

Hospital at Home Nursing: A view from the field

Mandy McGowan, RN | University of Wisconsin Health

Jenna Blind, DNP, RN, CPHQ, NEA-BC | NYU Langone Home Hospital

Vance Purcell, MBA, BSN, RN, PHN | Kaiser Permanente

Karin Falkenberg, DNP, RN | Mass General Brigham Healthcare at Home



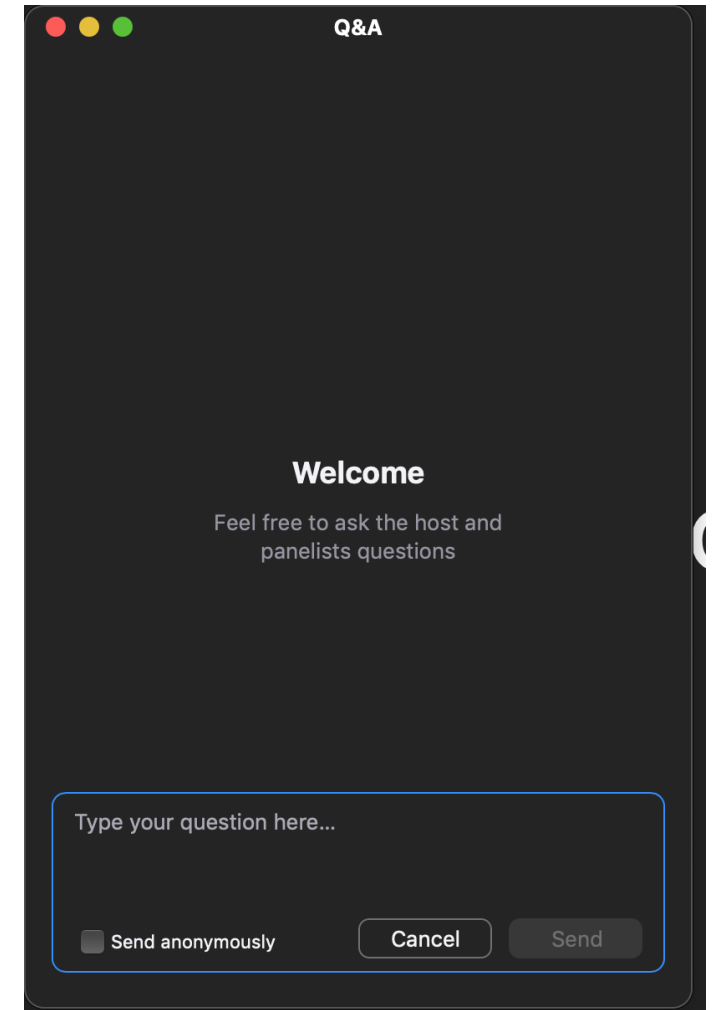
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ZOOM Webinar Housekeeping

- 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 Jane Donahue (jdonahue@aboutscp.com) or send her a message via the Zoom chat feature.

A screenshot of the Zoom Q&A interface. The window has a dark background and a title bar with three colored buttons (red, yellow, green) on the top left. The title "Q&A" is in the top right corner. In the center, the word "Welcome" is displayed in bold, followed by the text "Feel free to ask the host and panelists questions". At the bottom, there is a text input field with the placeholder "Type your question here...". Below the input field, there is a checkbox labeled "Send anonymously" and two buttons: "Cancel" and "Send".

Q&A

Welcome

Feel free to ask the host and panelists questions

Type your question here...

☐ Send anonymously



Website: hahusersgroup.org

LinkedIn: @Hospital at Home Users Group

TA Center: hahusersgroup.org/technical-assistance-center

The HaH Users Group Webinar Series

Can We Deliver Skilled Nursing Facility Care at Home? Should We?

