

Risk and Reward: Risk Management for Operational Excellence & Sustainability of Hospital at Home

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Robert Boxer, MD | Mass General Brigham



The
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Webinar
June 18th, 2026



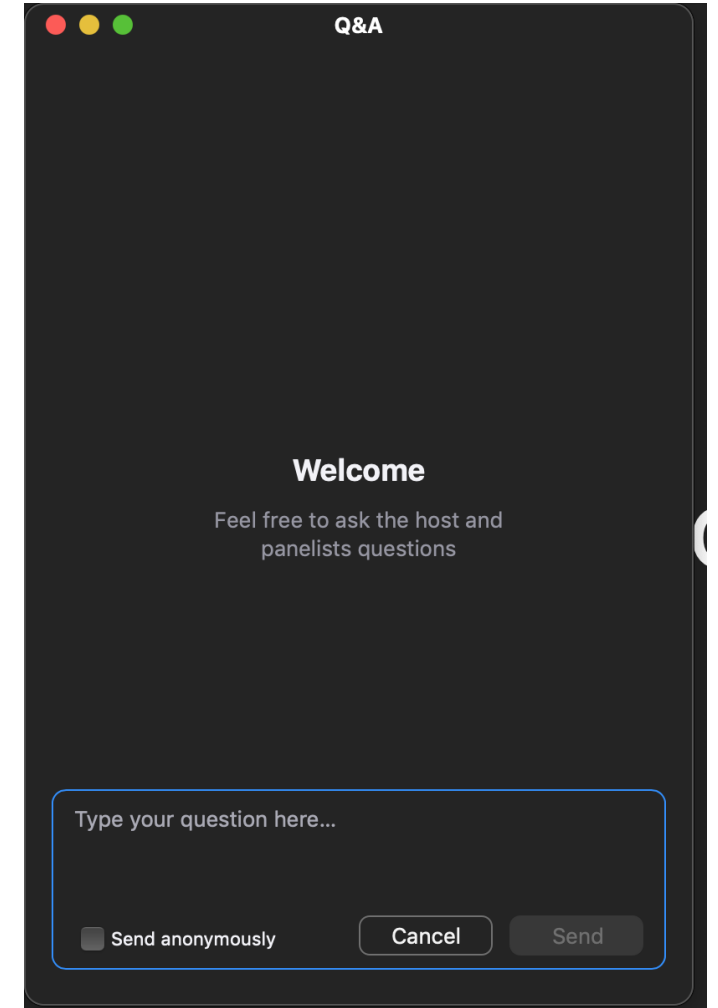
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ZOOM Webinar Housekeeping

- 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.
- Slides and webinar recording will be available afterwards on our website



Hospital AT Home USERS GROUP™

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The HaH Users Group Webinar Series

Family First: Prioritizing Caregivers in Hospital at Home

Age-Friendly Beyond the Hospital: Innovation in 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.
- It's **free** to participate and health systems names **will not be shared**.
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[NHaHQR Interest Form](#)



2026 Annual Meeting | Save the Date: 11/4/26

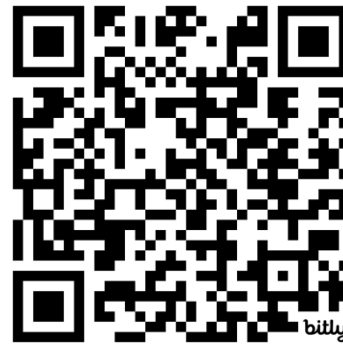


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Submissions are due by Monday, July 13.

Visit our website or scan the QR code for more.

Learn more at: HaHUsersGroup.org



Gregory Snyder, MD, MBA
Vice President of Clinical Strategy,
DispatchHealth

Today's Webinar

Risk and Reward: Risk Management for Operational Excellence & Sustainability of Hospital at Home

Today's Speakers



Chris Allman,
JD, CPHRM, DFASHRM

2025 ASHRM President



Maura Nazario,
MSN, RN, SANE

Chief Nursing Officer,
Primary Health Division,
AdventHealth



Heather Reed,
CPHQ, APTD

Senior Director,
Press Ganey Patient
Safety Organization



Robert Boxer, MD

Senior Medical Director,
Mass General Brigham
Home Hospital

Panelist Disclosures

- **Chris Allman, JD, CPHRM, DFASHRM**
 - None
- **Maura Nazario, MSN, RN, SANE**
 - None
- **Heather Reed, CPHQ, APTD**
 - None
- **Robert Boxer, MD**
 - None

What is Enterprise Risk Management?









- Enterprise risk management (ERM) in health care promotes a comprehensive framework for making risk management decisions which maximize value protection and creation by managing risk and uncertainty and their connections to total value*.
- ERM is effective regardless of setting (inpatient, ambulatory, clinical, Hospital at Home), making it the perfect framework for assessing risk in the HaH setting.
- ERM is proactive and strategic, rather than traditional reactive management of risk.

