

Renny Ma, MHSA¹, Julie Shimp, RN¹, Jennifer Crews, MSN, MBA, RN, NE-BC², Ryan Chadha, MD³
¹Florida Advanced Care at Home and Care Hotel, ²Nursing Practice, Transformation, Professional Development, Academics and Advanced Care at Home Division, ³Department of Anesthesiology & Perioperative Medicine, Mayo Clinic in Florida

BACKGROUND

Mayo Clinic in Florida is a high-volume destination medical center providing surgical and procedural care to over 20,000 patients per year. In 2020, amidst the COVID-19 pandemic, the hospital was faced with increasingly limited bed capacity given the growing demand for high-acuity care. The Care Hotel program was developed to aid in safely shifting post-surgical patients requiring only observational-level clinical care to a non-hospital bed, in order to preserve hospital bed capacity for more critically ill patients.



Figure 1: The Care Hotel program is based at the Courtyard by Marriott hotel, on the Mayo Clinic in Florida campus.

The Care Hotel model is designed such that a post-surgical patient – who might typically be admitted to a hospital bed for overnight observation – is instead transported to an on-campus hotel for an overnight stay. During the stay, the patient has access to multiple in-room devices, including a tablet, phone, and Personal Emergency Response System (PERS), which can all be used to contact the patient's Care Hotel team. The Care Hotel team includes a paramedic who remains on-site at the hotel Monday-Friday, 11am-11pm. After hours, patients can use the same in-room devices to reach a virtual nurse instead.



Figure 2: Patients have access to in-room devices that can be used to contact the Care Hotel team.

CARE HOTEL MODEL

The Care Hotel model was developed to accept three types of surgical and procedural patients: (1) Patient-Driven: Care Hotel accommodations can be requested by patients who desire post-procedural care, but whose intervention may not require inpatient care. (2) Surgeon-Driven: For patients receiving lower-risk surgeries, surgeons can request observation-level care overnight at the hotel. (3) Procedure-Driven: A workflow was created to move patients, who would otherwise be admitted to the inpatient setting, to the outpatient realm to receive care at the hotel. Examples of each type of Care Hotel patient are included below:

Patient-Driven

Patient from Miami is scheduled for a cosmetic procedure. Patients undergoing this procedure are typically discharged after surgery. However, anticipating a 6-hour drive before surgery, and feeling nervous about driving home immediately afterwards, this patient requests accommodations at the Care Hotel.

Surgeon-Driven

Patient from Jacksonville is scheduled for a laparoscopic hysterectomy procedure. Patients undergoing this procedure are typically discharged after surgery. However, the patient has multiple comorbidities that complicate their condition. The surgeon would prefer that the patient stay close to campus should they have questions or need additional care. The surgeon suggests that the patient stay overnight at the Care Hotel after surgery.

Procedure-Driven

Patient from Jacksonville is scheduled for a prostatectomy procedure. Patients undergoing this procedure are typically admitted for observation-level care in the hospital following surgery. However, it was determined that this type of procedure can be safely moved from the brick-and-mortar hospital setting to a Care Hotel bed.