Go Home and Go Big: Scaling Strategies for Hospital at Home Programs

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Another Way: Opportunities and Challenges of Ambulatory Models of Hospital at Home

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The National HaH Quality Registry

- The National HaH Quality Registry (NHaHQR) is a de-identified, patient-level dataset that seeks to capture information on all patients enrolled in HaH programs nationwide.
- 49 individual hospitals representing 39k+ patients are currently participating.
- It's **free** to participate and health systems names **will not be shared**.
- Participants will get **annual benchmarking reports** to assess program performance, identify areas for improvement, and demonstrate value.
- **Help us collect critical data to move HaH policy and regulatory conversations forward – join today!**

NHaHQR Interest Form





Mandy McGowan, RN

Director of Home-Based Care Services,
University of Wisconsin Health

Today's Webinar

Hospital at Home Nursing: A view from the field

Today's Speakers



Jenna Blind,
DNP, RN, CPHQ, NEA-
BC

Regional Director of Education,
Professional Development,
& Quality Improvement
NYU Langone Home Hospital



Vance Purcell,
MBA, BSN, RN, PHN

Clinical Nursing Director,
Advanced Care at Home
Kaiser Permanente



Karin Falkenberg, DNP,
RN

Associate Chief,
Patient Care Services
Mass General Brigham
Healthcare at Home

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

Panelist Disclosures

- **Jenna Blind, DNP, RN, CPHQ, NEA-BC**
 - None
- **Vance Purcell, MBA, BSN, RN, PHN**
 - None
- **Karin Falkenberg, DNP, RN**
 - None



**NYU Langone
Health**

**NYU Langone
Home Hospital**



The **NYU Langone Home Hospital** program provides acute, inpatient care to eligible patients in the comfort of their own home. This is a CMS Waiver-Based program.

