

**Vincenza Coughlin** 00:09

Welcome listeners to the NYU Langone Nursing Station Podcast. This series will highlight nurses coming together to share information about daily professional practice and initiatives to improve patient outcomes. Today we're going to talk about the NYU Langone Home Hospital Program, which is an innovative care delivery model and transforming healthcare from an acute care hospital to the patient's home. Of note, this session is eligible for contact hours and disclosure in compliance with ANCC's Commission on Accreditation. This educational activity does not include any content that relates to the products and or services of a commercial interest that would create a conflict of interest. My name is Vincenza Coughlin, and I am the Director of Nursing Professional Practice and Education at NYU, Langone Long Island, and I'm joined by my colleagues in Home Hospital. If you would, please introduce yourselves.

**Ann Marie Short** 01:00

My name is Ann Marie short. I'm a Nurse Manager of the Home Hospital department.

**Amanda Sclafani** 01:05

Hi, my name is Amanda Sclafani, and I'm one of the nurses working in Home Hospital.

**James Daniels** 01:11

Hi, my name is James Daniels. I'm also one of the nurses in our home hospitals.

**Vincenza Coughlin** 01:16

Excellent. Welcome all and I'm very happy to be the facilitator of this podcast episode as we're all Long Islanders and happy to share the innovation that your team leads. So with that, Ann Marie, can you please tell us more about the home hospital model?

**Ann Marie Short** 01:33

Sure. We're very excited to talk about home hospital because this is a very unique and different model that is in healthcare these days. This program is unique to NYU Long Island campus, and we are able to provide inpatient hospital stay for patients that are stable enough to be in their homes, but do require inpatient hospitalization. So patients receive their care through inpatient and virtual visits with their care team. The care team is comprised of registered nurses and a dedicated hospitalist. Our patients are admitted through the emergency department and then transferred to their home once they're deemed eligible and stable for our department. Patients admitted to the program are transferred to their homes where a registered nurse meets them directly and completes their medical exam, administers medications, draws necessary bloodwork and performs other aspects of care as needed. Care is continuously monitored by our team and is available around the clock. A dedicated hospitalist who was a physician specializing in hospital level care also provides a daily evaluation and coordinates consultations with other specialties as needed.

**Vincenza Coughlin** 02:52

It sounds like a really great program and we have two of our amazing nurses from the team to share their insights. Can you share more about the eligibility criteria for a patient to be admitted to the home hospital model?

**Ann Marie Short** 03:07

Sure. So our eligibility criteria is quite complex. We begin with basic insurance coverage and certain plans participate Medicare Part A and Part B is one of our biggest payers and we do have a handful of commercial plans that are accepted and then there's the proximity to the hospital. Right now we are able to accept patients that are roughly 12 and a half mile distance from the hospital, we are able to adequately respond to the patients in their home in a timely manner and the third part of the eligibility criteria is the clinical piece of it. So we do need to make sure that they have a reason for inpatient hospital admission and that they are stable enough to be in their homes and having the patient and their family participate in the care. So the patients are thoroughly screened and most importantly, the patient has to be willing to accept all the requirements of the program for their safety in their homes. So we do spend a great deal of time getting to know our patients and making sure that they are a good fit to our program. Our main diagnoses that we cover, or a popular diagnosis that we cover are pneumonia, cellulitis, UTI, COVID, and some other GI diagnoses.

**Vincenza Coughlin** 04:28

That's really interesting how the Home Hospital Program interplays with the inpatient setting and really vetting through the eligible patients. Thank you for sharing. James, if you can, tell us more about the framework of the home hospital nursing department.

**James Daniels** 04:45

Sure. We have with nursing there's three basic roles. We have our field nurse, our command center nurse and navigator nurse and basically everybody works together to identify patients to approach them to have them come on to our service and then to provide their care during their admission. Every day we meet at the command center. We huddle, we kind of identify patients that we are trying to come onto our service and that navigator nurse does that, works with our hospitalists to coordinate onboarding patients. The field nurse goes out to see those patients who are in the field already who are at their houses, they go see them twice a day, once in the morning, and once in the afternoon. The hospitalist does a video visit or in person visit once a day and then everything comes together with the command center nurse kind of helping with logistics and communication between the field nurse and the hospitalist to provide care. That command center nurse is also monitoring patient's vital signs through our display through our remote monitoring system and that's going 24/7 There's always a nurse in the command center to field calls from the patients to coordinate field visits, if there's a need for X rays, or EKGs, or anything like that, everything goes through that command center nurse.