* *American Society for Health Care Risk Management*. (2020). Enterprise risk management (ERM) in health care: ERM tool.
https://www.ashrm.org/system/files/media/file/2020/11/ERM-Tool_FINAL.pdf

ASHRM 8 Domains of Risk

- Operational
- Clinical/Patient Safety
- Strategic
- Financial
- Human Capital
- Legal/Regulatory
- Technology
- Hazard

https://www.ashrm.org/system/files/media/file/2020/11/ERM-Tool_FINAL.pdf

ERM Risk Domains	
Domain	Description/Example
Operational 	<p>The business of health care is the delivery of care that is safe, timely, effective, efficient, and patient-centered within diverse populations. Operational risks relate to those risks resulting from inadequate or failed internal processes, or systems that affect business operations. Examples include risks related to: adverse event management, credentialing and staffing, documentation, chain of command, lack of internal controls, supply chain and identification of existing opportunities within management oversight.</p>
Clinical/Patient Safety 	<p>Risks associated with the delivery of care to patients, residents and other health care customers. Clinical risks include: failure to follow evidence based practice, medication errors, hospital acquired conditions (HAC), serious safety events (SSE), health care equity, opportunities to improve safety within the care environments, and others.</p>
Strategic 	<p>Risks associated with the focus and direction of the organization. Because the rapid pace of change can create unpredictability, risks included within the strategic domain are associated with brand, reputation, competition or failure to adapt to changing times (such as health reform or shifting customer priorities). Managed care relationships/partnerships, conflict of interest, marketing and sales, media relations, mergers, acquisitions, divestitures, joint ventures, affiliations and other business arrangements, contract administration, and advertising are other areas generally considered as potential strategic risks.</p>
Financial 	<p>Decisions that affect the financial sustainability of the organization, access to capital or external financial ratings through business relationships or the timing and recognition of revenue and expenses make up this domain. Risks might include: capital structure, credit and interest rate fluctuations, foreign exchange, growth in programs and facilities, capital equipment, regulatory fines and penalties, budgetary performance, accounts receivable, days of cash on hand, capitation contracts, reimbursement rates, managed care contracts, revenue cycle/billing and collection.</p>
Human Capital 	<p>This domain refers to the organization's workforce. Included are risks associated with employee selection, retention, turnover, staffing, absenteeism, on-the-job work-related injuries (workers' compensation), work schedules and fatigue, productivity, compensation, succession planning and labor unionization activity. Human capital associated risks may cover recruitment, diversity, retention, and termination of members of the medical and allied health staff.</p>
Legal/Regulatory 	<p>Risk within this domain incorporates the failure to identify, manage and monitor legal, regulatory, and statutory mandates on a local, state and federal level. Such risks are generally associated with fraud and abuse, licensure, accreditation, product liability, management liability, Centers for Medicare and Medicaid Services (CMS) Conditions of Participation (CoPs) and Conditions for Coverage (CfC), as well as issues related to intellectual property.</p>
Technology 	<p>This domain covers machines, hardware, equipment, devices, wearable technologies and tools, but can also include techniques, systems and methods of organization. Health care has seen an escalation in the use of technology for clinical diagnosis and treatment, training and education, information storage and retrieval, and asset preservation. Examples also include Electronic Health Records (EHR) and Meaningful Use, financial and billing systems, social media and cyber security; cyber risks can be significant.</p>
Hazard 	<p>This ERM domain covers assets and their value. Traditionally, insurable hazard risk has related to natural exposure and business interruption. Specific risks can also include risk related to: logistics/supply chain, facility management, plant age, parking (lighting, location, and security), valuables, construction/renovation, earthquakes, windstorms, tornadoes, floods, fires and pandemics.</p>

Top ERM Risk Categories for HaH

- These are the most frequent risks, and they may have the most severity, but not necessarily...
- Risks with high frequency or severity (or both) may come from the other three ERM domains.
- Never forget that risks RARELY live in only one domain.



ASHRM ERM Domains Applied to HaH

CLINICAL/PATIENT
SAFETY

LEGAL/REGULATORY

HAZARD

TECHNOLOGY

ASHRM ERM Domains Applied to HaH



OPERATIONAL

HUMAN
CAPITAL

STRATEGIC

FINANCIAL

AdventHealth

HOSPITAL AT HOME PANEL

Managing Risk Across the Continuum

What we've learned · How we respond · How we prevent

Maura Nazario – Chief Nursing Officer | Primary Health Division

What We've Learned



Environmental & External Risk

Emergency weather, power outages, and unsafe home conditions require real-time situational awareness — no hospital walls to rely on.



Unanticipated Clinical Events

Decompensation happens faster without onsite staff. Early warning signal systems and clinical protocols for rapid escalation are non-negotiable.



Workforce & Staffing Risk

Staffing crises are amplified in home-based models. Nurse-to-patient ratios, travel times, and backup coverage all require active management.

