

RESEARCH SPOTLIGHTS

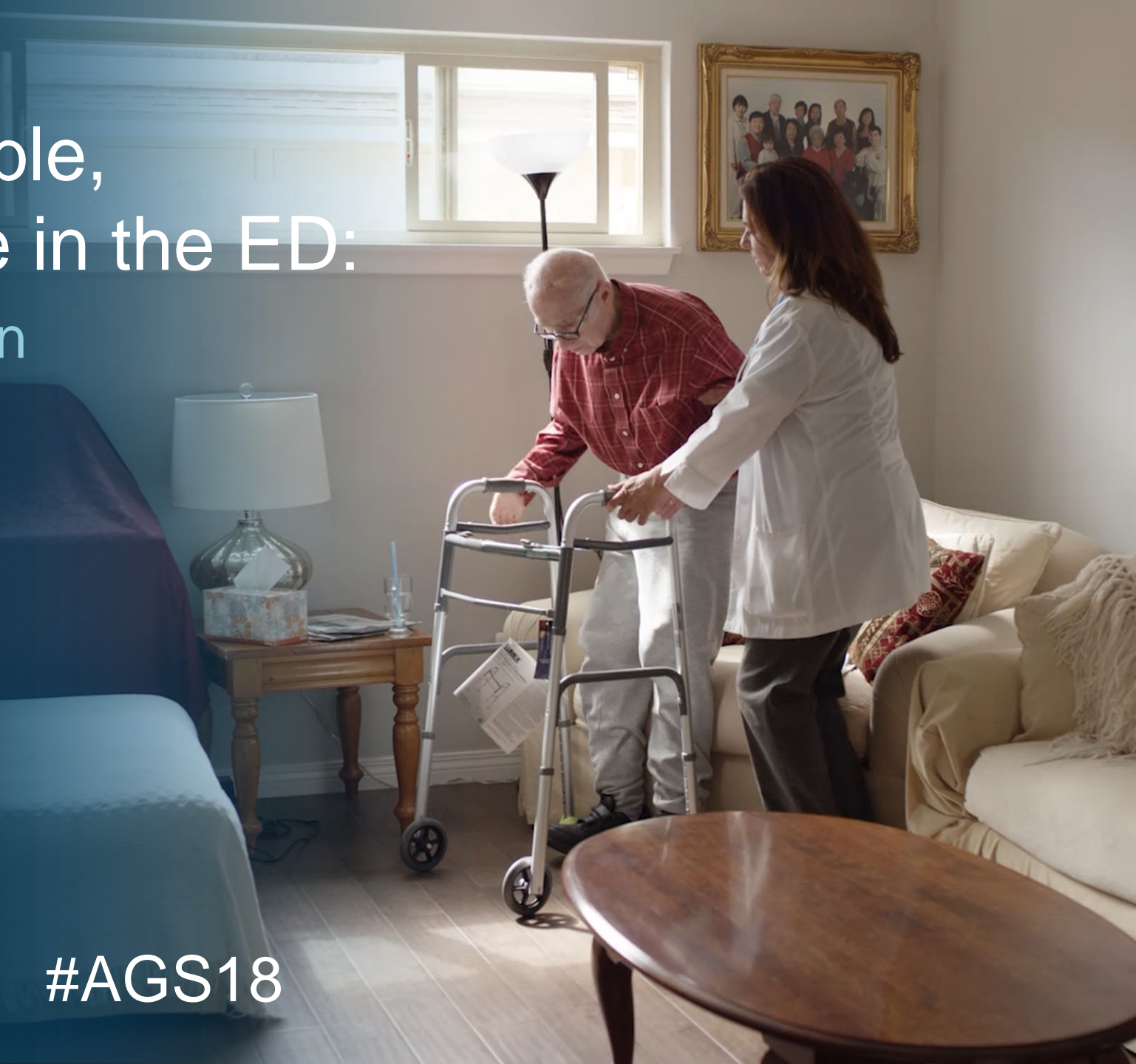
# Designing sustainable, senior-focused care in the ED:

## Acute care at home as an alternative to admission

**Amy Stuck, PhD, RN,**  
Program Manager, West Health Institute



#AGS18



The background is a solid teal color. Overlaid on this are several concentric circles of varying shades of teal, creating a subtle pattern. The text is centered horizontally and vertically.

