Providence Health Care
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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

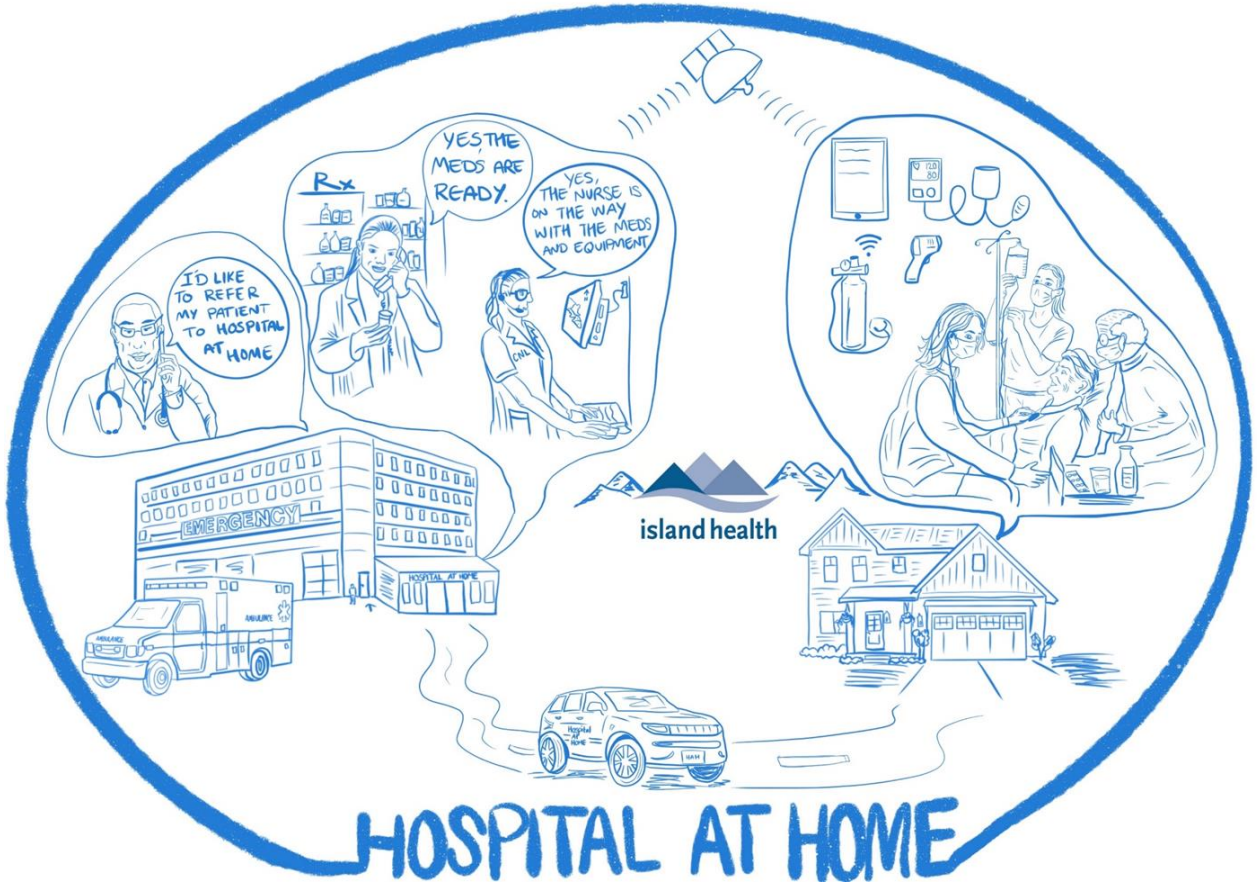
WORLD
HOSPITAL
AT HOME
CONGRESS

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

BRITISH COLUMBIA

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

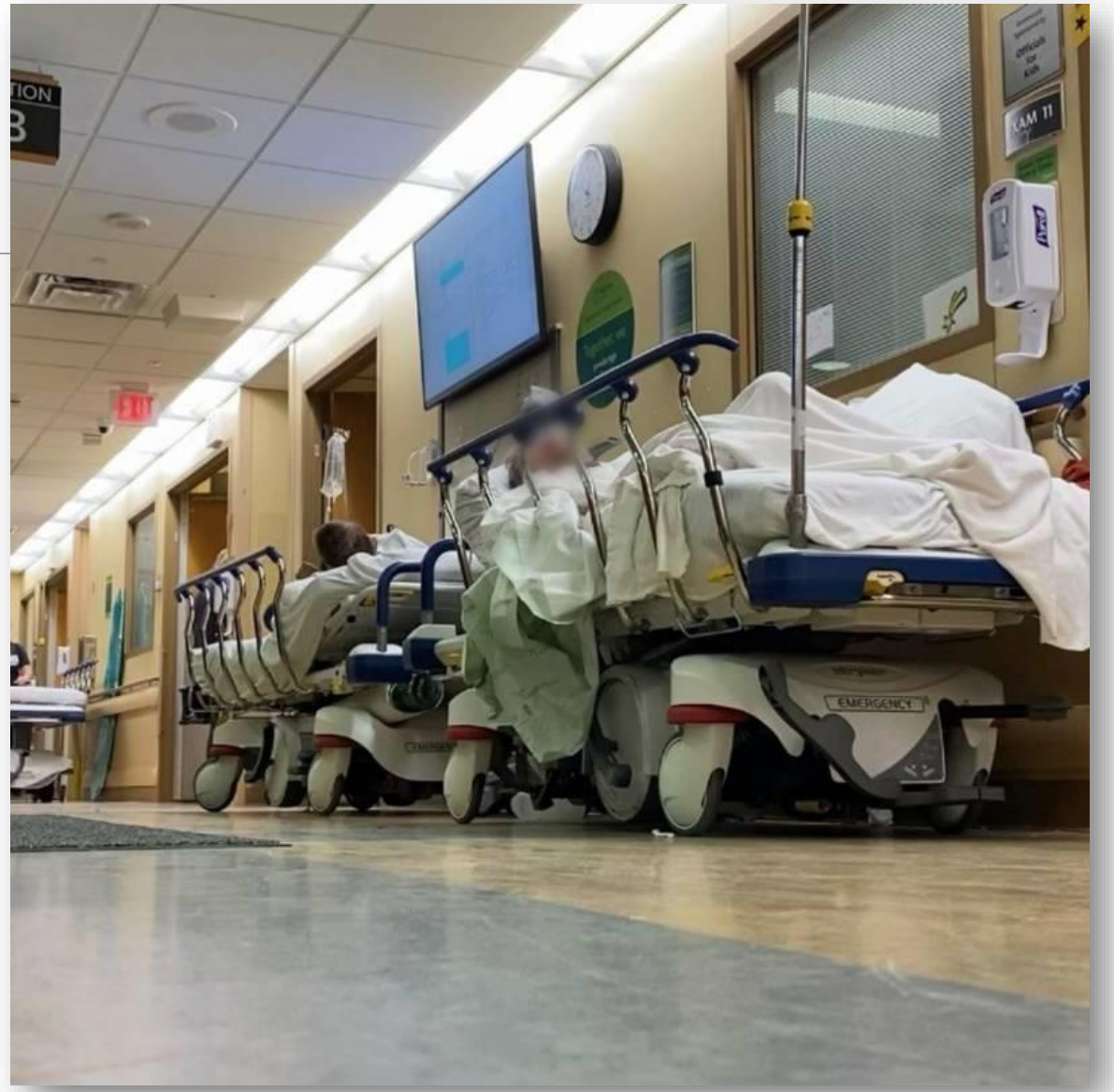
tele-health, and providing a new Hospital at Home program so patients can get safe care while in the comfort of their homes.

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.

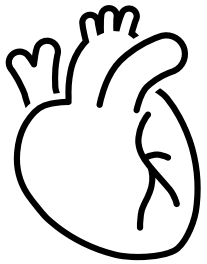


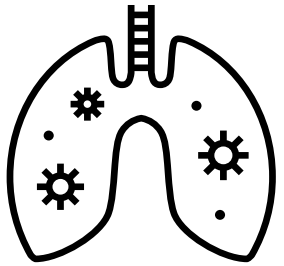
Typical Patient Population

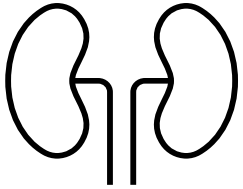
- Inclusion criteria:
  - Must reside in a dwelling that has its own bathroom and refrigerator
  - Able to manage monitoring equipment and medication administration
  - Live within a specific radius of the HaH headquarters (different for each program)
- Exclusion criteria:
  - Active substance use
 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

