HOSPITAL @ HOME: ALTERNATIVES TO HOSPITAL CARE

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Consultant Geriatrician
HOSPITAL AT HOME

Not about inappropriate admissions

Not Enhanced Primary Care

Not virtual ward!

Not Chronic Disease Management

Not ESD or Community Rehabilitation

Not about prevention of admission

Not rationing access
Specialist led, hospital level care, incorporating CGA in a different environment!
WHY HOSPITAL AT HOME?

- Hospital Acquired Infection 5-10%
- Delirium following admission 3-29% (15%)
- Drug Errors c15%
- Acquired Immobility (12%)
- Institutionalisation 10 - 40% at 12/12
- Carer Strain
- Discharge Planning
- Evidence base (safer, cheaper and preferred)
Over 75 Admissions (Percentage Growth)

Scotland

Lanarkshire
CASE STUDY

• 81 yr man
• lives with elderly wife
• bedroom upstairs
• Multiple pathology
• Known CCF
• Breathlessness
09:00am Patient has:
- Chest Infection
- Uncontrolled AF
- Evidence of Heart Failure
- Unable to walk more than 6 feet
- Wife worried

GP called
Nurse: Needs transport to A&E

PT: Cannot do stairs

OT: Needs equipment

Med: Needs dig stabilised

OT: Needs homecare

Nurse: Needs transport
A&E ➔ Medical Receiving Unit ➔ CGA Ward

Median LOS 7 days
A DIFFERENT PATH?

Hospital at Home
09:00am Patient has:
- Chest Infection
- Uncontrolled AF
- Evidence of Heart Failure
- Unable to walk more than 6 feet
- Wife worried

GP called
09:30am GP Assess patient, Calls ERC for admission, Referral passed to H@H
10:20am H@H Practitioner arrives, Clinical history, physical examination, observations, social history, bloods taken, ECG, initial management plan, calls Consultant
11:30am H@H Consultant arrives, Clinical history, physical examination, ECG reviewed, CXR not required, initial management plan, medication changed and prescribed, equipment ordered
Case reviewed daily
Bloods reviewed, Physio reviews mobility, OT assess equipment and homecare needs, rehab given, family updated, case handed back to primary care

LOS 5 Days
Physiotherapy
Occupational Therapy
Nursing
Mental Health Nurse
Pharmacy
Home-care as required
Support from Social Work
Nursing support Staff
Consultant Geriatrician
Advanced Practitioner Skills
Hospital Paperwork
Prescribing
Access to Emergency Diagnostics
Daily Virtual Ward Rounds
Patients accepted by H@H in 29 Months: 2,864

Supported at Home: 76% are managed in their own home instead of Hospital by the H@H team

Known to DNs: 13% are known to DNs prior to being seen by H@H

Known to SW: Only 19% of patients are known to SW at the time of their presentation to H@H

Gender Distribution: Male 41%, Female 59%

Length of Stay: 5.7 days

5.6 / Day
<table>
<thead>
<tr>
<th>30 Day Outcomes</th>
<th>n=433</th>
<th>Historical Data for Hospital (n=538)</th>
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<tbody>
<tr>
<td>Dead</td>
<td>6.9%</td>
<td>9.7%</td>
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<tr>
<td>Readmitted</td>
<td>16.2%</td>
<td>18.4%</td>
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<tr>
<td>Readmitted more than once</td>
<td>3.2%</td>
<td>N/A</td>
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They were marvellous, absolutely marvellous.

This is the way healthcare should be.

I believed that this was the most thorough assessment that she had ever experienced.

Oh I felt as if I was the queen getting all that attention.

I think it is amazingly impressive.

Well it was either the hospital or being in my own home… there was no choice. I mean who would want to go to hospital, when they could be treated just as well if not better at home…

And no danger of some of these awful hospital bugs.

It was like the Cavalry coming over the hill…

Sometimes it’s easier to get into hospital than it is getting out.

I think just being in your own surroundings makes you feel happier and more confident and able to cope.
Change in Over 75 Admission Rate 2011-2013

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<tr>
<th></th>
<th>H@H localities</th>
<th>All others</th>
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<tbody>
<tr>
<td>12%</td>
<td></td>
<td></td>
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<tr>
<td>9%</td>
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<tr>
<td>6%</td>
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<td>3%</td>
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<td>0%</td>
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<tr>
<td>11.7%</td>
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<td>1.3%</td>
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H@H costs £600k+

Every £1 invested in H@H saves £2

Beds Closed
50

Value £2Million+

Value £1.2Million

ASSET
30

Conservative estimate
“IT'S EASIER TO STAY OUT THAN GET OUT”

MARK TWAIN