

Hospital at Home: Putting the “Patient” Back in Patient Care



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March 20, 2024



Thank you to Katy Mukai and Island Health Decision Support for their contributions

Land Acknowledgement



Outline

- The “Why”
- Clinical Progress
- HaH and Pharmacy
- Patient Oriented Research
- Celebrations
- Future of HaH



What Is HaH?

- Internationally-recognized model
- Acute care in the home
- Short-term
- Voluntary



WORLD
HOSPITAL
AT HOME
CONGRESS



Why HaH?



“Hallway medicine” is a common occurrence, leading to staff burnout and poor clinical outcomes.

Overcapacity in hospitals is a daily experience in British Columbia.

Why HaH?

- Additional acute care capacity
- Proven to be safe
- Patient and caregiver preference
- Cost equivalence



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Trusted evidence.
Informed decisions.
Better health.

Provincial Mandate

The Minister of Health's Mandate Letter



November 26, 2020

Honourable Adrian Dix
Minister of Health
Parliament Buildings
Victoria, British Columbia V8V 1X4

Dear Minister Dix:



tele-health, and providing a new Hospital at Home program so patients can get safe care while in the comfort of their homes.

COVID-19 has turned the lives of British Columbians upside down. None of us expected to face the challenges of the past number of months, yet British Columbians have demonstrated incredible resilience, time and time again. We will get through the pandemic and its aftereffects by building on this resilience and focusing on what matters most to people.



island health

HOSPITAL AT HOME

Thank you to Rounak Haddadi for her contributions



Clinical Progress



Clinical Progress

- Opened two HaH units
 - Victoria General Hospital: November 2020
 - Royal Jubilee Hospital: March 2021
- **Over 2200 patients**
- Return-to-hospital rate within target (6-8%)
- Outstanding patient & caregiver feedback



The Island Health HaH Team

- Hospitalist Physicians
- Clinical Nurse Leaders
- Registered Nurses
- Clinical Pharmacists
- Clinical Nurse Educator
- Occupational Therapist
- Registered Dietician
- Nursing Unit Assistant



HaH and Pharmacy

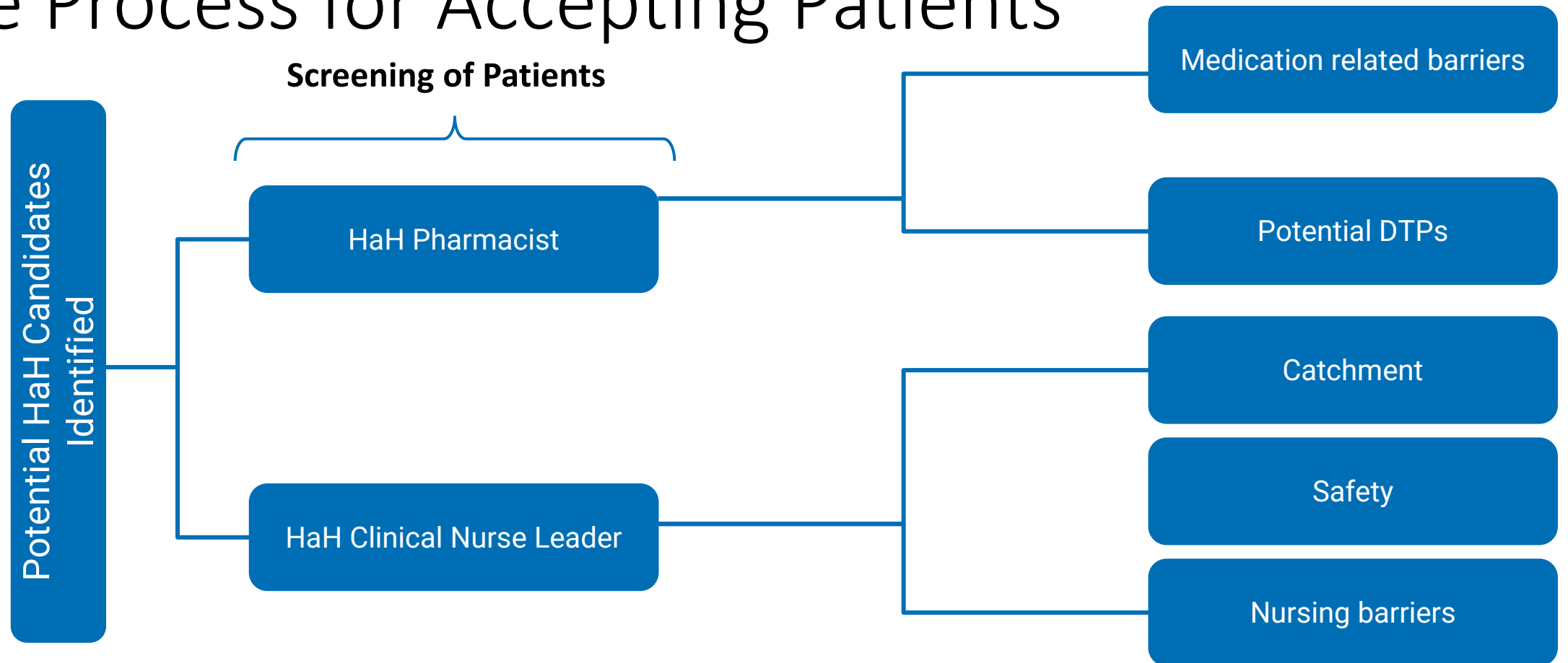


Clinical Workflow

- Many similarities with inpatient clinical pharmacy practice, but a few distinct differences:
 - HaH patients assume a greater responsibility for their care – establishing goals of therapy and provision of education is even more important
 - HaH has different communication needs – clinical pharmacist must be able to adapt their communication style and method
 - 7 days/week clinical pharmacy services provided
- Physicians relying on pharmacist input to streamline medication regimens