Core Insight

***“Risk doesn’t disappear
when care moves home —
it changes shape.”***

Success requires systems designed for dispersion, not just adaptation of hospital protocols

How We Respond in the Home

Build for the unexpected. The response model must be immediate, redundant, and clinically decisive.

In the home, there is no immediate bedside team – response must be designed in advance.

Plan for failure modes

- Backup phones
- Batteries & Supplies
- Weather – Outages
- Daily huddles
- Nurse-initiated escalation pathways

Triage without hesitation

- Know life/limb, 911, and rapid response
- Never “No Staff Available”
- Redundant communication systems
- 24/7 clinical command center

Maintain continuity

- Cross-trained float pool deployable within 2 hours
- Backup visit coverage (Managers/leaders)
- Post-event debriefs
- Monthly risk trend review with operations and clinical leads

How We Build Resilience

Standardization, simulation, and a learning loop to turn risk management into routine operations.

Protect the patient in the home while still adhering to clinical best practice.

Hire and staff for acuity

- Prioritize clinicians with strong judgement and escalation discipline
- Build a cross-trained float pool and contingency staffing plan

Standardize the work

- Use “cousin, not twin” protocols that keep best practice intact.
- Include simulations, drills, and emergency preparedness before launch

Close the loop

- Bring risk, accreditation, and compliance into the build; then use post-even debriefs and monthly risk-trend review to drive prevention

Key Takeaways

01

Risk in home-based care is real, varied, and context-specific — build for it from day one.

02

Emergency response in the home depends on triage skills, standing escalation pathways, and redundancies.

03

Risk, accreditation, and compliance should be built into the program from day one and reinforced through debriefs and trend view

04

Staffing resilience is a clinical safety strategy, not just an HR function.

Extending the Healing Ministry of Christ



AdventHealth



Systems Across the U.S.



Press Ganey PSO

The Press Ganey PSO is a legally-protected, confidential forum for PSO members to learn from each other, gain insights based on aggregate analysis of safety event and root cause data, and share tested, practical strategies with peers.

202
parent-level organization members

7.7 M
patient safety events in PSO database

PSOs and the Future of Hospital at Home

- How can PSOs help make Hospital at Home safer than in the brick-and-mortar hospital?
- Why do health systems engage in PSOs and what is the role of PSOs in the future of Hospital at Home ?

PSOs and the Future of Hospital at Home

- How can PSOs help make Hospital at Home safer than in the brick-and-mortar hospital?
 - Collaboration and Transparency: Hospital at Home Networking Group
 - Shared definitions of generally accepted performance standards

Setting a Standard: Hospital at Home Networking Group

Gathering of Hospital at Home patient safety leaders from health systems across the country

- Chief Medical Officers
- Chief Nursing Officer, Telehealth
- Health System Safety and Quality leaders

Safe Table Discussion: Legally protected forum to open share about patient safety for Hospital at Home

- How well does your event reporting system manage Hospital at Home safety events?
- Who owns the standards of care for your Hospital at Home services?
- What are the most common safety events for Hospital at Home patients?
- What are the unique risks for the Hospital at Home care setting?
- What patient safety issues related to technology are you experiencing?
- What does Root Cause Analysis look like for Hospital at Home safety events?
- How are you factoring social determinants of equity in the causes of Hospital at Home safety events?

Setting a Standard: Shared Definitions for Hospital at Home Safety

Defining safety for Hospital at Home: What are the deviations from generally accepted performance standards for the Hospital at Home industry?

– Who has oversight of defined policies or procedures?

– How do we know if a policy or procedure is substandard compared to other local or national healthcare practices?

– How do we know if a policy or procedure is substandard compared to other industries?



Established policies, procedures and protocols



Industry-imposed practice mandates and requirements



Objective clinical review by other experts



Nationally recognized best practices and standards of care



Professional practice standards

PSOs and the Future of Hospital at Home

- Why do health systems engage in PSOs and what is the role of PSOs in the future of Hospital at Home?
 - Setting a standard for patient safety event reporting
 - Insights based on national data to help leaders identify areas of risk.

Press Ganey PSO Standard for HaH Event Reporting

Standardization allows for industry insights and benchmarking

- Location Structure/Facility Details
 - Facility Level Provider Type:
 - General Acute Care Hospital
 - Or
 - Home Health Care: includes home health, hospital-at-home, hospice care, etc.)
- Department Type
 - New: Hospital at Home



Provider Type

Select One

chemotherapy center, etc.