**Vincenza Coughlin** 06:16

I'm curious, so where physically is the command center? You mentioned that, but where is it in relation to the hospital?

**James Daniels** 06:24

It's on the first floor. We're kind of wedged between Nursing Administration hallway and HOGE 1. We're right over there.

**Vincenza Coughlin** 06:33

So it's within the hospital, that's really great and it helps kind of understand the model too in and of itself. Thank you. Amanda, can you tell us about like a day in the life of a field nurse or as a command center nurse or as a navigator nurse? Can you tell us more about that?

**Amanda Sclafani** 06:48

Yeah, so there's three roles in home hospital, like James said, the nurse navigator, the command center nurse and the field nurse. While each of these roles have a separate function, they're all really intertwined to make home hospital function effectively. So the nurse navigator will come in and the navigator has access to a list of patients that are filtered by their insurance and the distance they live from the hospital. From that list, the navigator reads through charts all day to deem if patients meet clinical criteria, and from those patients who do meet clinical criteria, the nurse navigator will then go meet the patients introduce the program gauge interest. If a patient shows interest to wanting to come to home hospital, we go back to the team, we discussed the patients, we reach out to their primary team, and if all team members feel that it's clinically appropriate to admit to home hospital, the navigator will finish the onboarding process by obtaining the necessary admission forms and showing the patient the equipment and coordinating everything to get the patient ready to go home. So while this is all going on the command center nurse is behind the scene, almost acting in a charge nurse capacity, and they're assisting with coordinating needs for the planned admissions, all while watching the current census's vital signs on the board communicating with the field nurses throughout the day. So the command center nurse is assuring that patients on the census are remaining safe while commuting in any anticipated needs with this hospitalist, the pharmacy, and other departments that would be required to coordinate care. We all meet here in the morning in the command center. The field nurses will come in, we'll all get report on the current census. They look at the report, they see what their anticipated needs will be for their patients that day. They gather their equipment prior to leaving the command center and start their visits. So you're showing up at a patient's home and just like you would in the hospital you're introducing yourself, why you're here, what you're there for, going over the treatment plan, performing your assessments, administering medications and then when field nurses are done seeing their patients, they communicate back with the command center nurse, kind of like wrapping up the visit; what happened? Did anything change? Does the patient need anything? So the command center can update the rest of the team throughout the day. So they're all very separate roles, but they would not work without being intertwined in each other and working as a team here.

**Ann Marie Short** 09:18

So I would also like to add that the experience of a field nurse, when you walk into a patient's home, it's their environment, they own the space we're guests in their home and we are so welcomed by our patients and their families and their stress level of the patients once you walk into the home is essentially gone. The patients are excited to have their field nurse come in. Typically if there's family present in the house, they will all come gather. They're part of the care. They're part of the conversations. It's a very rewarding aspect in nursing as the field nurses that you're so welcomed and you're able to impact the patient and you feel that when you're the field nurse in the home,

**Amanda Sclafani** 10:05

Definitely by the end of the patient's stay, you know their dog's name, you know, their children, what they do. So you do really get personal in the home.

**James Daniels** 10:16

They'll walk around showing you pictures and telling you stories, and you know, everything. You get to know them and their families.

**Amanda Sclafani** 10:24

And it's really nice, because in lieu of a whiteboard, where it's saying, tell me about yourself, we're seeing it. You know, we're seeing our veterans and what they've done, their accomplishments, and we're seeing the grandchildren's pictures on the wall. So it's really touching, it's special, and it doesn't feel like you're in a hospital at all. So that's really the goal of this is for patients to get better in an environment that is conducive to healing.

**Ann Marie Short** 10:51

And this whole process starts upon navigation. So when we approach patients to explain our program, what we're able to offer and how we're able to care for them, we get to know them intimately, very quickly, because we do ask a lot of screening questions for everybody's safety. So we really make a connection from the moment that we approach them, and the communication amongst all the roles, because we do communicate so closely and frequently with each other, that the patient gets to hear the same information from each role. So all the contact that that patient has in a given day, they hear the same message and if they have a question, it's answered.