No financial conflicts of interest to disclose

# Project Collaborators

AGS



## West Health Institute

Amy Stuck, PhD, RN  
Chris Crowley, PhD



**UC San Diego**  
HEALTH SYSTEM

## UC San Diego Health System

Vaishal Tolia, MD  
Allyson Kreshak, MD  
James Killeen, MD  
Edward Castillo, PhD



## AccentCare

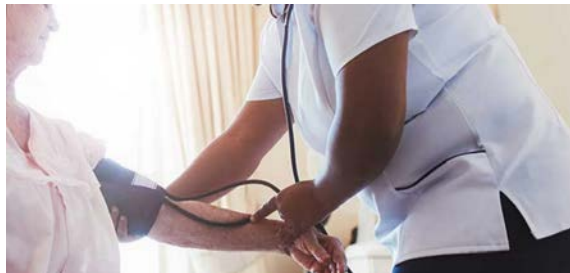
Colette Armstrong, RN  
Dave Davis, CNS, RN



# Background and Purpose

**70%** of senior admissions originate in the ED

**3.7x** more likely for older adults to be admitted through the ED than other populations





# Methods

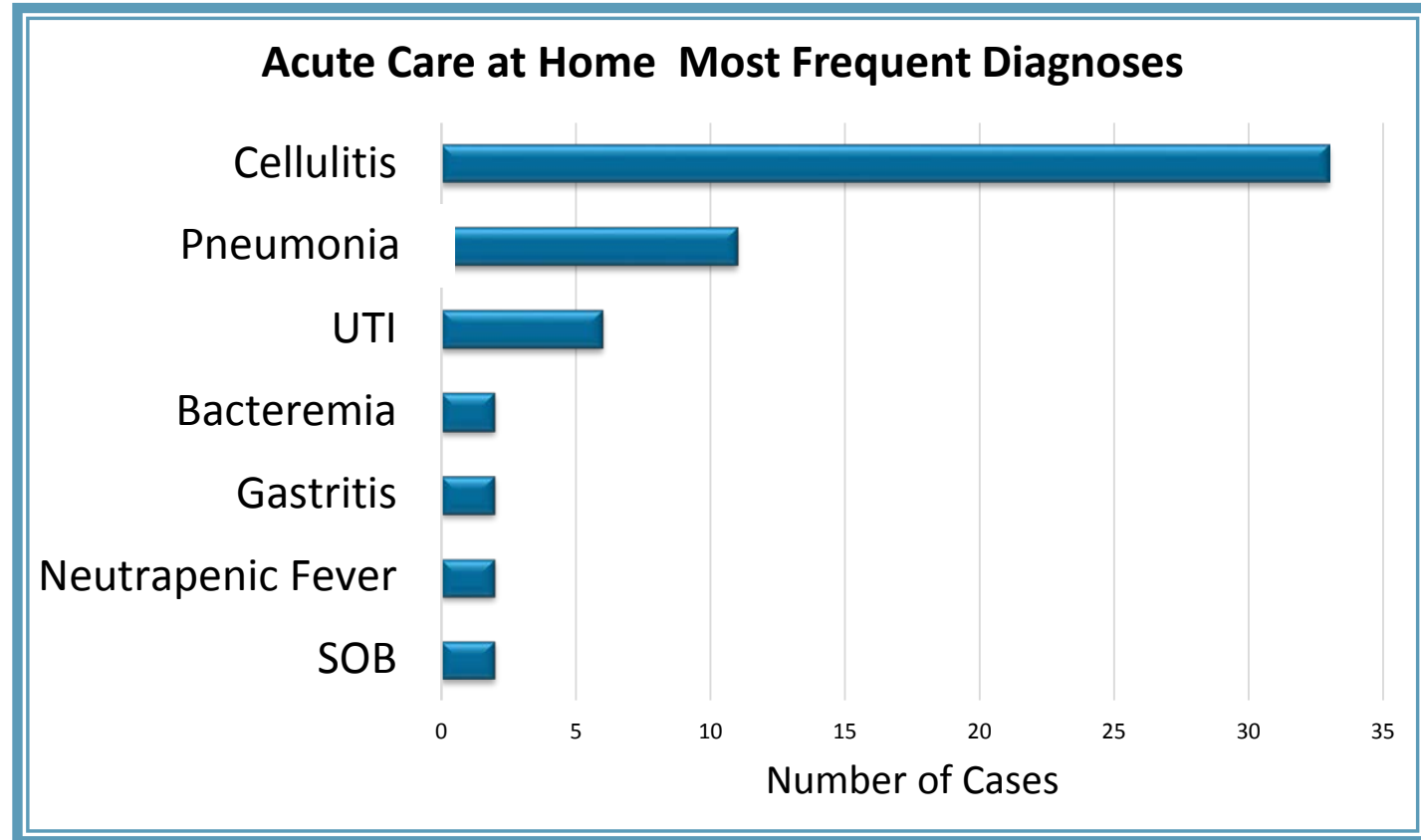
## Quality Improvement with tests of change:

- Clinical order sets
- Home health same day visits
- ED-based care managers & social workers
- HIPAA compliant text messaging