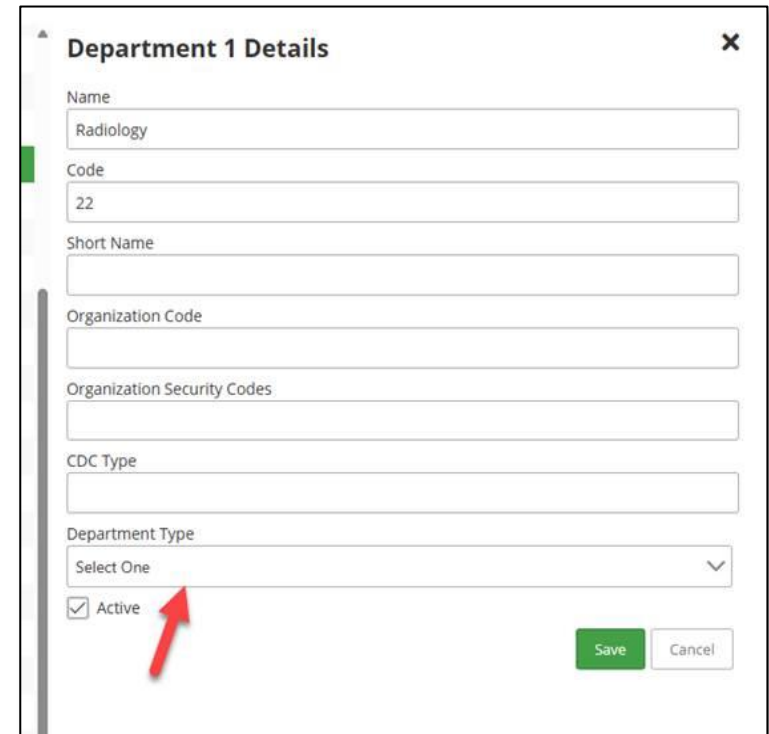
Ambulance, emergency medical technician, paramedic services, etc.

Home health care: includes in-home treatment services, hospice care, etc.

Retail pharmacy

Critical access hospital

Assisted living facility



Department 1 Details

Name
Radiology

Code
22

Short Name

Organization Code

Organization Security Codes

CDC Type

Department Type
Select One

Active

Save Cancel

Press Ganey PSO Standard for HaH Event Reporting

Standardization allows for industry insights and benchmarking

Mapping

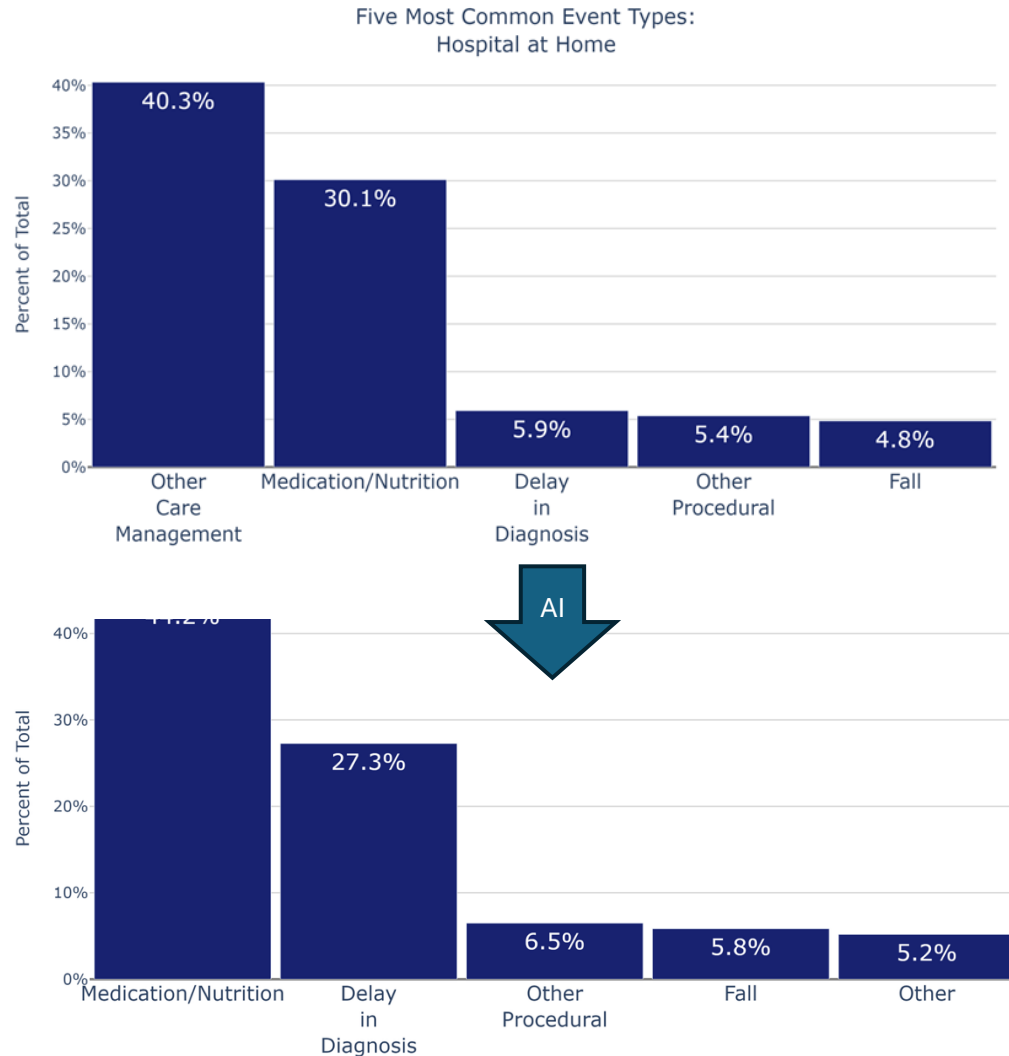
- Current Departments:
 - PG-A278 (Home Health Services)
 - PG-A106 (Other)
- New Standard
 - Hospital at Home

