Keeping Patients Home: Implementing a Standardized In-Home Blood Transfusion Workflow in Hospital at Home

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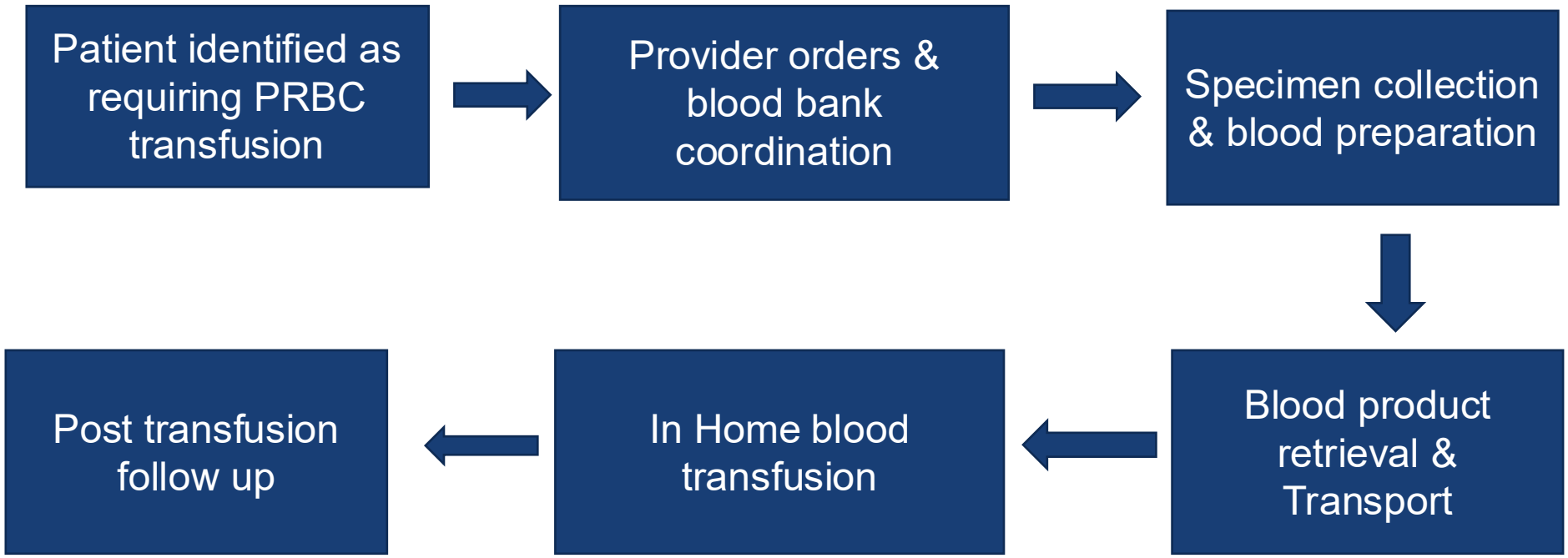
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Background

- Complex patients
- Blood transfusions requiring transfer back to the brick and mortar (B&M) hospital
- Patient experience
- Collaboration with blood bank team



Workflow


Patient identified as requiring PRBC transfusion
Provider orders & blood bank coordination
Specimen collection & blood preparation
Blood product retrieval & Transport
In Home blood transfusion
Post transfusion follow up

Results

Year	HaH Occurrences Requiring PRBC Transfusion	Managed with Transfusion in Home	Required Return to B&M Hospital
2024	3	0	3
2025	9	0	9
2026	5	4	1

Outcomes

- 100% of HaH patients requiring PRBC transfusion were successfully transfused at home after workflow implementation
- 0 transfusion reactions
- 0 hospital returns due to inability to perform home transfusion
- 4 hospital transfers avoided in the first two months of transfusion workflow implementation

Operational Impact

- Patient experience - Eliminated unnecessary hospital transfers for eligible patients requiring transfusion
- Preserved continuity of HaH care
- Avoided non-emergent BLS ambulance transportation for eligible transfusion patients
- Reduced utilization of B&M beds and hospital resources
- Expanded the clinical capabilities of the HaH program
- Created a standardized workflow that can be replicated by other HaH programs

Conclusion

In-home PRBC transfusions can be delivered safely and effectively within a Hospital at Home program, eliminating the need for hospital return while expanding the scope of acute care delivered at home



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Questions



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