Clinical Workflow

The Process for Accepting Patients



Clinical Workflow

The Process for Accepted Patients

HaH Hospitalist

Documents
initial consult
on eChart

Prepares and/or reviews
Admission/Transfer Med Rec

Pharmacy Technicians

Type the orders

Prepare the medications



HaH Pharmacist

Documents
significant med-
related problems,
med changes and
DTP resolutions on
eChart

Prepares and/or reviews
Admission/Transfer Med Rec

HaH Pharmacist

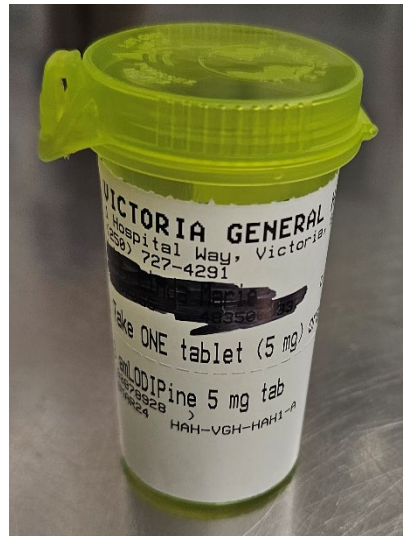
Verify the orders

Print the MARs

Distribution

- **Oral medications**

- Similar to community pharmacy – oral tablets are removed from unit dose packaging and dispensed in child-resistant vials with medication label

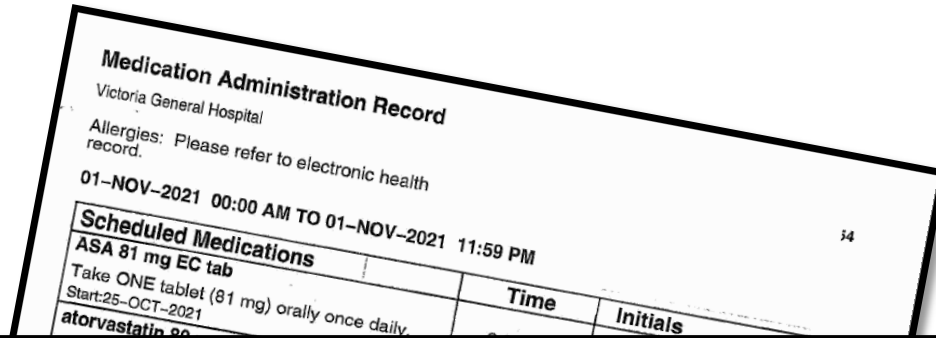


- **Parenteral medications**

- Need to establish WHO is administering
 - Nurse – dispensing follows traditional inpatient procedures (i.e. abx vial dispensed for nursing to reconstitute and administer)
 - Patient/caregiver – elastomeric balls vs pharmacy prepared syringes vs patient to self-draw from vial



Patient Friendly cMAR

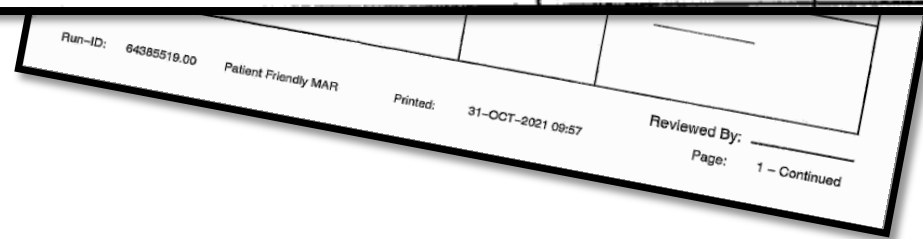


Medication Administration Record
Victoria General Hospital 54

Allergies: Please refer to electronic health record.

01-NOV-2021 00:00 AM TO 01-NOV-2021 11:59 PM

Scheduled Medications	Time	Initials
ASA 81 mg EC tab Take ONE tablet (81 mg) orally once daily. Start:25-OCT-2021	8:00 AM	_____
atorvastatin 80 mg tab Take ONE tablet (80 mg) orally at bedtime. Start:24-OCT-2021	9:00 PM	_____



Technology

- Remote Patient Monitoring
- BC Virtual Visit
- Virtual Call Bell
- Vehicles / GPS
- Smartphones
- Secure messaging
- UVC sanitization
- Elastomeric Balls
- Bladder Scanner



Once Patient in HaH Program

- Structured team report daily with hospitalist, CNL, nurses, OT
 - qWednesdays – palliative care rounds with palliative physician virtually
- Daily clinical assessment similar to inpatient wards for monitoring and identification of DTPs
- Medication counselling on new medication starts
- On discharge:
 - Prepare or review discharge medication reconciliation (i.e. discharge script)
 - Prepare medication calendar if necessary
 - Counsel patient
 - Document discharge consult if specific medication follow-ups required

Current Challenges

- Patient is not in hospital
 - Communication with patients
 - Reliance on nursing for monitoring of patients
 - Require POC testing/equipment
- Home visits
- Medication distribution for patients not using medication vials prior to admission
- Increased number of PSLs due to medications not taken properly
- NAPRA guidelines and sterile product workload limit being able to take patients on SC medications at greater than daily-BID frequency
- Increased workload for dispensary
- Timely discharges – patient's like HaH too much