"Based on this unique population, it is difficult to find benchmarks and comparisons for safety events. Is there anyone else in the PG community that provides this service and has input on how you are setting benchmarks or if you submit to Press Ganey PSO so a comparison for that service could be considered?" - Texas Health

Question	Map ID	Status
Facility	F	✓
Event No.	DE2	✓
Event Date	DE9	✓
HPI Taxonomy	PG22	✓
Date Received	DE30	✓
Level of Pt Harm	Multi	✓
Location... Name	PG14	✓
Gender	DE42	✓
Birth Date	DE47	✓
Event Type... Name		
Birth Date (blank)		
AHRQ Harm Level	Multi	✓
Race	DE51	✓
Hispanic (Y/N)	DE48	✓
PSRS Id #		
Analyst Name		
Narrative	DE15	✓



Press Ganey PSO Insights: Top Events for Hospital at Home

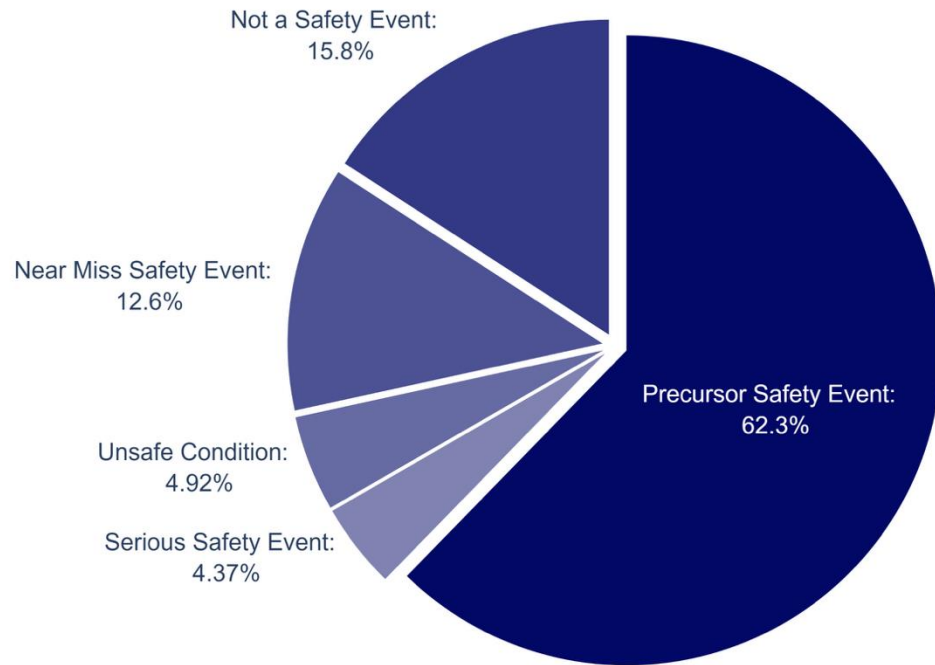


Utilizing the AI recategorization of OCM, Medication/Nutrition events are the most common event class (PG22) within Hospital at Home Safety Events

- Hospital at Home events were primary categorized as the (now retired) 'Other Care Management'
- Recategorization of these 75 OCM events by Narrative HX revealed that **more than half of OCM events (42 / 75) could be classified into more specific care management taxonomy**
 - 41% of OCM -- Delays in Diagnosis
 - 16% of OCM -- Medication Events

Press Ganey PSO Insights: HaH Harm Classification

Harm Scale Distribution -- Hospital at Home



Hospital at Home care largely mirrors expected harm scale patterns, with one key exception:

Not a Safety Event

- Second most frequently occurring category at 15.8% -- double of PSO.
- AI and manual review of event descriptions show ambiguity around deviation from care.
 - **'Not a Safety' event descriptions do not consistently indicate that there was no deviation from care.**

Does Hospital at Home care diverge from reported overall harm scale distribution?

