



**Providence
Health Care**

How you want to be treated.



island health



Interior Health

Hospital at Home: Team-Based Acute Care Beyond the Hospital

PHARMACY APPRECIATION MONTH
MARCH 2026

Brittney Mathers - Clinical Pharmacist, PHC Hospital at Home

Pansy Shiu - Pharmacy Technician, PHC Hospital at Home Program

Jeff Tian Seng - Patient Care Coordinator, Interior Health Hospital at Home

Dr. Sean Spina - Regional Clinical Pharmacy Manager, Island Health

Territorial Acknowledgment

We would like to acknowledge that we are presenting from locations across what is now known as British Columbia, on the traditional, ancestral, and unceded territories of many First Nations, Inuit, and Métis Peoples. We are grateful for the opportunity to live, work, and learn on these lands and recognize the enduring relationships that Indigenous Peoples have with them.

Declarations

Brittney Mathers – None

Pansy Shiu – None

Jeff Tian Seng – None

Sean Spina – None

Panelists have received a Speaker's Fee from CSHP

Learning Objectives

1. Describe the Core Elements of the Hospital at Home (HaH) Model
2. Describe the Role of the Pharmacy Team in HaH programs
3. Discuss Medication Challenges Unique to HaH
4. Explain the Critical Role of the Interdisciplinary Care Team in HaH Delivery
5. Demonstrate How Patient-Oriented Research Strengthens Hospital at Home Program Design and Evaluation
6. Outline how Embedding Patient Perspectives and Interdisciplinary Collaboration Can Accelerate Adoption of Hospital at Home Models Across Canada

Hospital at Home Overview

- Internationally-recognized model
- Acute care in the home
- Short-term
- Voluntary
- Provide More patient- centered approach