Patient Oriented Research



Patient Oriented Research

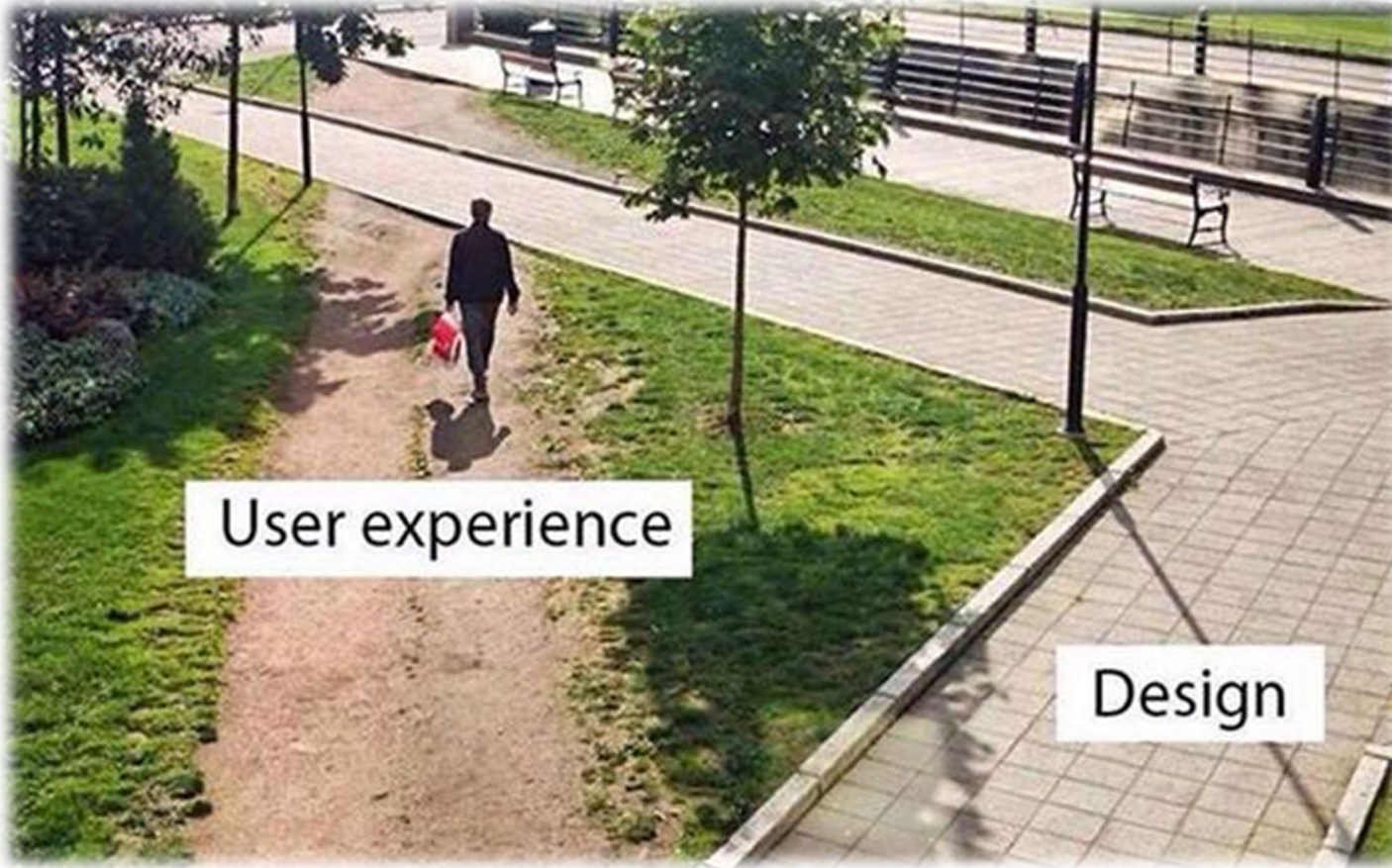
Traditionally, patients have mostly been the subjects of health research, or “study participants” but ...

...POR is done differently!

- ☑ is done in partnership with patients (as part of the research team!);
- ☑ answers research questions that matter to patients;
- ☑ measures outcomes that matter most to patients (like quality of life)



Why Engage Patients?



PATIENT-ORIENTED RESEARCH:

- Engages **PATIENTS AS PARTNERS**
- Focuses on **PATIENT-IDENTIFIED PRIORITIES** to improve **PATIENT-CENTRED OUTCOMES**
- Is conducted by multidisciplinary teams in partnership with **RELEVANT STAKEHOLDERS**
- Aims to apply **KNOWLEDGE GENERATED** to improve healthcare systems & practice