# Results

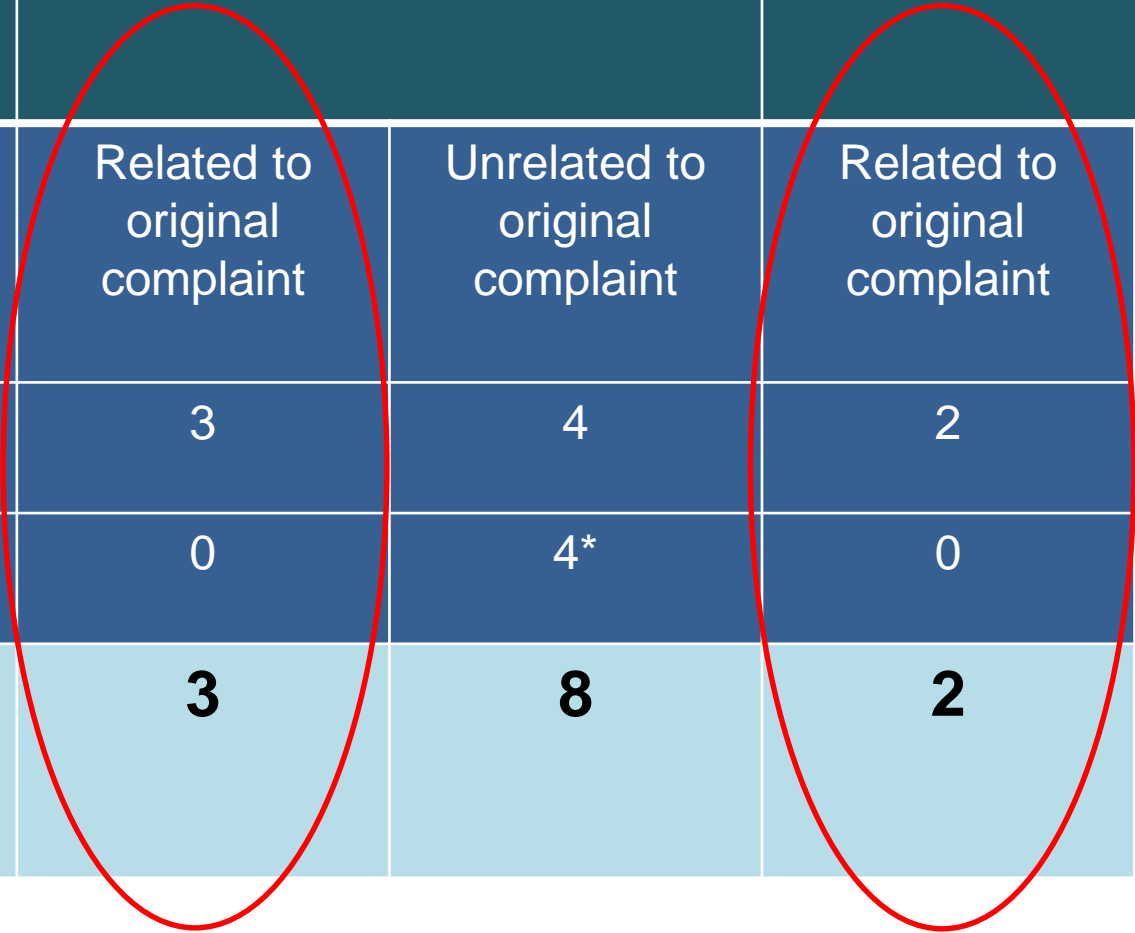
70 patients  
received  
acute care  
at home



# Results



# of days after ED discharge	ED revisits		Hospitalizations		Total revisits
	Related to original complaint	Unrelated to original complaint	Related to original complaint	Unrelated to original complaint	
1-7 days	3	4	2	1	10
8-30 days	0	4*	0	1	5
<b>Total revisits</b>	<b>3</b>	<b>8</b>	<b>2</b>	<b>2</b>	



# Financial Results



Select diagnoses	Least complex DRG	Average inpatient reimbursement	Home Health plus ED reimbursement	Estimated Savings
Cellulitis	603	\$8,678	\$3,639	\$5,039
Pneumonia	194	\$9,541	\$3,321	\$6,220
UTI	690	\$8,105	\$3,498	\$4,607

Average DRG reimbursement	\$8,139
Average reimbursement: acute care at home episode	-\$3,796
<b>Savings per patient</b>	<b>\$4,343</b>

**Total estimated savings \$271,444**



# Limitations



- Cost savings were estimated on what reimbursement **would have been** (based on the most likely hospital DRG) had the patient been admitted.
- Out-of-pocket expense, prescription medications and durable medical equipment figures were not accessible, therefore overall savings estimates may be lower
- Costs of setting up and sustaining the program were not part of the cost calculation

# Conclusions

AGS

- Processes required several iterations, consistent with established principals of quality improvement studies
- Group text messaging greatly improved care team communication, timeliness, care coordination leading to a high degree of satisfaction
- Leveraged existing personnel and infrastructure that is readily available in most EDs and communities

With further process refinement, acute care at home, using a rapidly-responding home health agency, has the potential to reduce inpatient admissions and lower costs