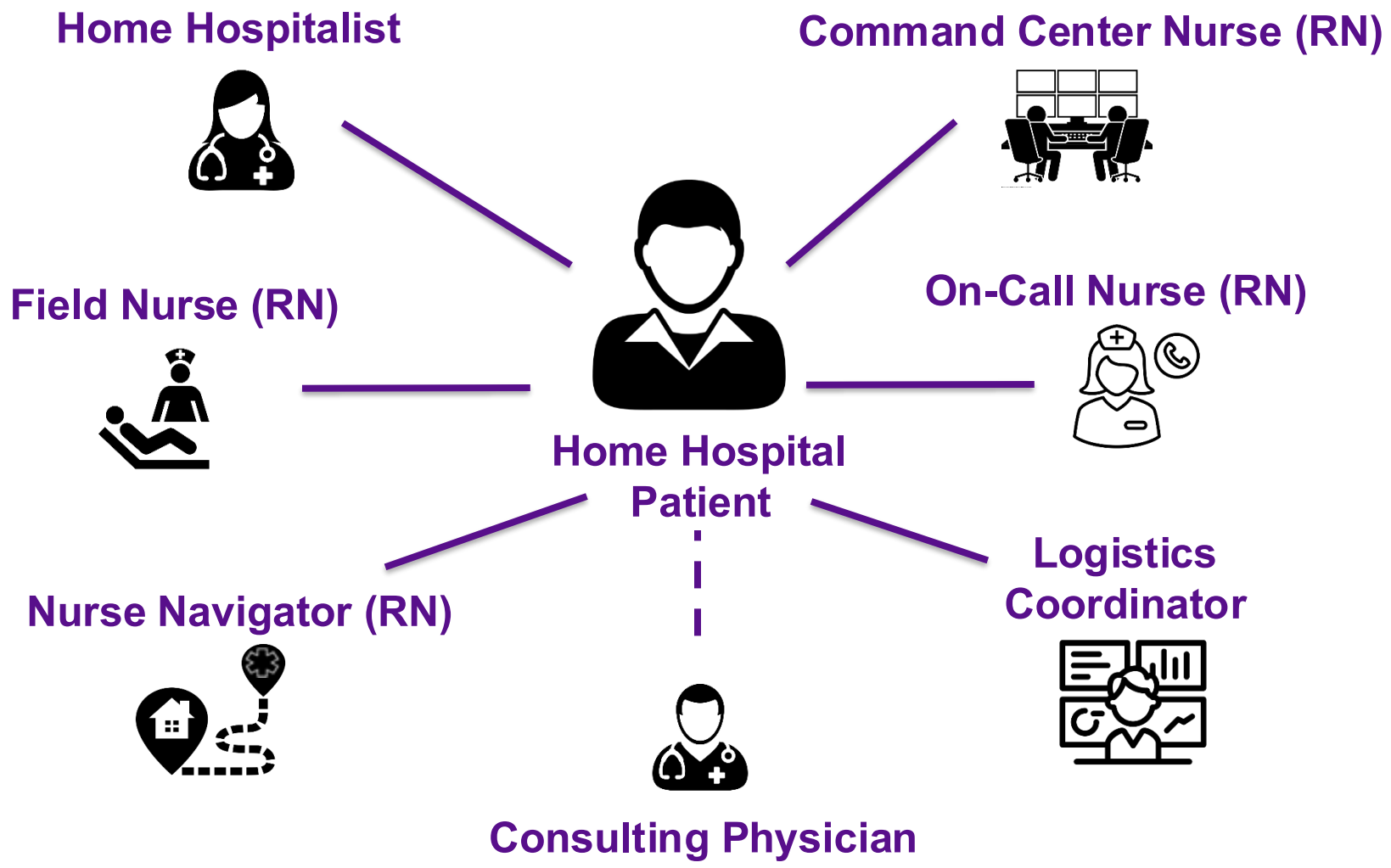
ADMISSION ELIGIBILITY

- **≥21 years** of age
- Present with **qualifying program conditions** in the ED or already be admitted on an inpatient unit
- Meet **disease-specific acuity** requirements
- Meet **inpatient clinical eligibility criteria** via Milliman Care Guidelines (MCG)
- Meet **non-clinical eligibility** criteria
- Live within a **15-mile radius** of the hospital
- Meet **payor criteria**

METRICS-TO-DATE

- Program opening: **September 2023**
- Admissions: **~1300**
- Total Patient Care Days: **~6,800**
- Average Daily Census*: **5.8**
- Unexpected Mortality: **0%**
- Median LOS*: **3.58 days**

Home Hospital Staffing Model



Direct Care Leadership Team

Medical Director & Nurse Manager

Ancillary Services

	Care Management	
	Social Work	
	Dietary	
	Physical Therapy	
	Speech Therapy	
	Occupational Therapy	
	Respiratory Therapy	
	EAS (Transport)	
	Mobile Radiology	
	Oxygen Vendor	
	Inpatient Pharmacy	
	Laboratory	
	Supplies / DME	
	Remote Patient Monitoring	

Kaiser Permanente Northern California Advanced Care at Home

Vance Purcell, MBA, BSN, RN, PHN
NCAL Clinical Nursing Director, ACAH

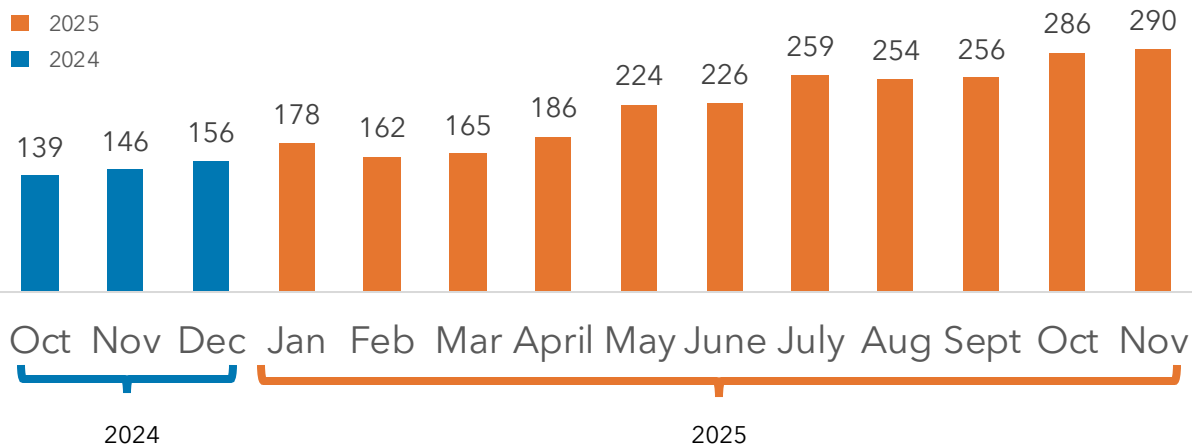


Over 4,500 members admitted to Advanced Care at Home in Northern California.