CARE HOTEL PROCESS



RESULTS

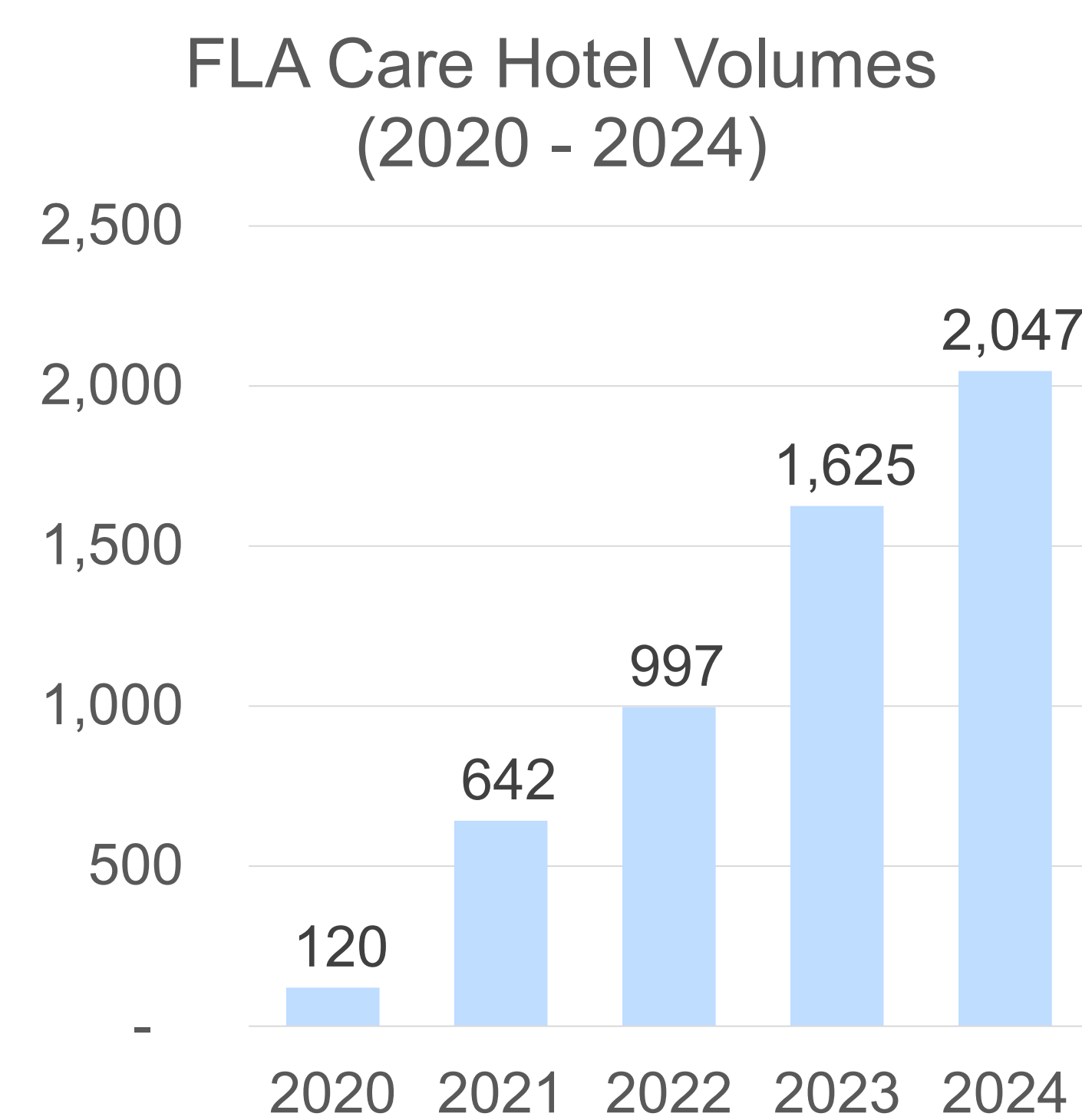


Figure 3: Care Hotel volumes have grown significantly since inception in 2020. In total, the Care Hotel has seen over 5,000 patients.