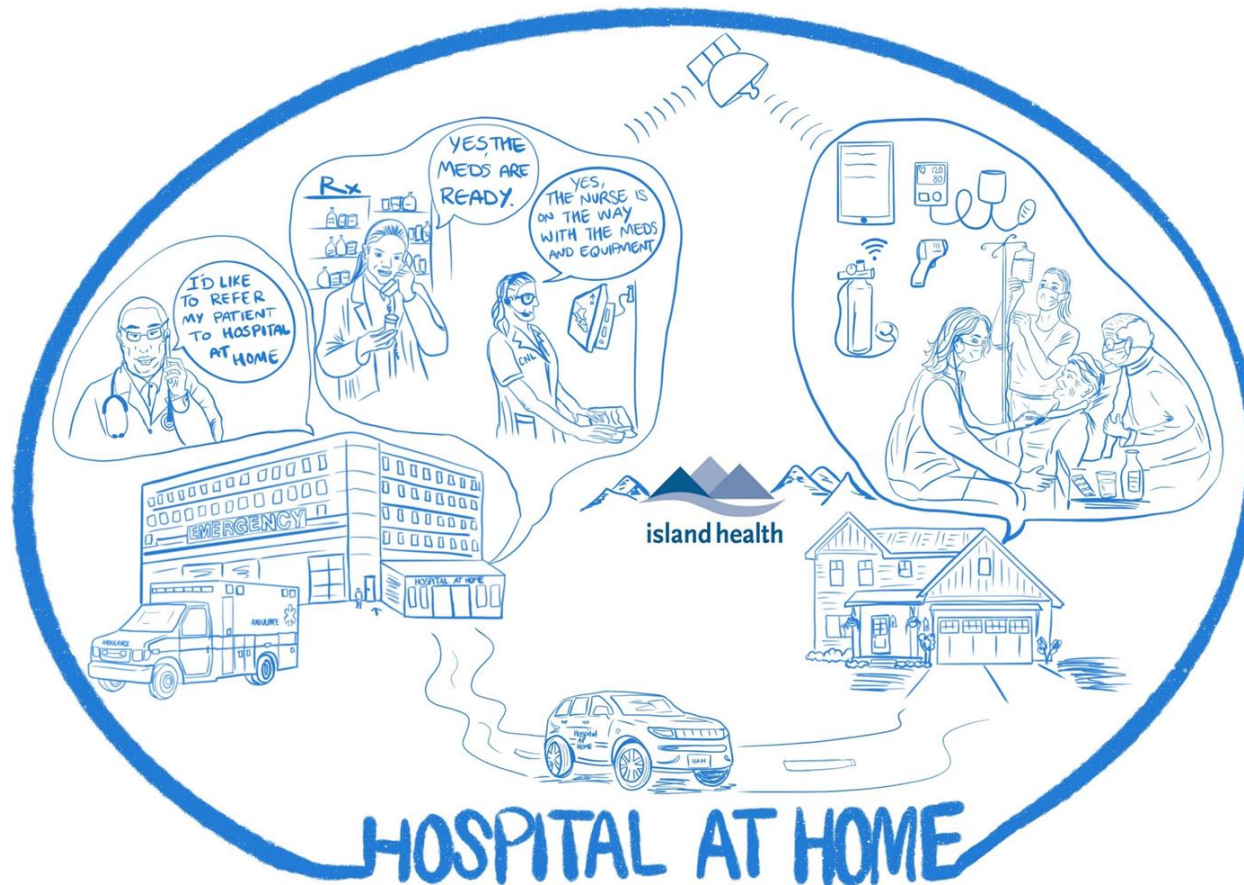


Hospital at Home in BC

- Island Health and Northern Health have been offering Hospital at Home since 2020 and 2021 respectively.
- With the support of the BC Ministry of Health, Hospital at Home programs were rolled out at several hospitals in BC. Locations include:
 - St. Paul's Hospital
 - Vancouver General Hospital
 - Kelowna General Hospital
 - Cowichan District Hospital
 - Fraser Health Virtual Psychiatry Unit



Hospital at Home Overview



Types:

- early transfer from hospital (step-down or early discharge)

Substitutive care

- emergency department–initiated admission avoidance
- direct admission from Long-Term Care (LTC) or assisted living
- direct admission from the community

Provincial Mandate



November 26, 2020

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

Dear Minister Dix:

Thank you for agreeing to serve British Columbians as Minister of Health and Minister