The Advanced Care at Home service provides high-quality, personalized care through a seamless combination of virtual and in-home care. Our committed nursing staff, physician assistants, ancillary providers, and TPMG physicians work together to deliver this care directly to patients in their homes.



2024 & 2025 Advanced Care at Home Admissions



30.58

October 2025 ADC Average
2025 average ADC Q3: 28.64
2025 average ADC Q2: 23.93
2025 average ADC Q1: 23.00

2.31x

YOY Growth

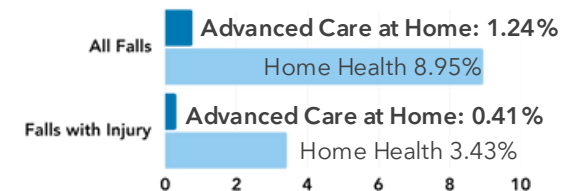
19.6%

ED/OP avg. enrollment
Q3 2025

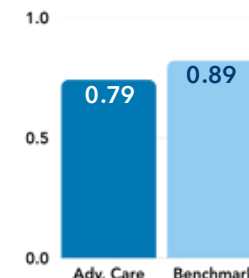
High Quality Care at Home

0% C. Diff & CLABSI Infection Rate

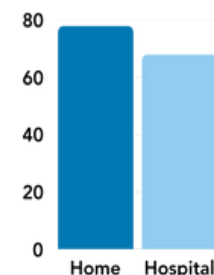
Rate of Falls **significantly lower** than traditional home care.



30-day Readmission Rate (O/E) is **.12 pts lower** than NCAL Hospital benchmark.



Exceptional Care Experience at Home



Patients rate Advanced Care at Home **10 points higher** than hospital-based services.



80% of patients would recommend Advanced Care at Home.

