

BROADCAST- OSF HealthCare admits first patient to its Digital Hospital program

OSF OnCall provides hospital-level care from the comfort of home

When Jim Stickelmaier of Metamora woke up and couldn't breathe one morning in late July, he didn't resist when his wife Karen said she was calling an ambulance. Turns out, Jim was suffering from COVID-19-related pneumonia. Once he was stabilized in the Emergency Department at OSF HealthCare Saint Francis Medical Center in Peoria, he was screened and became the first patient admitted to a new program – OSF OnCall Digital Hospital. It provides hospital-level care at home – everything including X-rays, IVs, oxygen, medication, therapy – even meals.

Stickelmaier says for being the first, he was surprised how everything went smoothly and he's a fan.

"I had my own bed to be in. I have my easy chair to sit in. I have my wife and my daughter with me to keep me company and they didn't have to worry about driving through all the traffic. It was really a good deal." (:16)

Jim's wife Karen also liked being home and felt relieved not having to be the sole caretaker. She looked forward to visits from care team members who always called before their scheduled visits.

"I'm pleased to say that we had such a remarkable group of people that come in here and they were so happy. You know, and *we* were happy. We were looking forward to (sic) ... if they said they were going to come at 2:30, they were out here changing into their, you know, everything (protective clothing). So they could come in here and we really enjoyed just having them here. They did a wonderful job." (:35)

Dr. Paul Moots, chief medical officer for OSF OnCall Digital Hospital says only select patients qualify. Special software can identify good candidates who are then screened.

"Somebody requiring surgery is not going to be an ideal candidate for this program. But, other things that would require IV antibiotics, or even occasional imaging, lab draws – all those patients would qualify for this program." (:15)

Patients must also be 18 or older, have Medicare insurance, and live within 30 minutes of the hospital. OSF equips the home with everything needed for 24/7 connectivity and treatment.

"The patient will have a personal safety device that will allow them to contact the command center, even if they're not able to reach the phone. We'll have a back-up electricity device in their home and we'll have internet connectivity provided by the digital hospital." (:23)

Cassie Worrick, is an advanced practice provider (APP) who helped screen Stickelmaier in the ED and cared for him at home

"They do not necessarily have to have someone living with them, absolutely not. Of course, we take into account if there's any cognitive impairment and what that might look like. Mobility issues and what that might look like. But, it's all on an individual basis and what makes sense." (:16)

Both the Digital Hospital operations and caregivers went through rigorous training for six weeks at the Jump Simulation and Education Center. Specially trained actors simulated various scenarios.

"OSF has done a wonderful job, setting us up for different situations, knowing how to tackle everything, so that when we had our first patient, it was really smooth which, I think was from practicing all the 'what ifs.'" (:15)

The Digital Hospital idea came from an OSF Innovation Trailblazer challenge where Mission Partners (employees) come up with and research ideas to improve care and that helped OSF accelerate plans during the COVID-19 pandemic to address hospital capacity issues.

Suzanne Hinderliter, director of Digital Care Development for OSF OnCall, says in the first three months, OSF treated and monitored more than 100 patients at home.

“We learned a lot about taking care of patients in the home and how valuable it was to meet the patients in their home and give them care where they were, make them feel comfortable and safe and provide a really good experience, help them manage their care because in the end, these patients are going to need to manage themselves and manage their care and their chronic diseases and medications throughout the rest of their life. And so we're there to help make that possible in their home to ensure that we're decreasing any barriers that they have.” (:39)

There is pending legislation to extend the reimbursement and regulations for hospital at home programs. Hinderliter says OSF HealthCare leaders have been pressing for approval because research shows robust home care reduces hospital-related infections and readmissions and patients seem to do better in familiar surroundings near friends, family, and pets.

“I think we've invested in this as a program moving forward and knowing that this is going to be valuable in the way of the future,” says Hinderliter. “We always have to be looking at the next thing and how can we make the care better for our patients? How can we take care of patients in a different way?” (:20)

Its estimated hospitals can save up to 30% in costs, which could translate to lower bills for patients. At the very least, individuals who qualify can receive the same high-quality care and better sleep than in a hospital.

Jim Stickelmaier agrees and says being at home is the best medicine he could receive.

“I would say definitely try it. I think they'll find out that it was a lot easier and a lot nicer to be at home than in the hospital.” (:09)