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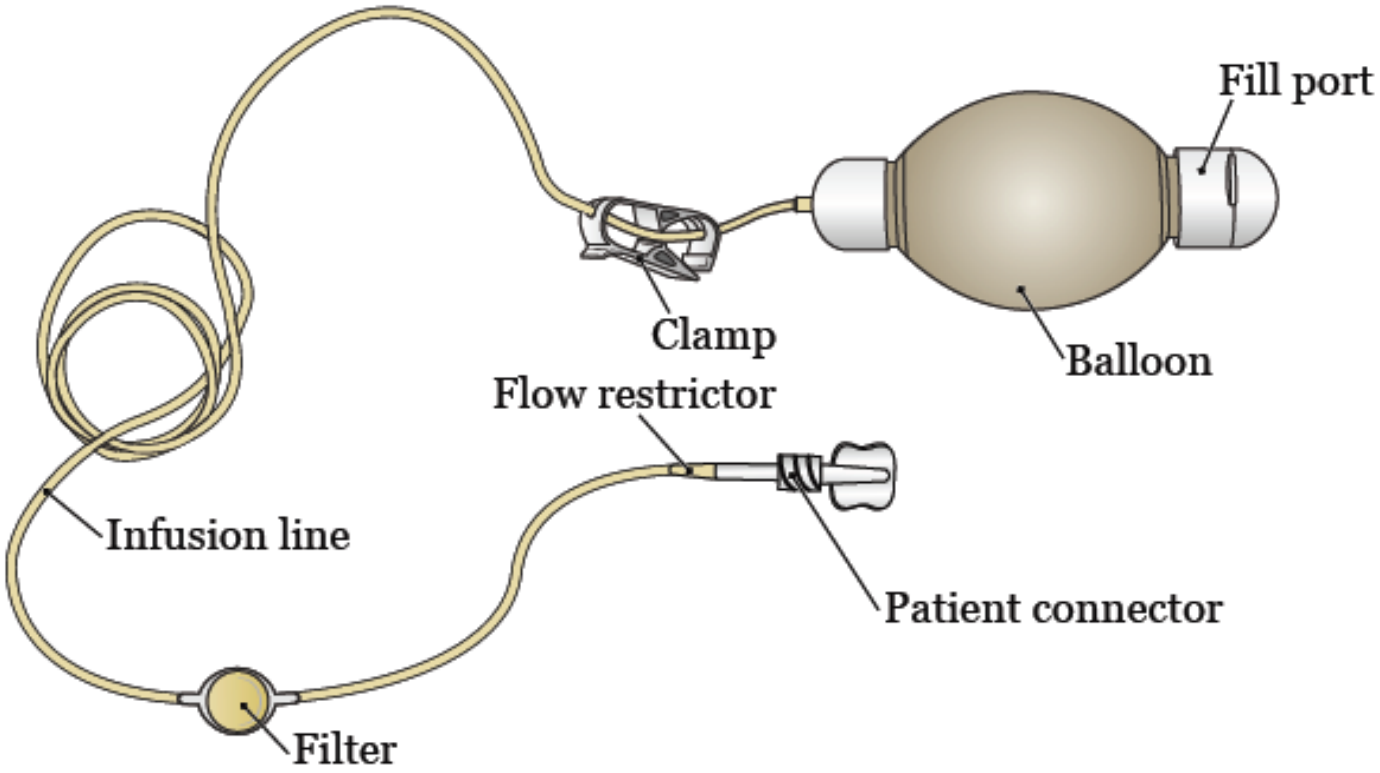
Elastomeric Infusion Pump



https://www.mskcc.org/cancer-care/patient-education/continuous-infusion-elastomeric-pump

Medication Challenges in HaH

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- 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)