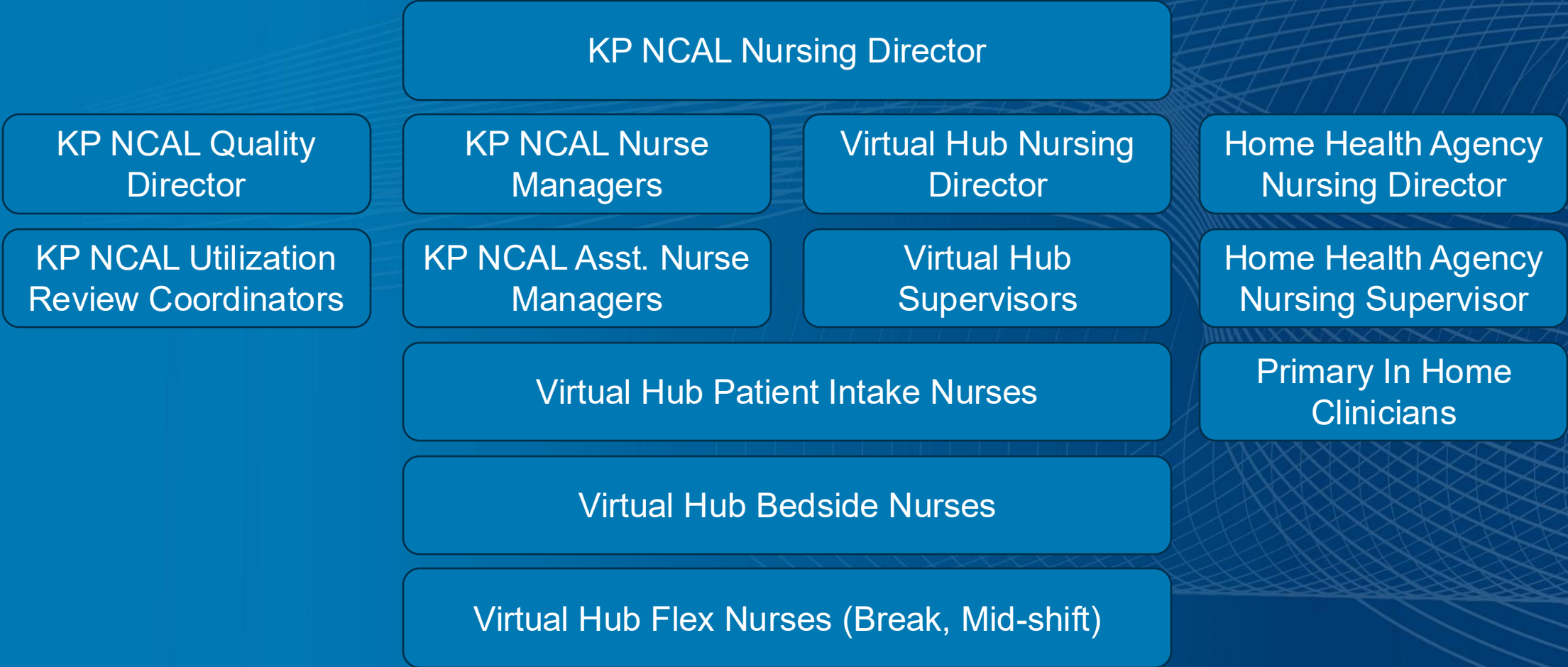
7,848

Bed Days Saved in 2025

3.51 days

Average LOS Q3 2025

KPNC Nursing Structure



*The KP Northern California ACAH program does not use MIH professionals due to state regulations.