Public / Stakeholder Engagement on HaH



Patient



Caregiver



Clinician



Administrator

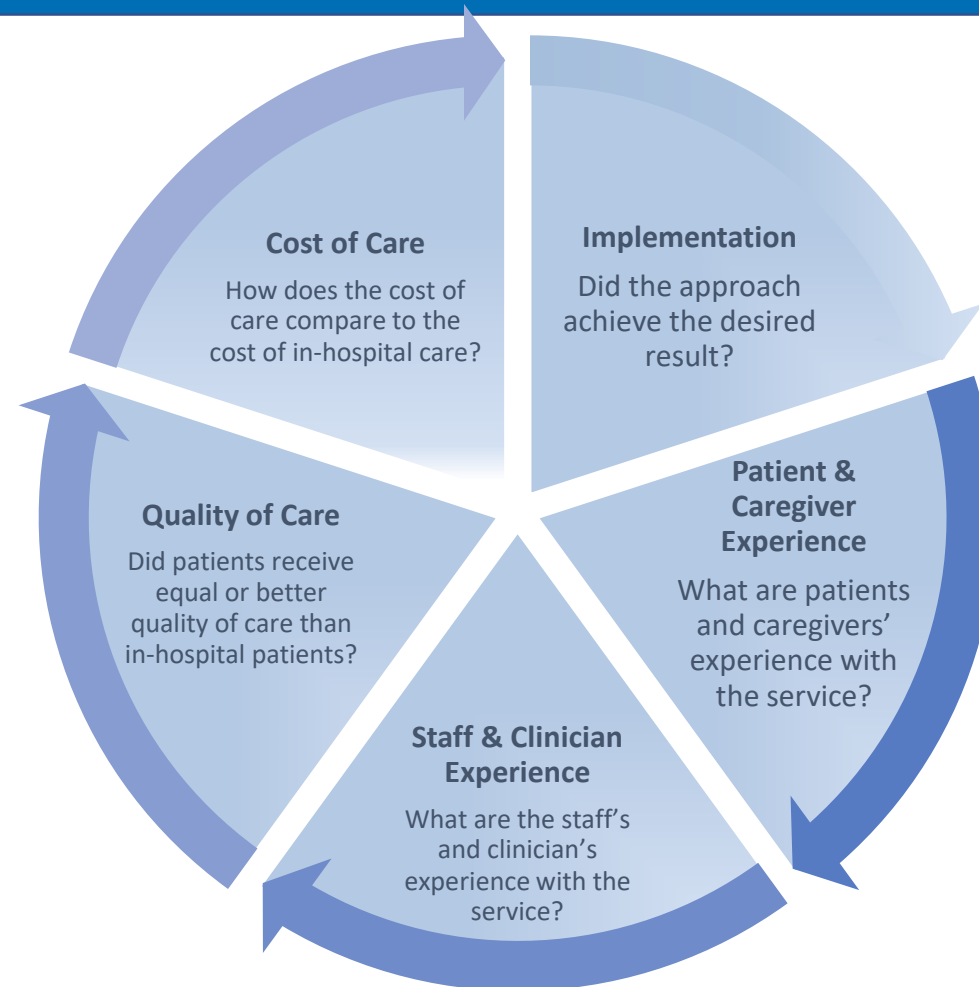


AT-HOME POR Program of Research

What	Experience (AT-HOME/ Decision Support)	INvestigation of the impact of a Pharmacist in a Hospital At Home Care Team (IN PHACT) (AT-HOME)	Technology (AT-HOME / HaH)
	Clinical Outcomes Evaluation (AT-HOME /Decision Support / HaH)	Human Health Resourcing (Finance / HaH)	Synergy of DS/Research
Who	Pharmacists / Physicians	Patients	Contractors / Students
	Island Health Operations / Decision Support	Research Department / BC SUPPORT Unit	UVic

Alternatives to Traditional Hospital Care Offered in Monitored Environments (AT-HOME) - Investigators

Evaluation Framework



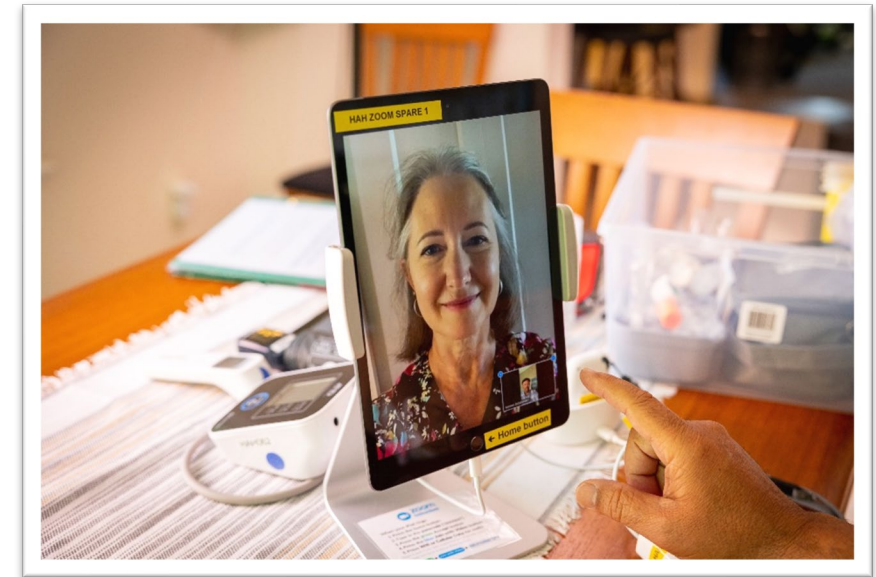
Thank you to Katy Mukai and Island Health Decision Support for their contributions