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

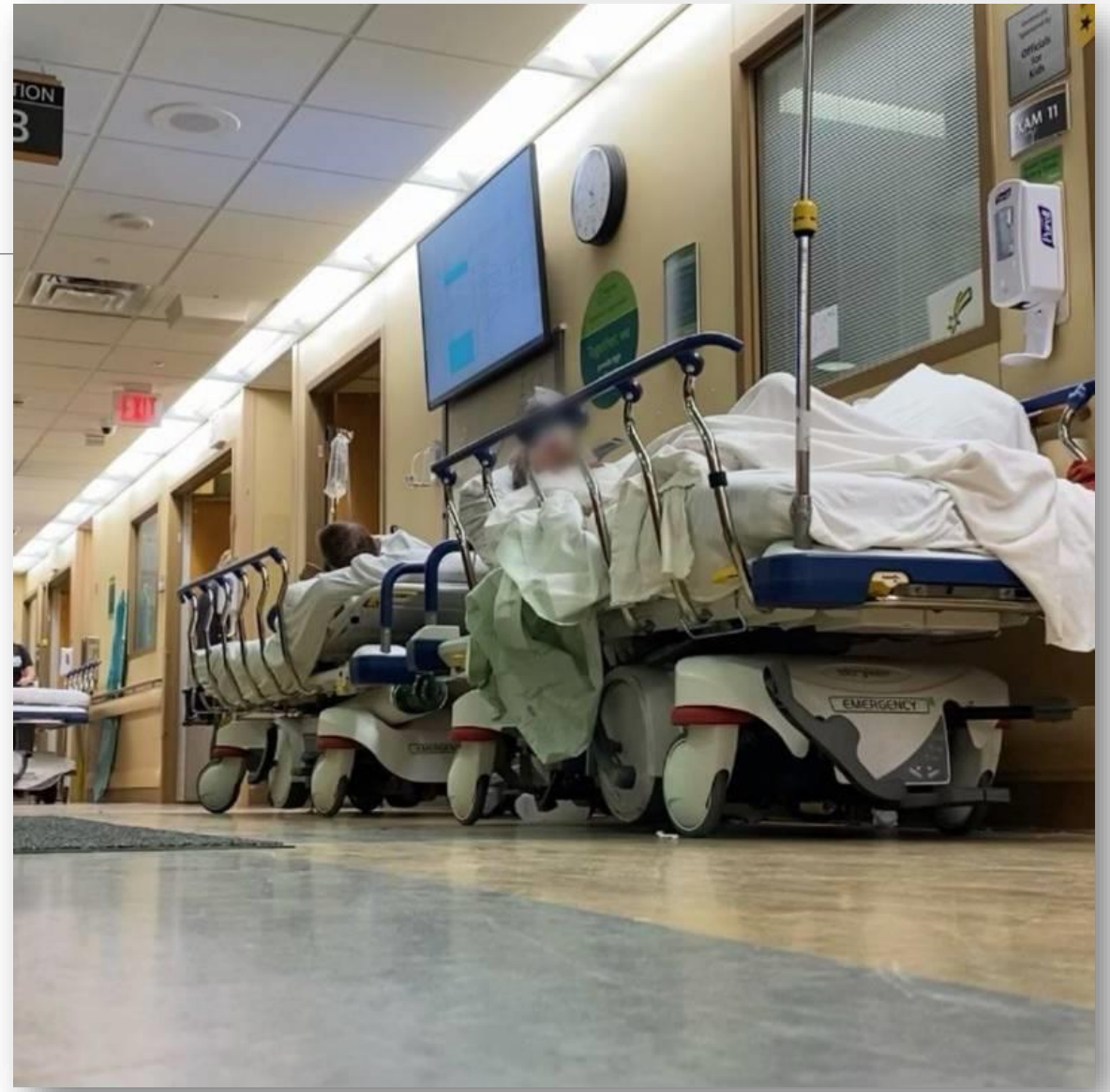
incredible resilience, time and time again. We will get through the pandemic and its aftereffects by building on this resilience and focusing on what matters most to people.



Why HaH?

Overcapacity in Hospitals is a daily experience in British Columbia.

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



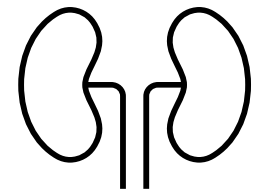
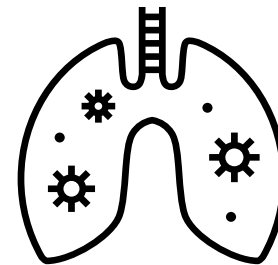
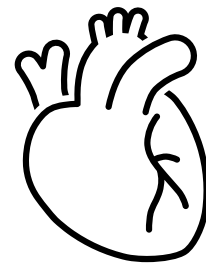
Typical Patient Population

- Inclusion criteria:
 - Must reside in a dwelling that has its own bathroom and refrigerator
 - Able to manage monitoring equipment and medication administration
 - Live within a specific radius of the HaH headquarters (different for each program)
- Exclusion criteria:
 - Active substance use
 - Unstable mental health
 - Unable to transfer to toilet independently
 - Unsafe housing environment



Typical Patient Population

- Lower acuity but still medically complex
- Common medical conditions treated in HaH:
 - Infections: cellulitis, pneumonia, UTI/pyelonephritis, bacteremia, septic arthritis, endocarditis
 - Heart failure exacerbation
 - COPD exacerbation
 - Acute kidney injury
 - New malignancy workup



Pharmacist Role on the HaH Team

- Assist with patient screening and assessment of new consults
- Ensure medications are appropriate
 - Has a BPMH been completed by a member of the pharmacy team?
 - Have the medications changed from their normal home regimen?
 - Do the administration times make sense for self-administration at home?
 - Is the route (PO, subcut, IV) appropriate for use at home?
- Daily clinical medication review for drug interactions, renal dosing, review of antimicrobials for PO step down