Mass General Brigham
Healthcare at Home

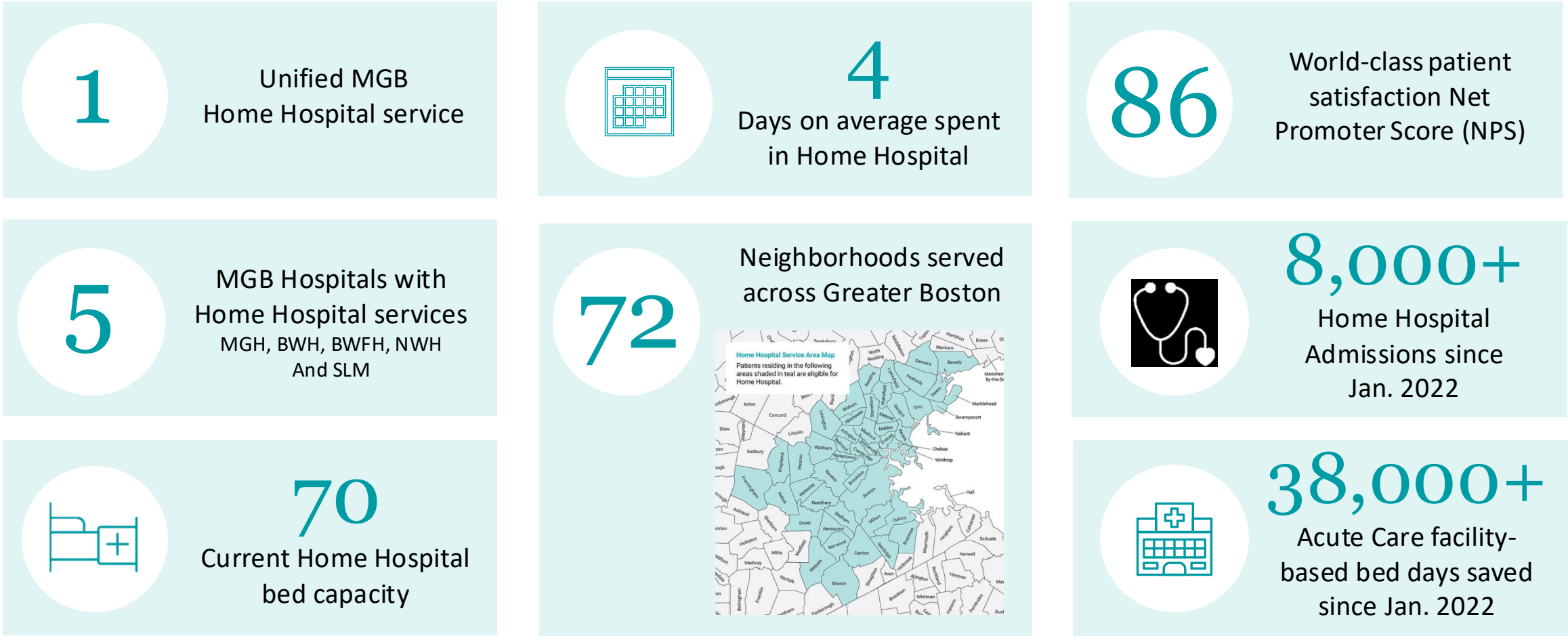
Mass General Brigham Home Hospital

Karin Falkenberg, DNP, RN
Associate Chief, Patient Care Services

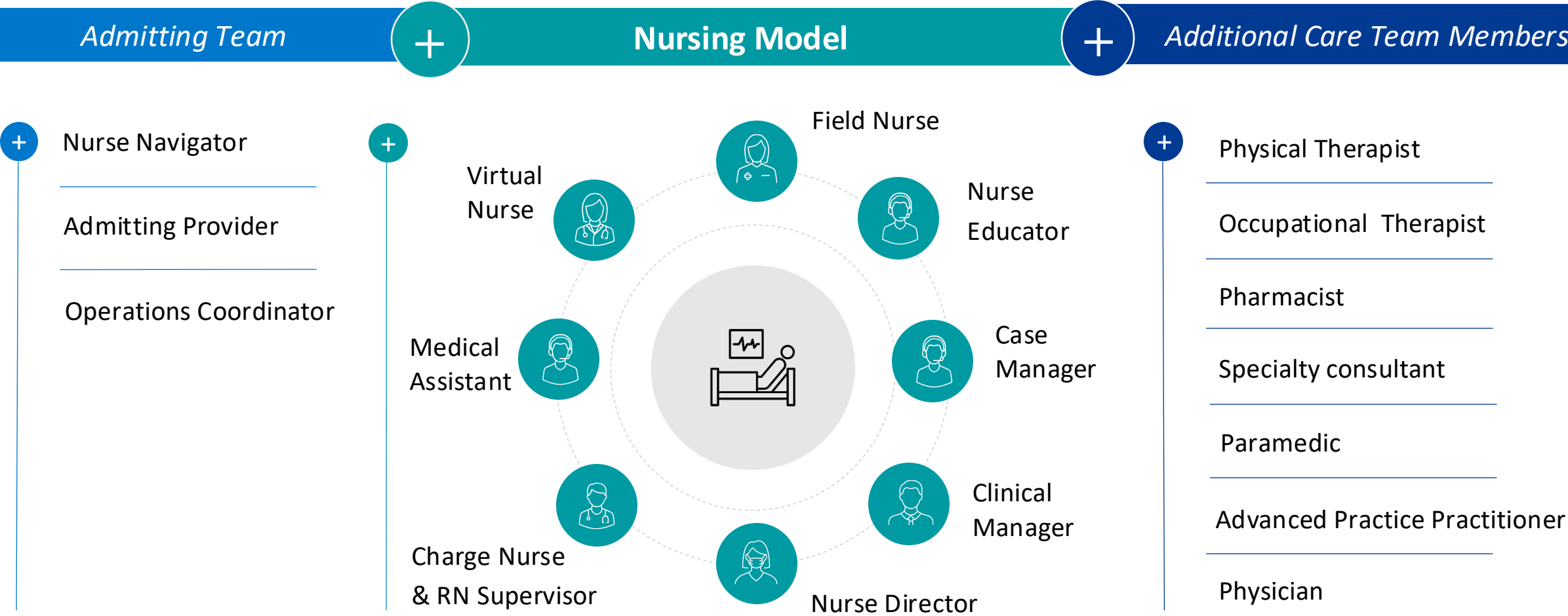
December 2025



Mass General Brigham Home Hospital - Overview



The clinical nursing model enables 24/7, wrap around care throughout the Home Hospital patient journey





Mass General Brigham



Discussion

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NHaHQR Interest Form



Check Out Our TA Center

A comprehensive library of helpful resources on a range of essential HaH topics, updated regularly.