Harm Scale	Hospital at Home	PSO Report 2025
PSE	62.3% (114)	65%
Not a Safety Event	15.8% (29)	7.87%
Near Miss	12.6% (23)	15.6%
Unsafe Condition	4.92% (9)	8.96%
SSE	4.37% (8)	2.52%

Press Ganey PSO Insights: AI-Harvested Themes

Press Ganey Narrative HX Identified Themes within Hospital at Home Events

- 1. Clinical Procedures: 56% (165 / 294)**
 - Issues related to the execution, management, or challenges of medical procedures and clinical tasks performed in the home setting.
- 2. Communication: 33% (96 / 294)**
 - All aspects of information exchange, coordination, and understanding between patients, families, and healthcare providers in the hospital at home context.
- 3. Safety: 19% (56 / 294)**
 - Concerns or incidents that threaten the physical or psychological safety of patients, families, or healthcare staff during hospital at home care.
- 4. Event Monitoring 7% (22/ 294)**
 - Processes and challenges related to tracking, identifying, and following up on adverse events or complications that occur during hospital at home care.
- 5. Patient Behavior: 6% (17 / 294)**
 - Issues related to how patients act or respond to care in the home setting, including their willingness, cooperation, and choices that impact safety or care delivery.
- 6. Family Dynamics: 3% (9 / 294)**
 - The role and impact of family members or caregivers on the delivery, acceptance, or modification of care in the home environment.
- 7. Privacy: 2% (6 / 294)**
 - Issues related to maintaining patient confidentiality and protecting sensitive information in the home care environment.

Press Ganey PSO Insights: AI-Harvested Themes

Interpersonal factors such as patient behavior and family dynamics play a significant role in home-based hospital care, impacting safety, communication, and care outcomes. Several examples illustrate these influences:

- Patient behavior can directly affect safety; for instance, patients with poor safety awareness or impulsive actions have experienced falls at home, sometimes resulting in injury (e.g., a patient pulling IV poles or falling while attempting to use the bathroom without assistance). In some cases, patients refused assistance or safety measures like bed alarms or restraints, increasing risk.
- **Family dynamics and communication are crucial.** Families sometimes expressed dissatisfaction or confusion regarding care plans, resource availability, or transitions between hospital and home care, leading to requests for discharge against medical advice or frustration (e.g., parents concerned about weekend nutrition services or family upset about delayed COVID-19 test disclosure). Effective communication with family members, including education and involvement in care decisions, was noted as important.
- **Coordination challenges between healthcare providers and families affected care** delivery, such as delays in medication administration or equipment setup, sometimes exacerbated by miscommunication or lack of clear instructions to families.
- **Some patients demonstrated noncompliance or declined recommended therapies at home**, which contributed to adverse events or hospital readmissions.
- **Family members often played a role in assisting patients during emergencies or falls**, highlighting the importance of caregiver involvement and training.

Overall, interpersonal factors involving patient behavior and family engagement are integral to the success and safety of home-based hospital care, influencing risk management, adherence to treatment, and satisfaction with care.