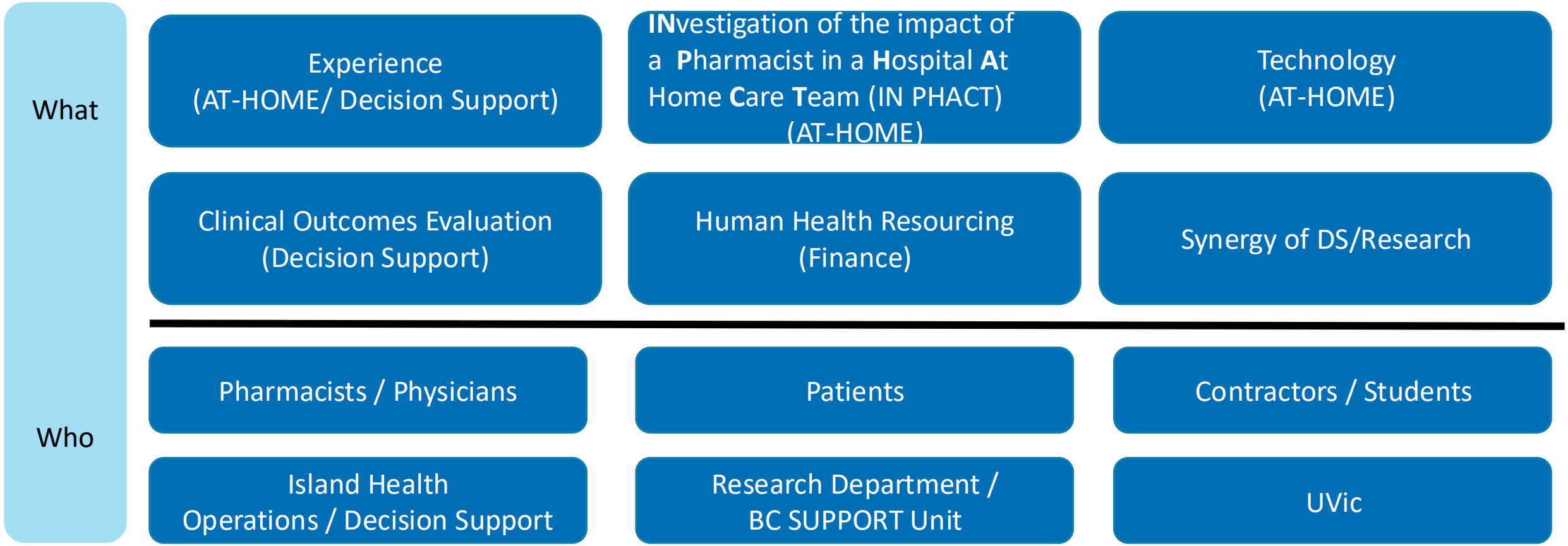
- Interactions with the HaH pharmacist include:
  - Reviewing referrals through a pharmacy lens to see if any issues arise such as IV medication frequencies/hang times (>30 min)
  - If patient referred to program get be switched to oral <24-48 hours and be potentially discharged straight from hospital
  - 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