**Vincenza Coughlin** 11:33

It's really wonderful and I want to commend you all it sounds like the connection that you have internally, and then also with the patients promotes the care that you provide and it sounds like a wonderful experience, just in general to be able to develop that relationship with the patients and their families at that level. It sounds like truly a privilege so thank you for what you do. With that, each of you in your previous academic and professional backgrounds, you bring different perspectives and clinical experience to the home hospital team. So can you share more about your experience from working in acute care, and how that's influenced your practice in the home hospital setting?

**Ann Marie Short** 12:14

Sure, I have been a registered nurse for 25 years. I spent five years in medicine, 20 years and telemetry, which is a cardiac background, 20 of those years I spent as an assistant manager, all in acute care. My experience brings to the program, really knowing a patient's experience in the hospital and truly understanding what a patient goes through that paired with the clinical experience of working in acute care, and being able to pick up on subtle changes in a patient's condition, whether it's physical, emotional, or social, that's huge, being part of home hospital, because we are in their homes and we do need to pick up on subtle changes, and escalate that very quickly know how to escalate what to escalate. That being said, I think the biggest benefit to working in the hospital and having the leadership experience that I have is being able to facilitate having the patient have the best possible experience getting their care in the home hospital department, just you know being in queue that the inclusion of the caregiver is so important and it's something that we're able to do very seamlessly because we are providing the care in their homes.

**Amanda Sclafani** 13:37

My experience coming from the emergency room has allowed me to help patients remained calm. You know, we haven't had, knock on wood, critical things happening in the homes, but patients are anxious, you know, they don't know what's going on. They want answers. They want to make sure they're getting better and I think that remaining calm in high acuity situations in the past has helped me in home hospital, to sit down with family members explain what's going on answer any questions and assure that they are headed in the right direction and just you know, having that calming effect when there's uncertainty that's helped me.

**James Daniels** 14:16

Like Amanda, I've been in the emergency department for about 15 years, I was a flow coordinator there. So I've met a lot of people high anxiety, very anxious about what's going on with them and their loved ones. A lot of changing on the dime to meet the needs of a changing situation and to reassure people when that goes on. So that has been what I bring to the team and to patients. Very similar to what Amanda said, like reassuring them because when people are sick, they need that they need medicine, they need vital signs. They need all these technical things, wound care, but they also need reassurance. They need to know somebody's really paying attention to them, has their eyes on them and is listening to them. That's what I tried to bring to the patient experience.

**Vincenza Coughlin** 15:07

That's excellent and as you all spoke about having that relationship developed in the home, I was just thinking, you know, there's nothing like sitting at your own dinner table or environment with a friend or with somebody who you entrust in your care. It's a special relationship that you're able to develop and it sounds like with your clinical expertise, you're really able to provide that best care. And just kind of in that sentiment, would any of you be able to share maybe memorable moments or a special experience that you had with a patient as a nurse in the home hospital department.

**Ann Marie Short** 15:43

I think we all have so many memorable moments. But I have two that actually stand out in my mind that I would love to share. I walked into a patient's home about dinnertime and he was an older gentleman. And when I walked in, I was greeted by a dining room table of his very large Italian family and one of the first things they said to me is come pull up a chair and have dinner with us and it was just, I had to leave with the donut, I had to take the donut, but they would not let me out of the house. It was just so nice to see our patient who's admitted into the hospital, IV in his arm, IV band on and he's sitting there smiling, enjoying dinner with his family. That was priceless. My second experience I would like to share is I was in a home, I happened to be in the home with James, we were doing a field visit on a patient and the patient had a history of agoraphobia and on our way out, he turned around and he said thank you for having this program. He said when I require hospitalization, it brings such anxiety and stress to me, and the fact that you are able and you picked me to be part of your program and you're coming to me, it was tremendous to him. He was just home with his wife and he gets very anxious in public settings and he, just the heartfelt way that he said thank you for choosing him to be part of home hospital was just amazing, absolutely amazing.