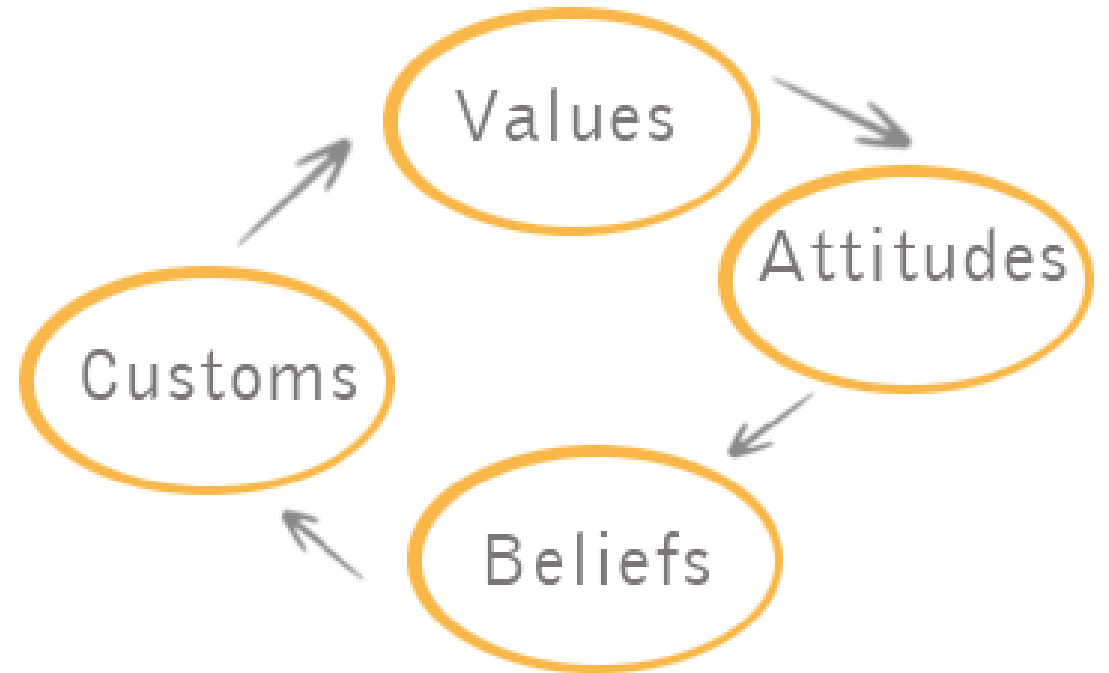
Appendix

Analysis Run: 05/22/2026

- **Final Dataset Contains 298 Events from 2013 - 2026**
- Data was pulled via keyword search ('hbhc', 'home based hospital', 'homebased hospital', 'home-based hospital', 'hospital at home') and PSO care setting (PG14 = PG-A312)
 - Keywords were chosen by seeing how Hospital at Home care was referred to in the PG-A312 event descriptions.
- Data set was cleaned and de-duplicated

Culture of Safety

- We are curious about **why** errors occur and where each of us feel a **personal commitment** to making our care safer.
- We are encouraged to be **open** about our errors and the system **vulnerabilities** we see.
- We feel comfortable speaking up, **without fear** of punishment.



Just Culture

To create, nourish, and support a **Culture of Safety** we must have structures and tools individuals within the organization can rely on. Using these structures and tools consistently will help us resist the classic shame and blame game and will foster an environment of continuous learning.

- **Just Culture is a framework for evaluating our systems and behaviors to identify and fix vulnerabilities.**
 - Sometimes the risk is in our **system**, sometimes it is in our **behaviors**, and often it is in **both**.
- **Just Culture guides us in how to respond to behaviors in a fair, just, and collaborative way.**
 - Just Culture is **not** about **finding fault**, it is about **managing risk**.



Equity Informed High Reliability Organization (EIHRO)

In an organization with a strong **Culture of Safety** and a clear commitment to operating within the **Just Culture** framework, the next question is how best do we do that? Mass General Brigham has elected to use the methodology, principles, and tools of **High Reliability**. In alignment with our population and mission we layer in equity to ensure inclusion and evaluation of wider systemic impacts to patients' health and safety.

- High Reliability is **consistently providing safe, high-quality and compassionate care** to *every* patient and family we serve.
 - **Proactive** identification and anticipation of risks and opportunities
 - Analyze through **equity** lens
 - Work to fix **system failures**

**Equity Informed High Reliability Means
Consistent Outcomes for All Patients**



EIHRO Concepts – Contributing Factors

System Contributors

- What is the current system in place?
- How effective is this system in managing the risk?
- How resilient is this system to every day human error, choices, or other system failures?
- What can we do to make it more reliable and resilient?

Human Performance Contributors

- Both system and personal (e.g., distraction, fatigue, implicit bias, knowledge, skills, ability)

Human Behavior Contributors

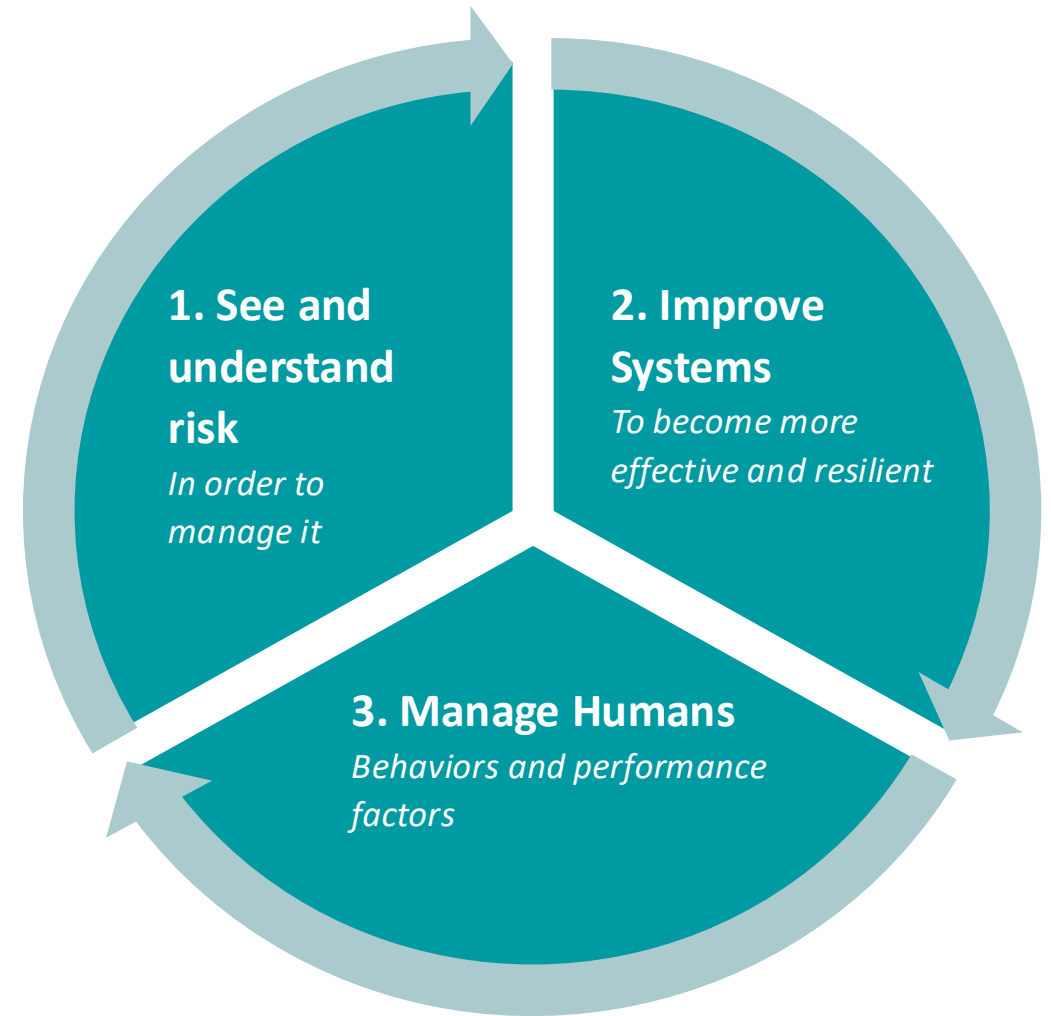
- Choices to not follow known rules, policies, procedures
- What competing priorities contributed to decisions?