HaH Patient and Caregiver Survey Results

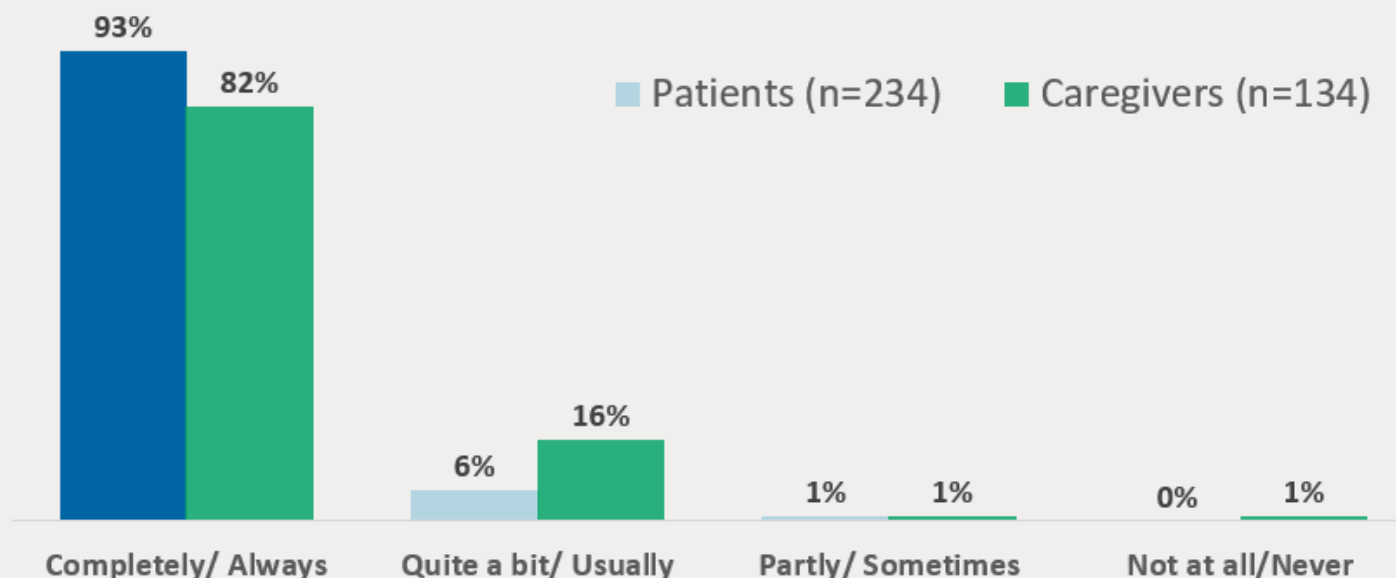
100%
of patients would
recommend HaH

97% of patients said they would choose HaH again, and **93%** felt completely safe.

98% of caregivers would recommend HaH, would do it again, and felt confident as a caregiver.



HaH Patient and Caregiver Survey Results



How safe did you feel while receiving care through the HaH Program? To what extent did you feel that your family member/friend was receiving safe care as a HaH patient?

HaH Staff Experience

Would recommend HaH to friends and family
(always/probably)

100%

Their team provides top quality care (always/usually)

100%

Job satisfaction
(satisfied/very satisfied)

92%

HaH as a place to work
(excellent/very good)

92%

HaH Clinical Outcomes

Similar or better- local data under peer review

Celebrations



Media

As pandemic persists, B.C. rolls out Hospital At Home program

Victoria General Hospital is launching a new program aimed at reducing the transmission in hospitals – and freeing up beds in the event of a surge in COVID-19 cases – by moving people home who are in hospital for

Cindy E. Harnett

TIMES  COLONIST

NEWS OPINION LIFE & ARTS SPORTS FEATURES CLASSIFIEDS OBITUAR

Home > Local News

Creating hospital beds 'out of thin air': Hospital at Home program launches in Victoria

TIMES  COLONIST

NEWS OPINION LIFE & ARTS SPORTS FEATURES CLASSIFIEDS OBITUAR

Much praise for Hospital At Home

On Feb. 23, my husband Gordon suffered a heart attack and was transferred to Victoria's Royal Jubilee Hospital, where he was also diagnosed with a gallbladder infection.

2022 CCHL Excellence In Patient Experience Award



CANADIAN Healthcare Technology

CANADA'S MAGAZINE FOR MANAGERS AND USERS OF INFORMATION SYSTEMS IN HEALTHCARE | VOL. 24 NO. 6 | JUNE/JULY 2021

INSIDE:

DIAGNOSTIC IMAGING
PAGE 23

SMARTER patient monitoring
technologies is improving a new, decentralized system that enables in-home, analysis and improve patient care through to healthcare facilities.

Clinician communications
A mobile alerting and communication system at the Mountain View Hospital, together by Connect, is enhancing collaboration and teamwork among clinicians.

Smart beds for health
The smart beds of Exton, in Richmond, BC, is leading the way in the creation of beds for medical offices. The beds can automate medical coding, alerts, and the sharing of information, improving efficiency and reducing clinician burnout.



British Columbia has become a Canadian leader with its Hospital at Home project, one of the first in Canada to treat a wide range of acute-care patients in the comfort of their own homes. There are many advantages, such as making pressure on traditional hospital facilities. Pictured are Dr. Sharna Tierney, Medical Lead and Dr. Sean Spina, Research Lead and Evaluation Co-Lead. [SEE STORY BELOW](#)

BC project manages acute-care patients in their own homes

BY JERRY ZEIDENBERG

VICTORIA, BC – British Columbia has rolled out its Hospital at Home pilot in three different communities – two at Island Health and one with Northern Health. The project is already demonstrating that acute-care patients can often be managed as effectively in their own homes as in hospitals.

The project was announced last fall by the BC government with an investment of \$42 million. The plan is to test the concept to see if it can be expanded throughout the province as a way of reducing pressure on "brick and mortar" hospital facilities.

Under the Hospital at Home program, patients with a variety of ailments such as pneumonia, heart failure, and COVID are managed at home with daily visits from a nurse, physician, and/or clinical pharmacist. They're also equipped with instruments for taking vital signs and medical equipment for treating their illnesses; the equipment includes oxygen and IV-pump-delivered and infusion-driven medication systems.

Participation in the program is voluntary, and patients are only enrolled if they want to try it. Patients are checked into a particular hospital – the Victoria General or Royal Jubilee, both of which are on Vancouver Island, or the University Hospital of Northern

The program is open to all acute care patients who can be safely cared for in their own dwellings.

British Columbia, in Prince George. They are cared for, however, in their own homes.

Some full-time clinicians at the Victoria General Hospital and the Royal Jubilee Hospital, each of which has nine "virtual beds," have together cared for over 175 patients.

Each of the nine-bed units is staffed by one physician, three nurses and a clinical pharmacist during the day. Both a nurse and a physician are scheduled to be available to patients at any time of the day or night.

"We're not limited to a certain patient population or disease state," said Dr. Sean Spina, the research leader of the project. "We're open to all patients who can be safely cared for in their homes."

