're able to focus on them</u>..."
- MD



DOMAINS and RESULTS

Clinician Job Satisfaction

- Able to build meaningful relationships with patients and caregivers
- Reduced distractions and demands supported more effective clinical duties

Perceived Quality of Care

- Confidence in the quality of home hospital care
- Valued technology and remote monitoring but appreciated inperson options too.
- Safety benefits of receiving care at home

Team Collaboration

- Positive and collaborative working relationships
- Effective communication strengthened patient continuity of care

Perception of Patient Experience

- Patient-centered experience
- Psychosocial benefits from the comforts of being home

Implementation of the HH program

- Develop more training to support clinicians
- Challenges with patient acceptability of rural home hospital contributed to recruitment difficulties.
- Challenges with patient logistics

Perception of Caregiver Experience

- Active and engaged in patient care
- Able to gauge caregiver burden and how the caregiver was feeling