Pharmacist Role on the HaH Team

- Counselling on new medications and medication changes
- Therapeutic drug monitoring: vancomycin, warfarin, tacrolimus
- Liaise with physicians, nursing and allied health team members on care plans
- Discharge medication planning and communication with community pharmacy

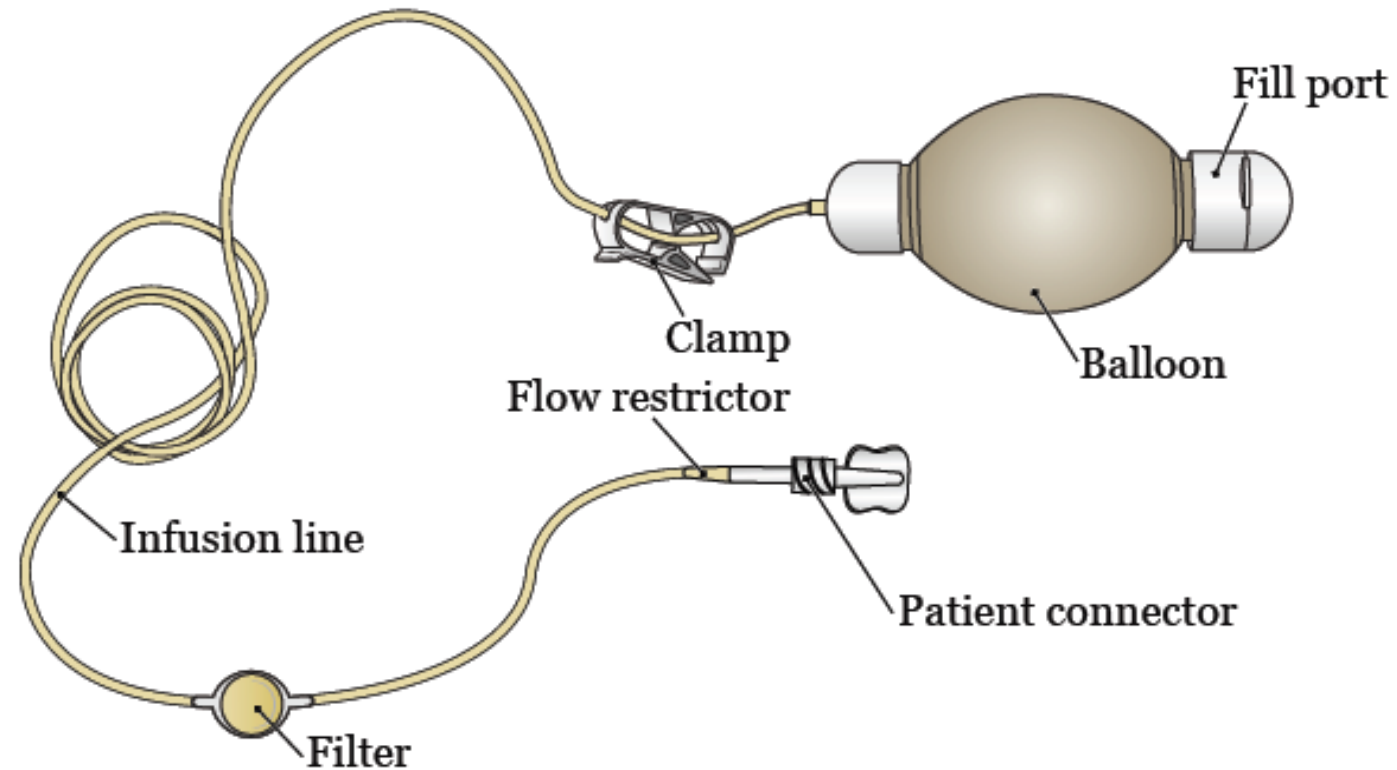
Medication Challenges in HaH

- **Medication delivery to patients' homes**
- Self-administration of medications
- Documentation on MAR and EMR integration
- Medication errors & reporting
- Antimicrobial stewardship