Dr. Spina, PharmD, is also the Coordinator of Clinical Pharmacy Services at Royal Jubilee Hospital.

Quite remarkably, and to its credit, the BC Hospital at Home pilot has already achieved a 100 percent approval rating from patients who have received treatment at home through the program.

"100 percent of the patients we've interviewed have told us that if the opportunity to go through the program came up again, they would do it," said Dr. Spina. "They loved the independence of being at home and in their own beds. They also benefited from the help and presence of their loved ones, something

CHRONICLE ON PAGE 7



Did You Know?

The Victoria Hospitals Foundation (VHF) supports important medical research that helps keep the Vancouver Island community healthy. With the support of its donors, the Foundation funds 40% of the equipment in Victoria General, Royal Jubilee and Gorge Road hospitals. In addition, it funds research and education projects focused on advancing healthcare.

Recently, VHF has funded research to help uncover hidden cases of COVID-19, create a clinical biobank at Victoria General Hospital, and support advancements in cognitive health care.

"We're inspired by the innovative work of our research and care teams, and the commitment from our donors to support vital research," says Avery Brohman, Executive Director of the Foundation. [Learn more](#) about the research projects supported by Victoria Hospitals Foundation.



Dr. Sean Spina
The Researcher Next Door

Dr. Spina is Coordinator of Clinical Pharmacy Services at Royal Jubilee Hospital, and focuses his research on evaluating the impact of

integrating health technologies into clinical practice. He's a Clinical Associate Professor at the University of British Columbia, and an Adjunct Assistant Professor in Health Information Sciences at the University of Victoria. [View](#) his research profile and recent publications.

Articles

Healthcare IT News

Global Edition HIMSS22

Hospital-at-home program helps Island Health boost patient satisfaction

A full 100% of patients and family caregivers said they recommend the remote-monitoring experience to family and friends, says a leader from the health system, who will explain more at HIMSS22.

By [Bill Siwicki](#) | March 07, 2022 | 02:19 PM



Sean P. Spina, PharmD, director of special projects at the Vancouver Island Health Authority

Hospital care in the comfort of your own home

CANADIAN SOCIETY OF HOSPITAL PHARMACISTS

By Dr. Sean P Spina & Dr. Curtis K Harder

The Hospital at Home model of care is putting a new spin on the old adage "there's no place like home." Research shows that the best place for many patients to receive care is at home. Hospital at Home (HtH) is an innovative model of care that uses a suite of health technologies to provide safe, effective hospital-level care and services to people in their own home.

Through a combination of in-person and virtual visits, patients are "admitted" to the hospital, and remain under the care of a hospital physician, nurse, dietitian, clinical pharmacist and other healthcare providers. Island Health has implemented a one-program, two-site approach at the Victoria General Hospital and Royal Jubilee Hospital in Victoria, BC. While similar programs have been implemented successfully in other countries, it's a novel concept in Canada. This is also the first program with dedicated hospital clinical pharmacists embedded in the care team.

The HtH model leverages the specific benefits pharmacists provide in



THROUGH A COMBINATION OF IN-PERSON AND VIRTUAL VISITS, PATIENTS ARE "ADMITTED" TO THE HOSPITAL AND REMAIN UNDER THE CARE OF A HOSPITAL PHYSICIAN, NURSE, DIETITIAN, CLINICAL PHARMACIST, AND OTHER HEALTHCARE PROVIDERS.

decision makers, and clinical staff. We engaged patients and family caregivers as partners in the development of both the program and the evaluation framework, and we implemented a broad public engagement strategy consisting of a public survey and key informant interviews to hear from people across the health service spectrum that would be impacted by Hospital at Home.

As a direct result of feedback from these partners, we implemented a virtual call bell, enabling patients to reach a member of their care team remotely at any time, at the push of a button. We also implemented a comprehensive communication platform to ensure that patients and family caregivers are easily able to contact their care team for support. Even small changes, such as increasing the front-line on medication sheets and satisfying hands in front of patients, are improving the experience of patients and family caregivers in the program. We have also been able to develop an evaluation framework grounded in patient and family caregiver priorities; we're measuring and reporting

Island Health Expands Its Remote Patient Monitoring Strategy

Canada's Island Health system has launched a remote patient monitoring platform that seeks to include any patient who can be monitored at home, rather than focusing on a specific population.



Source: Getty Images

By [Eric Wicklund](#)



October 19, 2021 - Because the remote patient monitoring landscape is so new and innovative, healthcare providers are approaching the space with a wide range of strategies. On Canada's Pacific coast, one health system has launched a program that aims to include as many patients as possible.

Publications

Hospital at home: The role for clinical pharmacy in an innovative acute care model in British Columbia

Morgan E. Patrick, MSc, PharmD¹; Curtis K. Harder, BSc(Pharm), ACPR, PharmD, FCSHP; Sean P. Spina, BSc(Pharm), ACPR, PharmD, FCSHP

RESEARCH IN PROGRESS ■ PEER-REVIEWED

Introduction

In November 2020, Island Health, with the support of the BC Ministry of Health, introduced Hospital at Home (HaH), an innovative model of acute care that provides hospital-level treatment and services to patients in their own homes. The combination of in-person and virtual supports allows patients to receive safe and effective care from acute care health care providers. Despite being at home, patients are "admitted" to hospital and remain under the care of a hospital-based team.

The pharmacy department was identified as a major stakeholder at idea inception, given the target patient population and the requirement for medication therapy. Distribution of medications to patients in their homes brought with it obvious challenges. However, given the acuity of the patients anticipated to receive care through this model, questions quickly arose about how the delivery of clinical pharmacy services to hospital inpatients rely on could be included in the HaH model. Planning for inclusion of a clinical pharmacist on the HaH team required a review of clinical pharmacy activities that could be undertaken in a hybrid in-person/virtual model.