**Amanda Sclafani** 17:21

I can remember a time where I had a patient who introduced me to the program where I rescued my dog from so that's really great, because I feel like I'm tied to her and forever grateful for her for introducing me to the rescue where my dog is from

**Vincenza Coughlin** 18:22

How nice, what a nice memory. Excellent.

**James Daniels** 18:25

The one that I find memorable, there was a woman we brought home, she was just like a week postpartum. She delivered the baby then had to bring the baby back because she was a bili-baby. So they were back in the hospital, then they come home, and then she had to be admitted and so it was just breaking up this whole nice bonding that would normally happen and we were able to take her on to our service, and just the absolute relief and comfort that she had. I just remember being in the bedroom with her, her husband and the baby and there was just like, the quiet was so awesome because they were just content to be together. So it was a totally unexpected kind of thing that we were able to provide and something that can't just be put into numbers and objectively quantified or whatever it was just a really great experience. I had a patient really great, Amanda will remember, really great sense of humor and she was always like soon as you walked in, she'd fire off the sarcastic comments and all in a good way. Anyway, always very welcoming if I came in. Dinnertime, come have something to eat and you know, like just very welcoming people. Anyway, there was one point that I had to give her like a little bit of fluids. She was absolutely fine but just had to give her some fluids and it was right as our program was starting out and this brings in the ED in me, you just gotta think on the fly, had to give her a 500 bolus and I didn't have a place to hang the fluid. You know, we've now since have that all dealt with how to do that. She had said to me, why don't you hang it over there? And I

look to what she's pointing to and she's pointing to a deer's head on the wall and I said absolutely not I'm not gonna have home hospital with a picture of a 500cc bolus hanging off a deer's antler. Just people are so unique and really great, you just never know. We're providing a service to them. But you also walk away with so much and just good memories and good people. Thanks for sharing. The innovation is admirable, I feel like in somebody's home, when you're not necessarily in a like an inpatient room, you may have to be creative and it sounds like you're doing a good job with that.

**Amanda Sclafani** 20:19

I think my favorite thing about the home hospital experience, like memory, every patient, I mean, almost every patient is thanking us for being on the program and it's wild to me that they're in the hospital, and they are thanking us and that in itself is so rewarding. You know, we have stories to tell for days, we could probably write a book. The thank yous that come from our patients really makes this so unique, because they're like, oh, without this, you know da da da, but you know, we're providing them their hospital care, just like we would here. So that has been really great to receive that feedback from our patients.

**Vincenza Coughlin** 21:46

Absolutely and so one of the purposes of this podcast and we hope, you know, our NYU Langone Health nurses and external nurses, not only get to hear about the program itself, and what it offers and how it's unique, but also recognizing you all in your nursing practice, in something that's new and innovative with the technology that's advancing and how we're using it to really better the patient experience. Because really, like there's no place like home, right? But yeah, it's true. Thank you, again, for sharing. Does anybody else want to add any other information or how is the Home Hospital Program unique?

**Amanda Sclafani** 22:27

Yeah, so this is really unique because it does run off of a remote monitoring system, where we send patients home with a wearable device that allows us to see their vital signs 24 hours a day in the command center. They're also provided with a tablet, that allows them to communicate via chat, they're assigned with task of taking their blood pressure at home, you know, so there's some independence for the patients to participate in their care, and be command center nurse there to monitor the patient at any given time of the day.

**James Daniels** 23:00

Another unique thing is medication administration, that it really is collaborative with the command center nurse, the field nurse, and the patient or caretaker. So typically, the field nurse, when they go out in the morning will administer those medications and document medication and also again in the afternoon. But for times that the field nurse is not there, and it's time sensitive medication, we educate patients and caretakers to either call us or we call them when their medications are due and then we do a video visit with them just to confirm the medication. If it's antihypertensive medications, or it might be for diabetes, or anything like that, we would

have them take their blood sugar or we would have them take their blood pressure, confirm that the parameters are met, and then verify with the patient holding up the medication and we do it that way. Some of our patients like if they're on IV antibiotics, it's every six or eight or 12 hours, we hook them up to a CAD pump, which auto infuses on the delivery schedule. It's put on a bag and it just auto infuses. They know when to call us if any alarm comes up and also the field nurse goes out and for once a day IV medications will administer those medications. We also have a nurse on call from 8pm to 7am just in case any issues come up. That can be something as simple as wearable has to be checked or readjusted. It might be checking out a CAD pump, reinserting an IV if it infiltrates or any change in patient's status. So there's there's a lot of teamwork, a lot of collaboration and a lot of eyes on our patients.