Medication Challenges in HaH

- Medication delivery to patients' homes
- **Self-administration of medications**
- Documentation on MAR and EMR integration
- Medication errors & reporting
- Antimicrobial stewardship

Elastomeric Infusion Pump



Medication Challenges in HaH

- Medication delivery to patients' homes
- Self-administration of medications
- **Documentation on MAR and EMR integration**
- Medication errors & reporting
- Antimicrobial stewardship

Medication Challenges in HaH

- Medication delivery to patients' homes
- Challenges with self-administration of medications
- Documentation on MAR and EMR integration
- **Medication errors & reporting**
- Antimicrobial stewardship

Medication Challenges in HaH

- Medication delivery to patients' homes
- Challenges with self-administration of medications
- Documentation on MAR and EMR integration
- Medication errors & reporting
- **Antimicrobial stewardship**

Role of the HaH Pharmacy Technician

- Coordinating medication supply
 - Filling
 - Packaging
 - Delivery to the office
 - Managing wardstock medications and narcotics in the HaH automated dispensing cabinet or narcotic cupboard
- IV medications – sterile IV compounding room mixes
- Ensuring timely delivery
- Communication with inpatient dispensary

Role of the Patient Care Coordinator (PCC)

- The role is an RN designation and focuses on the day to day operations of hospital at home such as:
 - Reviewing referrals in the morning and screening for potential intakes
 - Leading structured team rounds with nursing, physician, pharm and allied health
 - Facilitating any pending diagnostics (CT, MRI, US, Xrays) , lab work to further direct patient care
- Interacting with other hospital PCCs, physicians to see if any other patients on various floors would be appropriate for the program

Role of the Patient Care Coordinator (PCC)

- Interactions with the HaH pharmacist include:
 - Reviewing referrals through a pharmacy lens to see if any issues arise such as IV medication frequencies/hang times (>30 min)
 - If patient referred to program get be switched to oral <24-48 hours and be potentially discharged straight from hospital
 - Getting their expertise at structured team rounds to help identify estimated discharge date (i.e. end date for IV meds, titrating/adjusting analgesia)
 - Getting an accurate timeframe for delivery of meds to floor to assist timing of home visits with primary care nurses

Allied Health Team Members

- Patients have access to allied health services as they would in the Brick-and-Mortar Hospital
 - Dietitian
 - Social Work
 - Physiotherapy
 - Rehabilitation Assistant
 - Occupational Therapy
 - Speech-Language Pathologist
- Allied health team members can assess patients in their home environment instead of "artificial" hospital environment



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)

Clinical Outcomes Evaluation
(Decision Support)

Human Health Resourcing
(Finance)

