

# Lahey Hospital at Home (HaH)

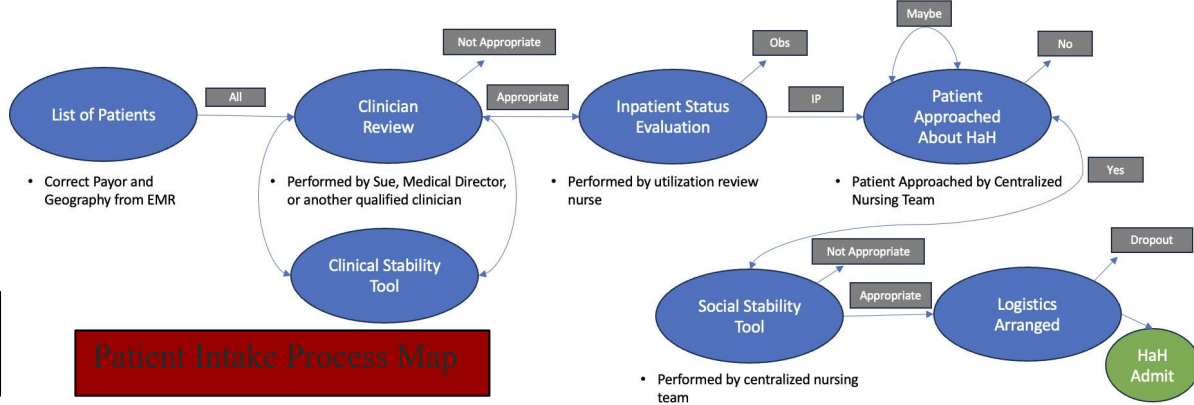
Ibi Ayorinde, Tom Kyle, and Richard Robinet-Duffo

## Summary

**Project Description** - In August, Lahey Hospital launched their HaH program. Accompanied with its initial success has been growing pains with the intake process. Our team identified these pains both qualitatively and quantitatively and propose ways to address each.

**Data** - The host provided our team with data on all screened HaH candidates annotating if/ when the patient dropped out of the process

**Simulation** - Using the data and process map, our team created and verified a discrete event simulation of the HaH screening process to aid our recommendations.



Pain Points		Recommendations
Pain Point	Source	<p>Implement an exclusion criteria in EPIC from the HaH admission rules prior to clinician review. Estimated to save 3 hours per month of clinician time from simulation.</p> <p>Figure out which nodes in the screening process can be done in parallel, not in series. This will expedite the screening process.</p> <p>Expand marketing efforts: HaH presents a shift in culture norms and will require targeted marketing efforts that debunk the difference in quality between receiving care at home vs in the hospital. Marketing must targeted to both patients and providers</p> <p>Streamline Hospital-Contractor engagement: Much time and energy is spent coordinating the care needs and plans of patients between Hospital providers and the HaH Contractor Coordinating team. Technology could greatly influence the efficiency of this process.</p> <p>Patient criteria evolution: Lahey and the HaH program should constantly revisit the clinical requirements of patients. An example of this is the maximum oxygen threshold – some patients, not all, will be comfortable receiving high amounts of oxygen at home so long as it is safe.</p>
1. The clinician review process is resource intensive as each case must be manually reviewed for HaH candidacy.	Clinician testimonies	
2. The screening process is currently done in series which is inefficient and causes compounding procedural delays.	Data, Operational Analyses	
3. Highly utilized centralized nursing team	Clinician testimonies, Data	
4. Education to both patients and providers on the superiority of care delivered at home vs in the hospital	Clinician testimonies	