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

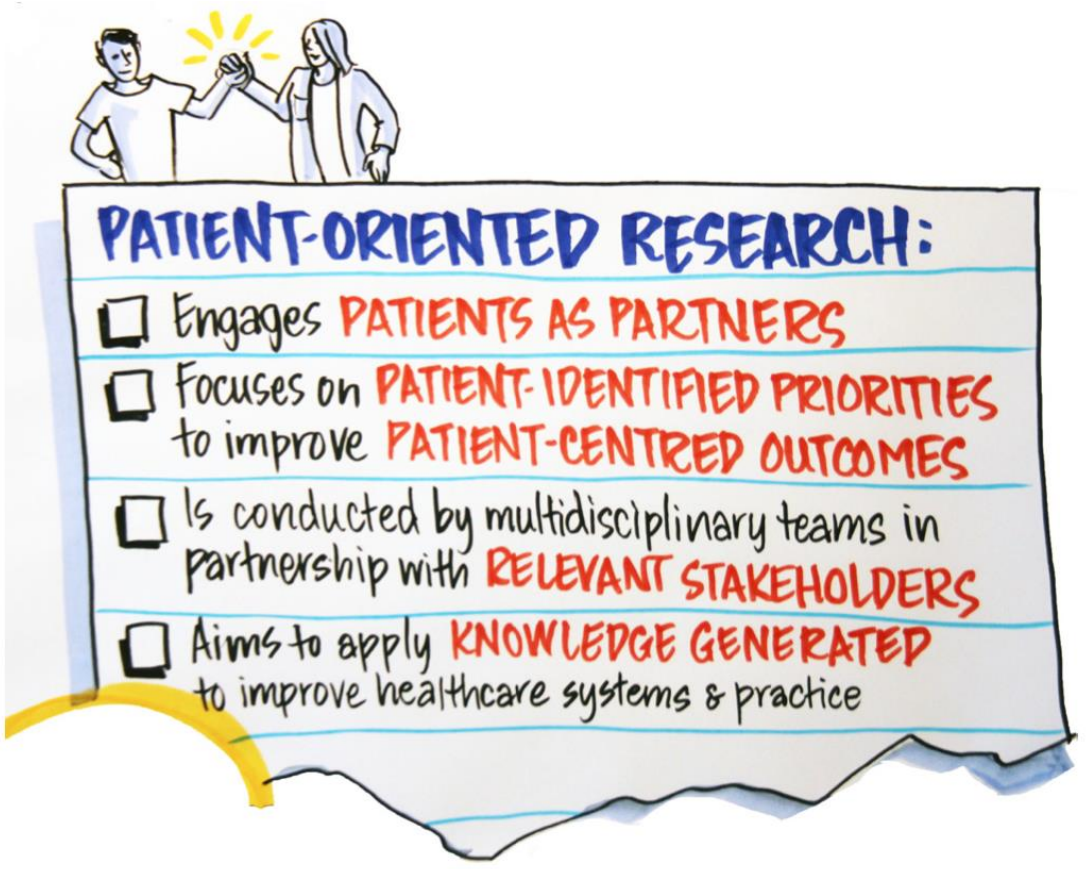
Patient Oriented Research

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

…POR is done differently!

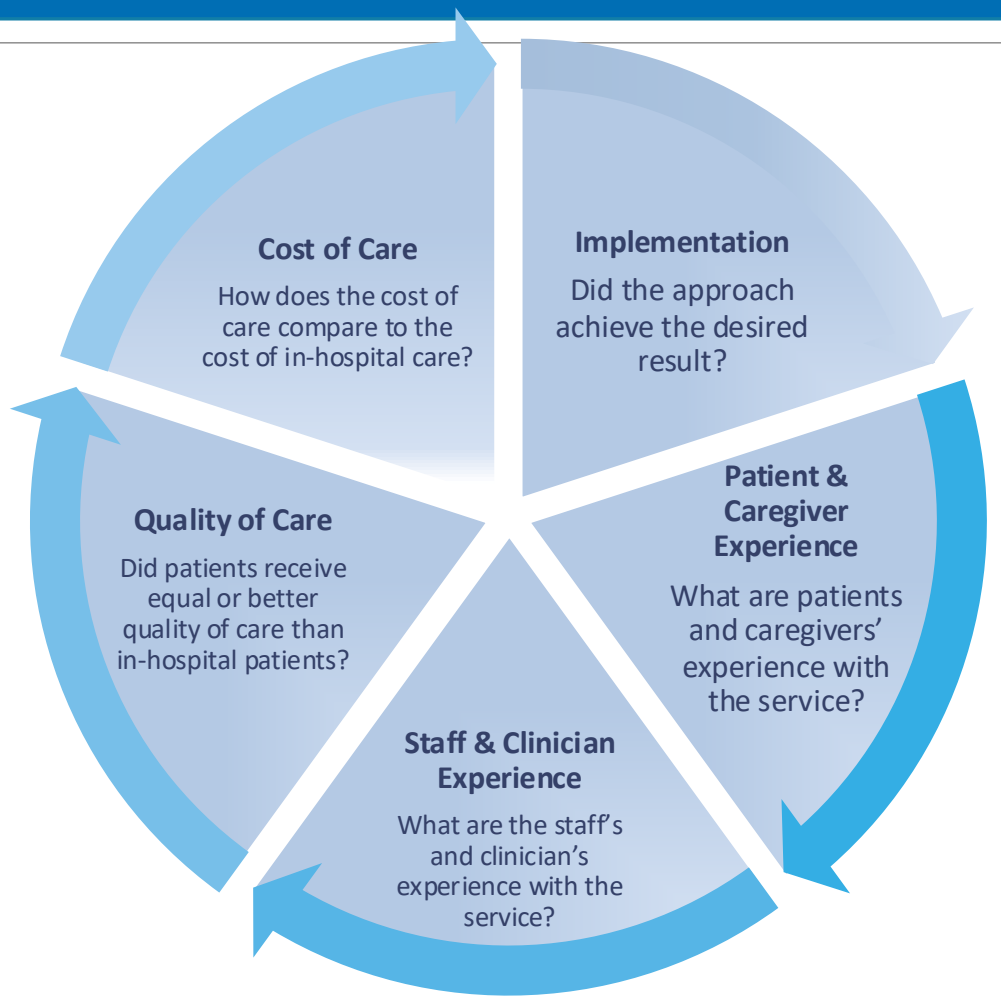
- ☑ is done in partnership with patients (as part of the research team!);
- ☑ answers research questions that matter to patients;
- ☑ measures outcomes that matter most to patients (like quality of life)

Why Engage Patients?



Public / Stakeholder Engagement on HaH

Evaluation Framework



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

Knowledge Translation

Expansion Globally

Expansion Globally

May 14 &15

Montreal, QC

Canadian Hospital at Home Conference 2026

Thank you! Questions?

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