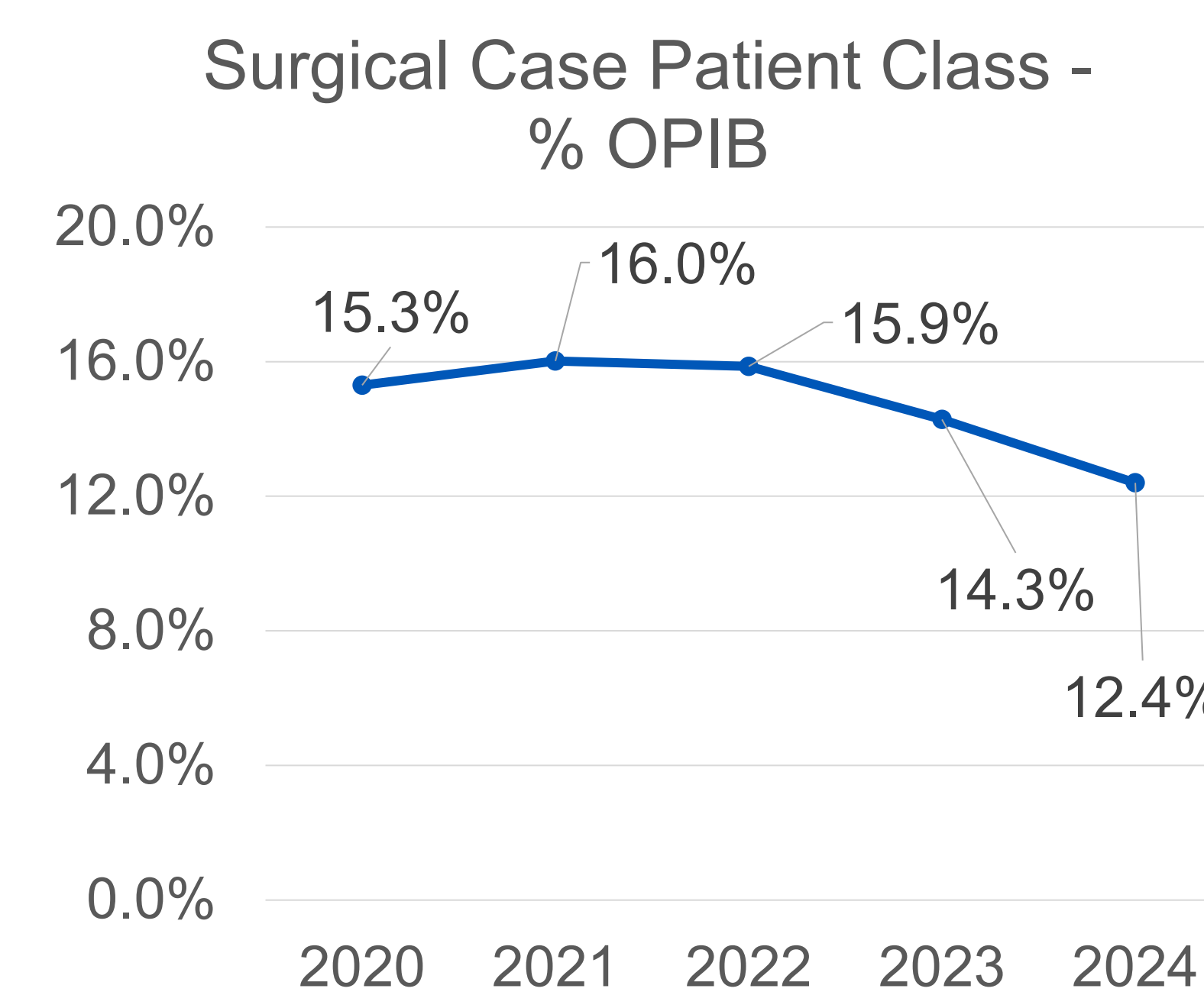


Figure 4: Outpatient in a Bed (OPIB) % refers to the percentage of hospital beds that are occupied by patients requiring only outpatient or observation-level care. The goal of the Care Hotel program was to reduce this unnecessary utilization of hospital beds. OPIB % decreased 2.9 percentage points, from 15.3% in 2020 to 12.4% in 2024.