The objective of this article is to elaborate on the role of the HaH clinical pharmacist and outline how the program and the current supporting evidence will be provided.

Supporting evidence for HaH programs

HaH has been successfully implemented in Australia, England, Scotland, Spain and France. Many studies, including 4 Cochrane reviews, indicate that HaH provides patients similar or better care than traditional brick-and-mortar hospitals.¹⁻⁴

This patient-centred approach has shorter lengths of stay, lower rates of hospital readmissions,⁴ shorter patient and caregiver satisfaction, living within 1 year⁵ and fewer patients with dementia.² In 2020, a review of 29 English-language articles found economic benefits for patients with chronic disease and heart failure and cost-effective model that will allow patients to receive care in their own homes.

Stakeholder-reported experiences and cost-effective model that will allow patients to receive care in their own homes. Stakeholder-reported experiences have also been studied. In 2019, a randomized controlled trial⁶ compared a patient-centred approach to care with a traditional hospital-based approach. The study population included a range of stakeholders, including patients, nurses and doctors. Specialist nurses and doctors were developed and refined using patient feedback and coded by 3 independent reviewers. The authors outline positive aspects of home care, including: maintain sleep and nutrition; perception of its by friends and family; confidence in safety, reassurance and privacy for clinical assessments; barriers include fear of being alone and not wanting visitors to enter the home.



MORGAN PATRICK

Implementation of the pharmacist role in Hospital at Home (HaH) was largely based on re-creating the services provided to hospital inpatients; however, we understood that there may be important differences in the clinical services that pharmacists needed to provide in order to optimize care in HaH that may be overlooked without formal investigation.

La mise en œuvre du rôle de pharmacien dans le cadre de l'hospitalisation à domicile (HAD) a été largement basée en recréant les services fournis aux patients hospitalisés; nous avons compris, cependant, qu'il pouvait y avoir des différences importantes dans les services cliniques que les pharmaciens devaient fournir pour optimiser les soins dans le cadre de l'HAD, des différences qui pourraient être négligées en l'absence d'une enquête formelle.

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324

Investigation of the impact of a Pharmacist in a Hospital At Home Care Team (IN PHACT)

Morgan E. Patrick, MSc, PharmD, ACPR¹; Curtis K. Harder, BSc(Pharm), ACPR, PharmD, FCSHP; Sean P. Spina, BSc(Pharm), ACPR, PharmD, FCSHP

ORIGINAL RESEARCH ■ PEER-REVIEWED

ABSTRACT

Background: In November 2020, Island Health, with the support of the British Columbia Ministry of Health, introduced the Hospital at Home (HaH) care model at Victoria General Hospital in (HaH) Victoria, British Columbia. Given the acuity of this model, questions arose regarding how the delivery of clinical pharmacy services on which inpatients rely on could be included. With limited supporting evidence for the inclusion of a clinical pharmacist, Island Health launched the HaH program with 2 clinical pharmacists who provide services 7 days a week during daytime hours. The aim of this study was to assess the impact of the HaH pharmacist on patient care, from the perspective of the pharmacists serving in this role, patients, caregivers and program stakeholders.

Conclusion: This study provides support for the integration of a dedicated clinical pharmacist into the HaH program.

Methods: This prospective, observational study was conducted from 2021 to March 2022. Data collection included documenting daily activities and resolving drug therapy problems and caregivers completing a 4-question survey and program staff completing a 9-question online optional 7-question interview.

Results and interpretation: The most significant roles of the pharmacist in the HaH program were in identifying indications for and making recommendations where there is an absence of evidence between patient, caregiver and program stakeholders.

Introduction

Hospital at Home (HaH) is an innovative model of acute care that was incorporated into Island Health in Victoria, British Columbia, in November 2020. The combination of in-person and virtual supports allows patients to receive safe and effective care from acute care health care providers. Despite being at home, patients who live within a defined catchment radius are "admitted" to the hospital as an additional member of the general hospital (GH) team. The clinical pharmacist role in the HaH program is to provide clinical pharmacy services to patients in their homes.

CPJ/RPC • NOVEMBER 2023

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Research

Patients' and family caregivers' experiences with hospital at home program in British Columbia

Sean P. Spina, BSc(Pharm), ACPR, PharmD, FCSHP, Island Health; Rounak Haddadi, BSc, BHS, PG Dip Sc, Island Health; Kary Mukai, BA, MPA, BSc, Island Health; Michelle Riddle, Island Health; Beth Bourke, BScN, RN, Patient Partner; Lisa Thompson, BSc, Patient Partner; Elizabeth Borycki, RN, PhD, FACMI, FCAHS, FIAHSI, University of Victoria; David Forbes, BSc(Pharm), MPA, ACPR, BCPS, CTE, Island Health; Taylor Hanstock, BHS, MA, ACPR, BCPS, CTE, Island Health; Curtis K. Harder, BSc(Pharm), ACPR, PharmD, FCSHP, Island Health; Nancy Humber, BSc, MD, CCFP, CFPC, MHA, FFRMS, Hospital at Home; Andre Kushniruk, PhD, FACMI, FCAHS, FIAHSI, University of Victoria; Tara McMullan, BSc, Island Health; Shauna Tierney, MD, CCFP, Hospitalist; Melinda Zeron Mullins, MD, PhD, CCFP, Hospitalist

Abstract

The Hospital at Home (HaH) model of care, which enables the provision of care starting with 9 inpatient "beds" in the community. The AT-HOME research process and timelines (three phases), and present preliminary findings of the patient and FCG feedback data. In this paper, we discuss the development of an overall positive experience with the program (rated 6-10 on a 10-point scale) and 97% of these patients and 96% of these FCGs would choose the program and 97% of these patients and 96% of these FCGs would choose the program and discharge processes, FCG's roles, medication management, and more. The HaH program has been positively received by patients and FCGs thus far.

