Beyond the Illness: Uncovering Invisible Environmental and Clinical Barriers Through Hospital-at-Home Nursing Surveillance

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BACKGROUND

Traditional inpatient care focuses on treating acute illness but often cannot identify the environmental and clinical barriers. Hospital at Home (HaH) goes beyond the illness and uncovers environmental and clinical barriers that are often overlooked due to the patient being out of their home environment.

METHODS

Conducted a retrospective qualitative review of patient cases with the HaH program to identify nonclinical environment triggers for hospitalization.

Fall Risk Mitigation

Case: 86 year old female who presented to HaH with dysuria and pelvic pain after multiple falls.
Identification: Unsafe flooring conditions noted due to loose and damaged tiles.
Interventions: Advocated for environmental repair of the tiles.
Outcome: Reduced fall risk by addressing the broken tiles.

Medication Error Detection

Case: 79 year old male transferred to HaH following hospitalization for hyperglcemia and left trans metatarsal amputation.
Identification: Nurse discovered the patient was taking discontinued blister packs containing medication from previous admissions.
Intervention: The interdisciplinary team collaborated with the patient and his outpatient physicians to complete a comprehensive medication reconciliation.
Outcome: This helped address the fluctuations in his blood pressure, blood sugars, and electrolytes and allowed the patient to safely continue recovery at home.

Environmental Hazard Identification

Case: 74 year old male transferred to HaH following hospitalization for hypernatremia, dehydration
Identification: Upon nursing visit it was identified that the cause of the imbalance of pt electrolytes was not organic but environmental. Pt apartment was stifling hot. The window did not open and the air conditioning did not work.
Intervention: The HAH team worked with building management to fix the HVAC.
Outcome: The patient HVAC system was fixed, pt window was also able to be opened. Pt electrolytes were able to stabilize.

Conclusion

These cases demonstrate that acute hospitalizations are frequently triggered by modifiable, non clinical environmental factors. Without the unique, in home insights provided by the HaH team, these critical barriers such as expired medication blister packs, structural fall hazards, and broken HVAC systems would have gone undetected. This oversight would have likely resulted in immediate readmissions and sever clinical deterioration.