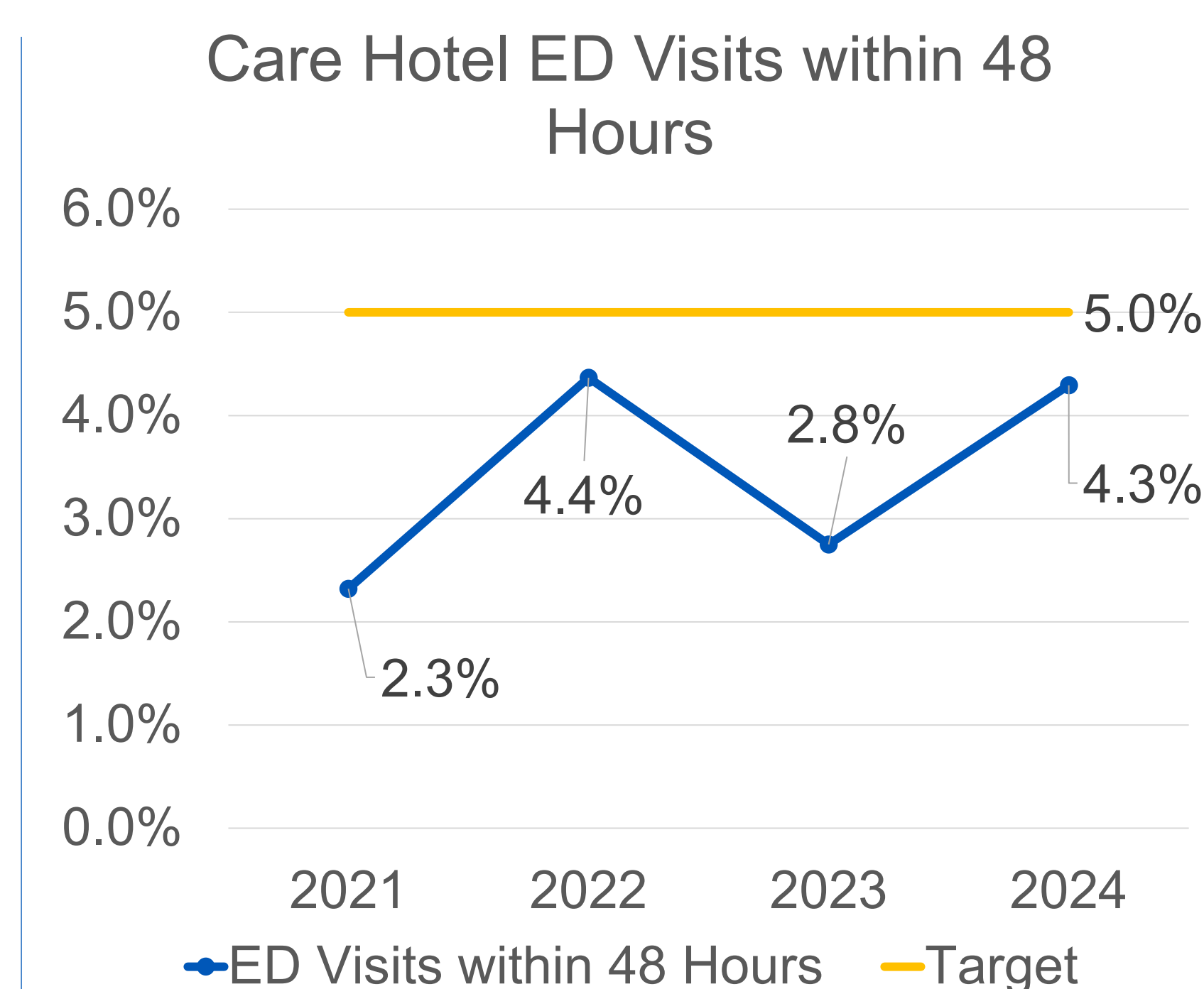


Figure 5: The Care Hotel program has maintained a 48-hour ED escalation rate of less than 5%. In 2024, 4.3% of Care Hotel patients had a visit to the ED within 48 hours of discharge.

DISCUSSION

The Care Hotel program represents a significant innovation in patient care. By shifting post-surgical patients requiring only observational-level clinical care to a non-hospital bed, the program has effectively preserved hospital bed capacity for more critically ill patients. This model not only addresses the immediate need for increased hospital bed capacity, but also offers additional peace of mind to patients and providers following surgical or procedural care.

Furthermore, in 2024, the Care Hotel program had a 4.3% escalation rate to the Emergency Department within 48 hours, and a 0.92% hospital readmission rate within 48 hours, demonstrating the safety of the model.