Keywords

Hospital at Home, patient, family caregiver, experience surveys

Introduction

Background: Hospital at Home (HaH) refers to an innovative care model that has been in practice for over 25 years in several countries around the world. The HaH model provides acute level care in the patient's own home and is distinct from community health care services in that it provides a level of care that would traditionally require a hospital admission. Initially, it was conceived to alleviate pressures on health care resources.

on health care resources, however, patient-centred care, patient engagement, COVID-19 and patient safety.

The HaH program is a patient-centred approach to care that provides acute level care in the patient's own home and is distinct from community health care services in that it provides a level of care that would traditionally require a hospital admission. Initially, it was conceived to alleviate pressures on health care resources.

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Case Study

Engaging patients and families in developing, implementing, and evaluating hospital at home: A Canadian case study

Sean P. Spina, BSc(Pharm), ACPR, PharmD, FCSHP, Island Health, UBC Faculty of Pharmaceutical Sciences, School of Health Information Science, University of Victoria; Sean Spina@islandhealth.ca; Taylor Hanstock, BHS, MA, BC SUPPORT Unit Vancouver Island Centre, Island Health; Beth Bourke, BScN, RN, Patient Partner; Lisa Thompson, BSc, Patient Partner; Elizabeth Borycki, RN, PhD, FACMI, FCAHS, FIAHSI, School of Health Information Science, University of Victoria; Jennifer Cartwright, BC SUPPORT Unit Vancouver Island Centre, Island Health; David Forbes, BSc(Pharm), MPA, ACPR, BCPS, CTE, Island Health; Curtis K. Harder, BSc(Pharm), ACPR, PharmD, FCSHP, Island Health; Andre Kushniruk, PhD, FACMI, FCAHS, FIAHSI, School of Health Information Science, University of Victoria; Tara McMullan, BSc, BC SUPPORT Unit Vancouver Island Centre, Island Health; Stephanie Meze, BSc, BSP, ACPR, Hospitalist; Kary Mukai, BA, MPA, Island Health; Michelle Riddle, Island Health; Shauna Tierney, MD, CCFP, Hospitalist; Melinda Zeron Mullins, MD, PhD, CCFP, Hospitalist

Abstract

The Hospital at Home (HaH) care model is naturally patient-centred, with improved patient and family experiences. Existing literature focuses largely on the health care and patient care outcomes of HaH, however, to date, none of the identified literature has reported on engaging patients and families in the development, implementation, or evaluation of the HaH model of care. A multi-stakeholder, patient- and family-centred research team in Victoria, British Columbia, Canada engaged patients and family caregivers (FCGs) across all components of the HaH program. Guided by best practices in patient and public engagement, the team collaborated to 1) explore the potential impact of in-home acute care on PFCs' experiences; 2) identify health, social, and practice outcomes that matter to PFCs; 3) examine the social and environmental factors which may impact delivery of HaH; and 4) inform the HaH evaluation framework that includes patient and caregiver engagement. A public, online survey (n=543 PFC respondents) revealed both program-specific and evaluation-specific outcomes. These included a focus on patients achieving their own health goals and standard health outcomes, as well as implementation ensured the end program accurately reflected the priorities, concerns, and values of those that HaH is meant to serve.

Keywords

Patient and public engagement, hospital at home, patient-oriented research

Introduction

Hospital at Home (HaH) is an innovative care model that enables hospital-level care to be provided to patients in the comfort of their own home. Through in-person and virtual visits, patients can receive safe, effective care from health care providers experienced in hospital medicine.

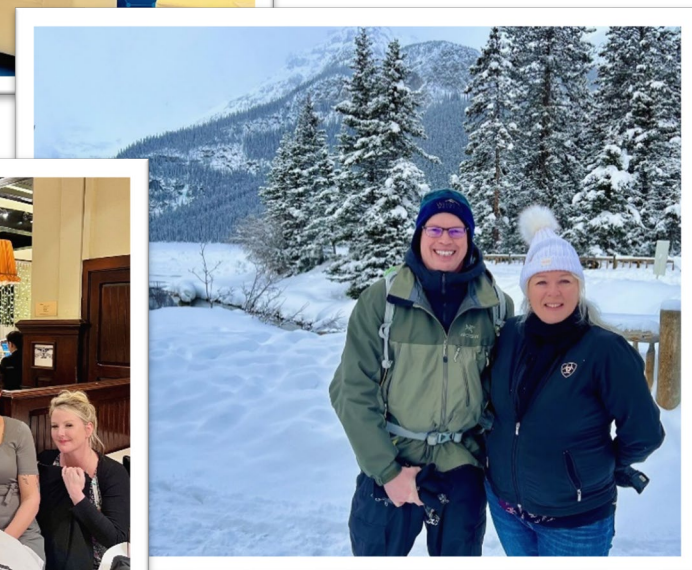
HaH is an established model in many regions of the world, including the United Kingdom (UK), Europe, Australia, and New Zealand. Studies have demonstrated high levels of patient satisfaction,

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93

217

Expansion Globally



Lessons Learned

- Collaboration is essential
- Willing to take a change
- Data is essential
- Don't say "no" ...say "how"
- Give yourself permission to make a mistake
- HaH supplements current delivery of care
- Not every patient is appropriate for HaH
- Medication distribution is complicated

Future of HaH

- Expansion across BC and Canada
 - Create a National HaH “Society”
- Integration of technology
 - Automated Medication Dispenser
 - Wearables
 - Drones
- Socialize the practice model with regulatory bodies



Thank you



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