Why is Equity Informed High Reliability relevant to Home Hospital?

Home Hospital is in its innovative phase of development with many firsts and unknowns.

Unlike most other MGB departments and service lines, Healthcare at Home has the privilege of providing care for patients within their private residences.

Equity Informed High Reliability will allow Home Hospital to conceptualize, build, and maintain a safe, high-quality model of care for all participants.



Patient Selection Guided by Admission Criteria and Safety Review

Home Hospital Admission Guidelines

Category	Criteria
Exclusion – Clinical	<ul style="list-style-type: none"> < 18 years old Cannot establish venous access, if venous access needed Inability to tolerate required PO therapies without an alternative route ESRD or acute renal failure that requires hemodialysis Acute coronary syndrome Acute cerebrovascular accident requiring active management Acute hemorrhage On methadone for SUD requiring daily pickup of medication <ul style="list-style-type: none"> Patients who may require an LOA to pick up methadone m

Diagnosis-Specific Exclusion Criteria Guide

Diagnosis	Exclusion Criteria
Respiratory	
COPD	<ul style="list-style-type: none"> BAP-65 score > 3 (BUN>25, altered mental status, HR>109, age>65) (<13% chance in-hospital mortality): exercise caution New or titrated Bi-level (routine nocturnal bilevel ok) O2 saturation < 88% despite 5L O2, if different than baseline
Asthma	<ul style="list-style-type: none"> Peak expiratory flow < 50% of normal: exercise caution
Pneumonia	<ul style="list-style-type: none"> Most recent CURB65 > 3: new confusion, BUN > 19mg/dL, respiratory rate>=30/min, systolic blood pressure<90mmHg, Age>=65 (<14% 30-day mortality) Most recent SMRTCO > 2: systolic blood pressure < 90mmHg (2pts), multilobar CXR involvement (1pt), respiratory rate >= 30/min, heart rate >= 125, new confusion, oxygen saturation <= 90% (<10% chance of intensive respiratory or vasopressor support) New or titrated Bi-level (routine nocturnal bilevel ok) Cavitary lesion on imaging (unless requirement for procedure is excluded) Pulmonary effusion of unknown etiology (unless thoracentesis available via roundtrip pathway at hospital or not w/in GOC) O2 saturation < 90% despite 5L O2

Home Hospital Screening

INCL/EXCL FEEDBACK

Home Hospital In...

HOME HOSPITAL SCREENING

Screening Status

Case Managem...

Safety Review

HOME HOSPITAL ENROLLMENT

Pre-Enrollment C...

Enrollment Chec...

HOME HOSPITAL DISCHARGE

Follow-up Provid...

HOME HOSPITAL OTHER CHECKLISTS

Emergency Prep...

SCREENING QUESTIONNAIRES

Frailty

Dementia

Health Literacy

Everybody's home is different. We feel lucky to care for people in a variety of homes. When we care for you at home we want to make sure it will be a good place for healing and safe for our team. Is there anything that makes you feel unsafe in your home

No taken today

Yes No

Do you feel safe in your relationships at home?

Yes taken today

Yes No

Is there anything about your home environment that would affect our staff's safety?

No taken today

Yes No

Are there illicit drugs in the home?

No taken today

Yes No

Are there firearms in the home?

No taken today

Yes No



Q&A

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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

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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...

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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](#)
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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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