Transforming Access to Care Beyond the Hospital Walls with a Hybrid Care Unit (HCU)

Melissa McCrary, PA-C, MMS; Ellen Lopez, APRN; Kristin Cushenbery, APRN; Leah Webster, PharmD; Ami Grek, DNP

[1]Division of Advanced Care at Home, [2]Division of Hospital Internal Medicine, 3Center for Digital Health

INTRODUCTION

Mayo Clinic in Florida (MCF) launched a Hospital at Home (HaH) program called Advanced Care at Home (ACH) in July 2020. This innovative care model addresses the increasing demand for inpatient care by leveraging cutting-edge technology and a complex supplier network to provide a subset of acutely ill patients 24/7 access to their hospital care team from the comfort of their home.

Although ACH can provide a wide range of acute care services comparable to the brick-and-mortar hospital, limitations do exist. For example, certain advanced imaging techniques, procedures, hemodialysis[1] and/or medical optimization may require the patient to be on site temporarily. Therefore, a transitional care space called the Hybrid Care Unit (HCU) is utilized to maintain ACH eligibility for hospitalized patients and increase the Acute Substitution rate for ACH admissions.

OBJECTIVES

The HCU Transitional space aims to increase patient access to the ACH program with the following:

- Provides a space where patients can return for in-person specialty consults, advanced imaging, procedures, or administration of blood products and/or higher risk medications
- Eliminates the need to delay or defer ACH admissions due to pending procedures or advanced imaging.
- Increases the Acute Substitution patient population to ACH by having a space to evaluate and medically optimize patients prior to transfer home.

PLANNING & IMPLEMENTATION METHODS

- The HCU is a 12-bed unit, staffed with RN's, APP's, Case Managers, and is designed for short stay patients requiring less than 24 hours in brick-and-mortar.
- Multiple administrators and clinical staff, from both ACH and HCU, are involved to create workflows for this transitional space.
- Acute Substitution is defined as any patient that has not been transferred or escalated to an inpatient, licensed bed/service during their hospitalization prior to transfer to ACH.

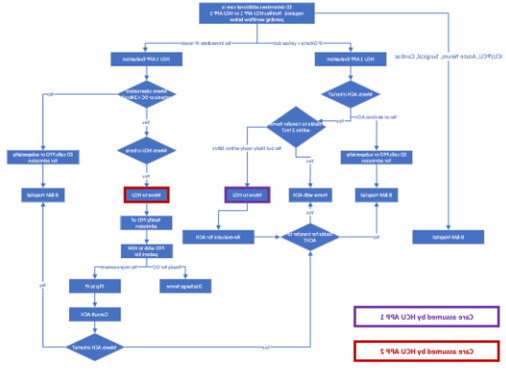
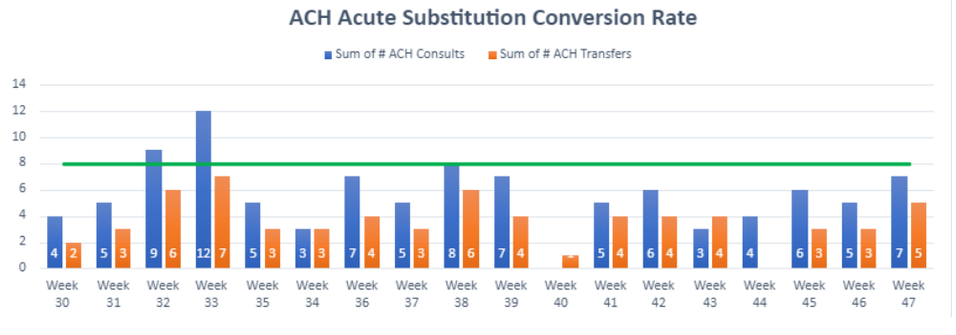


FIGURE 1 : HCU → ACH workflow

RESULTS

- From 10/2022-11/2024, a total of 689 ACH patients utilized the HCU space for a temporary holding space for additional testing, procedures, or specialty consults
- Of those, 110 patients were transferred to the HCU multiple times. Average HCU visit count for these patients is 2.4 during their hospitalization with HaH.
- Following the implementation of the HCU transitional space, ACH saw an increase in Acute Substitution admissions to the Hospital at Home (HaH) program from 19.8% to 21.9%.

FIGURE 2 : ACH Acute Substitution Conversion Rate from HCU Admission



DISCUSSION

The HCU ultimately strives to improve hospital throughput, one way, by improving the capabilities of potential and existing ACH patients. The workflows have shown to be successful by increasing the rates of Acute Substitution admissions into ACH, as well as decrease escalations to B&M by providing a transitional space for current ACH patients to return for consults and advanced procedures. It has overall proven to be efficacious based on improvement in hospital bed capacity, and patient throughput[2].

CONCLUSIONS

Transitional spaces effectively support on campus needs for HaH patients:

- Expands the opportunity for more patients to choose HaH
- Supports HaH accessibility to higher acuity patients by removing eligibility barriers
- Reinforces program goal of increasing bed days saved through maximizing eligibility and increasing Acute Substitution rates

REFERENCES

1. Bowman, Brendan T.. Transitional Care Units: Greater Than the Sum of Their Parts. Clinical Journal of the American Society of Nephrology 14(5):p 765-767, May 2019. | DOI: 10.2215/CJN.12301018
2. Kreindler SA, Struthers A, Star N, Bowen S, Hastings S, Winters S, Johnson K, Mallinson S, Brierley M, Anwar MR, Aboud Z, Basran J, Goertzen LN. Can facility-based transitional care improve patient flow? Lessons from four Canadian regions. Healthc Manage Forum. 2021 May;34(3):181-185. doi: 10.1177/0840470421995934. Epub 2021 Mar 10. PMID: 33715484; PMCID: PMC8079792.