**Ann Marie Short** 24:53

Technology really allows us to thoroughly monitor our patients and enables us to provide the same level of care that they would receive in the hospital. The leverage of technology is a big part of our care model.

**Vincenza Coughlin** 25:07

Amazing. For this podcast episode, we thought that we would have somewhat of a game, differentiating the home hospital program, and I'm sure that there's potentially some confusion with homecare. So what we'd like to share are a few examples, categorizing the topic and I'll read out the topic and then each of you can respond if it's either home hospital or home care nursing. So we'll just get started. Okay, inpatient?

**James Daniels** 25:36

That would be home hospital.

**Vincenza Coughlin** 25:39

Outpatient?

**Amanda Sclafani** 25:41

Home care.

**Vincenza Coughlin** 25:43

Peripheral IVs?

**Ann Marie Short** 25:46

Home hospital.

**Vincenza Coughlin** 25:48

Remote monitoring systems?

**James Daniels** 25:51

Home hospital.

**Vincenza Coughlin** 25:52  
Funding for access to medical care?

**Amanda Sclafani** 25:56  
Home hospital.

**Vincenza Coughlin** 25:58  
Long term antibiotics?

**Ann Marie Short** 26:01  
Home care.

**Vincenza Coughlin** 26:02  
Active infections?

**James Daniels** 26:05  
Home hospital.

**Vincenza Coughlin** 26:07  
Two in person visits a day?

**Amanda Sclafani** 26:10  
Home hospital.

**Vincenza Coughlin** 26:11  
Meal delivery?

**Ann Marie Short** 26:13  
Home hospital.

**Vincenza Coughlin** 26:15  
Medications dispensed by NYU Langone pharmacy?

**James Daniels** 26:20  
Home hospital.

**Vincenza Coughlin** 26:21  
Daily and as needed lab collection?

**Amanda Sclafani** 26:25  
Home hospital.

**Vincenza Coughlin** 26:26

And in person physician visits as needed?

**Ann Marie Short** 26:30

Also home hospital.

**Vincenza Coughlin** 26:31

Excellent, that is so great to hear. Thank you all for sharing. Again, thank you for your participation and truly recognizing what you do in the home hospital department and the services that you and your team provides a year. It's a tremendous team effort and the department itself is really innovative and amazing. The impact that you make on your patients, what you shared is truly invaluable and makes a difference. So as we prepare to end this podcast Ann Marie, would you like to share sentiments from a patient?

**Ann Marie Short** 27:04

Yes, so we get a lot of positive feedback from our patients. But this one in particular holds a special place in all of our hearts in home hospital. So it was a handwritten card we received from a patient and these are her direct words: I had a visit from a very enthusiastic Allison, who is one of our home hospital nurses, who explained the home hospital program. I had a few questions and I made some calls to friends and former colleagues and I jumped on board. I was on my way to an unusual and unique experience. I next met Dr. Kelly and Jeanette and then I was home, where I could easily shower. Home, where I could sleep in my bed. Home, where I could eat my own food. Home, where my grandson could visit. Home, where my family and friends could visit without looking for parking. Home, where only my germs were. Home, where I didn't share a room. Home, where I could water my plants. Home, where I could collect my mail. And on top of that I was getting the best care and received one on one positive and encouraging attention from professionals who are very caring and very determined to get me better. I felt comfortable and safe in my home and my hope is that this program can continue to serve the community for a long time. This is essentially what home hospital is, what home hospital does and how the staff provide their care.

**Vincenza Coughlin** 28:41

Thank you. That was beautiful. Thank you all again. As a reminder, the session is eligible for .5 contact hours and a survey will be posted with the recording. So please access and complete the evaluation to obtain the certificates. Again, thank you for all that you do and we're happy to highlight the work that you provide our patients