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

Patient Oriented Research

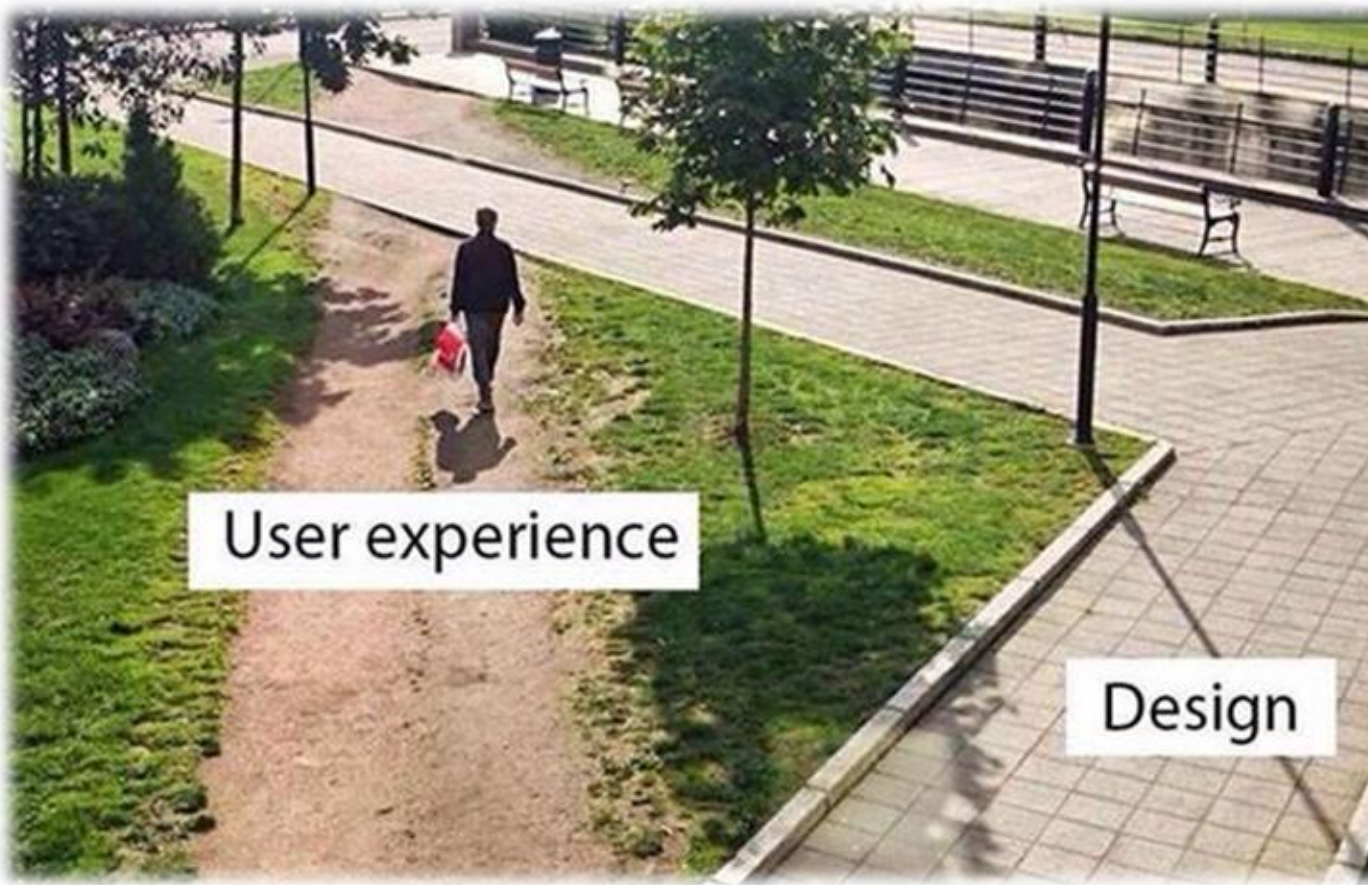
Traditionally, patients have mostly been the subjects of health research, or “study participants” but ...

...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)