Webinars

WHEN DIGITAL GOES DOWN: ENSURING CARE CONTINUITY IN A CATASTROPHIC TECH CRASH

Recorded September 10th, 2024 The Hospital at Home Users Group, in partnership with the American Academy of Home Care Medicine, is pleased to present our latest webinar for hospital and system...

[Learn More](#)

THE STATE OF STATE POLICY: OPPORTUNITIES AND CHALLENGES FOR HOSPITAL AT HOME

Recorded June 24th, 2024 The Hospital at Home Users Group, in partnership with the American Academy of Home Care Medicine, is pleased to present our latest webinar for hospital and system...

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AGE-FRIENDLY BEYOND THE HOSPITAL: INNOVATION IN HOSPITAL AT HOME

Recorded April 11th, 2024 The Hospital at Home Users Group, in partnership with the American Academy of Home Care Medicine, is pleased to present our latest webinar for hospital and system...

[Learn More](#)

Information/ Research

OFFERING OBSERVATION AT HOME SERVICES: PAYMENT PATHWAYS AND FEASIBILITY

Last updated: March 2024

In January 2024, members of the HaH Users Group assembled to discuss Observation at Home. Dr. Anthony Wehbe of [SENA Health](#) described how they are implementing Observation at Home for their health system partner, [Inspira Health](#).

As of this writing, there is no waiver or Medicare payment for Observation care at Home. A few hospital systems and implementation partners have negotiated with commercial payors for an Obs at Home rate. Others, including [SENA Health](#), have navigated a path to operationalize Obs at Home without a direct Obs at Home payment. Typically, it involves treating the patient in the brick-and-mortar through workup and Observation status determination, and billing for an Observation stay. While undergoing Observation care, the patient is discharged from the facility and moved home, where the necessary equipment and supplies are delivered, medications are provided, and ongoing in-person (and, if available, virtual) care continue, as with any HaH episode. Certain elements of the care, such as provider visits (in-person or virtual), are billable to insurance. Costs for care that cannot be billed and that are not covered by the Observation rate would be covered by the hospital or health system, which benefits from additional bed capacity, less burdened brick-and-mortar staff, and satisfied patients. If the patient ultimately requires inpatient admission after their Observation stay, that can potentially occur in the home if the patient is otherwise eligible for HaH care; note that the CMS waiver requires an in-person admission H&P be completed for all HaH waiver episodes.

Offering Observation care at Home at your institution may make sense if:

- You already have the infrastructure (staffing, operations, in-home service providers, etc.) in place to provide acute care in the home – e.g. an existing Hospital at Home or ED in the home service.
- Your institution's observation unit is consistently at or over capacity, with negative downstream effects on other units and the patient and staff experience.
- You have outlined a workflow to admit patients who may need ongoing inpatient care after an Observation episode, including steps to ensure that there is an in-person H&P before a HaH episode, or transfer back to the facility if necessary.

Tools

[Hospital AT Home](#)
USERS GROUP

INFORMATION FOR FAMILY CAREGIVERS



WHY IS MY FAMILY MEMBER BEING HOSPITALIZED AT HOME?

Hospital-level care in the home is not a new idea, but it has become more popular as 1) research has shown that hospital care in the home is as good or even better than hospital care in the traditional inpatient setting and 2) the COVID-19 pandemic created a greater need for care outside of hospital settings. Hospital at Home programs have demonstrated excellent outcomes for patients as well as high levels of satisfaction for both patients and caregivers. Your loved one was determined to

<https://www.hahusersgroup.org/technical-assistance-center/>

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