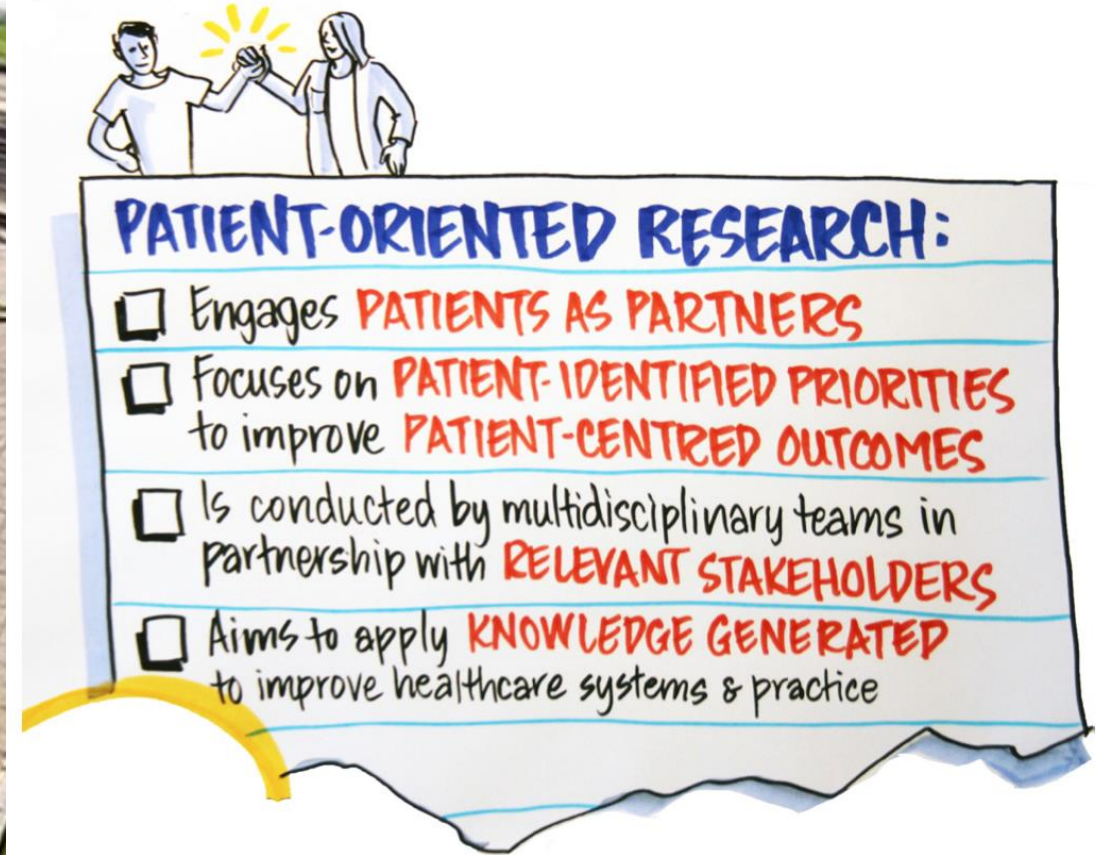


Why Engage Patients?



User experience

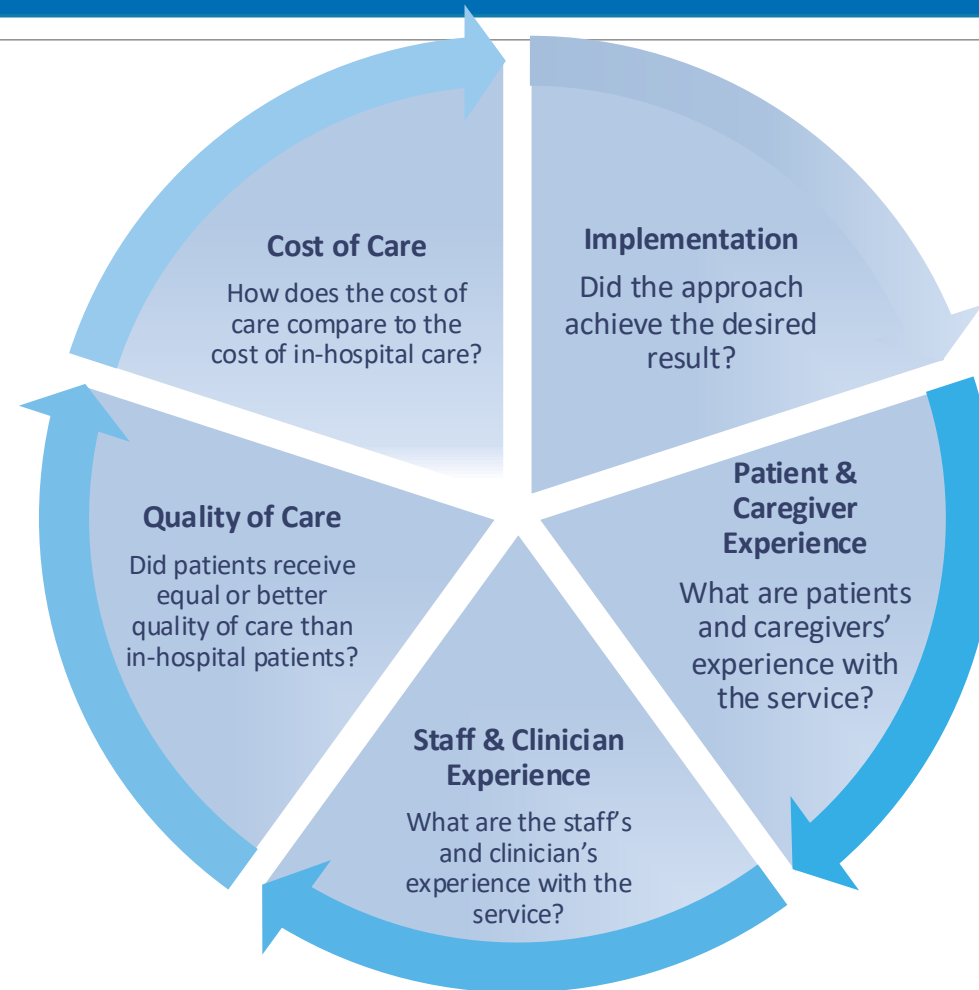
Design



Public / Stakeholder Engagement on HaH



Evaluation Framework



Knowledge Translation

Patient, Family Caregiver and Health Care Provider Experiences With a Hospital at Home Program in British Columbia, Canada

Sean P. Spina, BSc(Pharm), ACPR, PharmD, FCSHP; Jenna Butterworth, BSc; Katy Mukai, BA, MPA; Tara McMillan, BSc; Beth Bourke, BScN, RN; Lisa Thompson, BSc; Elizabeth Borynck, RN, PhD, FACMI, FCAHS, FIAHSI; Melanie Coy, BScN, RN; Laurie Flores, BScN, RN; David Forbes, PhD, MPA, ACPR, BCPS, CTE; Taylor Hainstock, BCSC, MA; Curtis K. Hader, BSc(Pharm), MSc, PhD, FRCPC; Nancy Humber, BSc, MD, CCPC, CFPC, MHA, FFRMS; FIAHSI; Tara Mulcaister, BScN, RN; Michelle Riddle; is MD, PhD, CCPC

ospital at home: The role for clinical
armacy in an innovative acute care
del in British Columbia

Patrick, MSG, PharmD¹; Curtis K. Harder, BSc(Pharm), ACPR, PharmD, FCSHP²

giver, health care provider, hospital at home, patient

further investigated in Canada during the SARS-CoV-2 (COVID-19) pandemic to alleviate hospital beds and reduce the spread of infection. In recent years, HaH has been viewed as a preferred patient-centered model.^{3,4} A top priority of the HaH model is to maintain patients at

T.M. and M.B. designed the figure. S.S., J.B., K.M., and T.Mc. drafted the manuscript with input from all authors.

The AT-HOME research team would like to thank the Island Health Hospital at Home team for all their hard work and dedication to this patient-centered model of care, and for supporting the research alongside. Special thanks to the patients and family caregivers for not only participating in the program, but for their collaboration and feedback. Finally, thanks Rouman Haddad for assisting with the patient and caregiver survey and to Island Health leaders the Victoria Hospitals Foundation, the BC Ministry of Health, Island Health Research Department, Decision Support, Human Resources, and Leadership and Organizational Development colleagues for their support.

Q Manage Health Care
Vol. 00, No. 0, pp. 1-9
Copyright © 2026 Wolters Kluwer Health, Inc. All rights reserved.
DOI: 10.1097/QMH.0000000000000536

www.qmhcjournal.com 1

Downloaded from

Acknowledgements

The authors would like to thank the Island Health Executive, BC Ministry of Health, Island Health Research and Capacity Building, BC SUPPORT Unit Vancouver Island Centre, and Delaney - The Engagement People for their support and commitment to this engagement initiative. A special thanks to our Patient Partners, Beth Bourke and Lisa Thompson, and all the patient and family caregivers who responded to the survey and shared their perspectives.

Expansion Globally



Expansion Globally



May 14 & 15

Montreal, QC



Canadian Hospital at Home Conference 2026





Thank you! Questions?

Contact information:

Brittney Mathers
Clinical Pharmacist – PHC Hospital at Home
Brittney.mathers@phc.ca