

HOSPITAL AT HOME FREQUENTLY ASKED QUESTIONS (FAQS)

DISCOVERY HEALTH
2024





1. Which conditions would qualify for a Hospital at Home admission?

All clinically appropriate medical and post-surgical conditions, which would otherwise need admission to hospital for general ward-level care, qualify for Hospital at Home admission.

These acute admissions can take place:

- Directly at home instead of at a hospital
- Through early discharge
- Through care transition from hospital to home to receive or continue their general ward-level care in the convenience of their home.

2. What is 'general ward-level care'?

All qualifying patients get the same care they would in a general hospital ward, including:

- Daily nurse consultations in the home
- A treating provider who will do either online consultations or ward rounds with a Hospital at Home coordinator
- Allied healthcare in the home (for example, physiotherapy or a 24-hour caregiver)
- Collection of blood at home which is then delivered to a laboratory (phlebotomy)
- ECG at home
- Intravenous fluids and medicine if clinically appropriate
- A Hospital at Home coordinator to help the doctor and patient during the admission process.

3. What are the duties of the Hospital at Home coordinator?

The Hospital at Home coordinator has a clinical role in supporting both the patient and the treating provider.

- Support to the provider
 - Helping with the application process
 - Loading authorisations
 - Attending daily ward rounds virtually and making sure the members of the Hospital at Home clinical team follow the prescribed treatment plan
 - Helping with the discharge process or with extending the authorisation
- Support to the patient
 - Helping with the admin and any queries around admission
 - Following up after discharge

4. What happens in the 24-hour command centre?

- The centre is staffed by GPs trained for emergencies.
- They review admitted patients' vitals and respond online to the early warning systems in real time, 24 hours per day.
- The team can provide appropriate safe clinical care if there is a false alarm and in an emergency, using rapid response protocols.
- They will be used as a backup GP panel if the treating provider is not available for a consultation.

5. Which devices will the patient receive?

- A Masimo W1 wearable with advanced tracking of vitals, including heart rate, hydration index, oxygen level, perfusion index, pleth variability index, pulse rate variability and pulse rate. The device monitors these vitals continuously in real time, 24 hours per day.
- A Masimo Radius T wearable thermometer which provides round-the-clock temperature tracking for up to 8 days
- An Omron BP cuff which monitors blood pressure
- A smart phone with SIM and data comes with the devices and connects with them through Bluetooth. It sends the information to the clinical platform so it can be reviewed by the clinical team in the command centre.



The patient also has access to an app on their smart phone, the Masimo SafetyNet app. It helps them manage their daily prescribed treatment actions and helps the clinical team monitor adherence.

On the app, the patient can:

- View their own vitals in real time
- Complete questionnaires specific to their admitting diagnosis to help the care team monitor their clinical course
- Get reminders to take their medicine
- Have video consultations with the doctor.

6. How does the patient get enrolled?

- The doctor must conduct an initial assessment and workup.
- The doctor must complete and submit the application form, together with the prescribed treatment plan and script, which is available electronically on HealthID.
- The patient must sign a consent form for Hospital at Home. The nurse will help with this on their first visit.

7. What does the patient need at home?

- Running water
- Electricity

8. Will loadshedding affect remote monitoring?

- We are looking into providing uninterruptible power supply (UPS) devices and power banks to the nurses to make sure that the patients' devices are always charged.
- Because the cellular towers can be unreliable during loadshedding, the 24-hour GP panel will do telephone consultations if needed.

9. What happens once the patient has been approved for a Hospital at Home admission?

- The patient goes home and the nurse brings their medicine.
- The nurse helps the patient and their family with the following on their first visit:
 - Explaining the programme
 - Signing the Hospital at Home consent form
 - Setting up the devices and showing how they work
 - Explaining the patient's treatment plan
 - Confirming with the remote monitoring team that they are picking up the patient's vitals

10. Which platforms will the treating provider use to manage the patient?

The Masimo platform is used for real-time monitoring of the patient's vitals. It can also be used to record any interaction with the patient, such as video consultations and sharing information about medicine, and patient notes from the care team.

11. What if the patient needs to be discharged or they need extended length of stay?

- Towards the end of the episode, the Hospital at Home coordinator will speak to the doctor about the discharge plan.
- If the patient qualifies for other care programmes, they will be referred. The patient will get a follow-up call to make sure they follow the recommendations.
- If the patient needs extended length of stay, the treating doctor must email an updated treatment plan to hospitalhome@discovery.co.za. This must include any further treatment services, as well as the medicine prescription.
- The coordinator will liaise between the doctor, patient and in-hospital case manager.



12. Which codes can the treating doctors use to bill for the daily care they provide?

- The treating doctor can use the normal consultation codes (0190, etc) on the first line for each day of admission that they would if the patient were in hospital for a medical admission.
- The modifier MHAH must be billed with the above codes for a further 30% on the consultation code.
- If the treating provider is only using the service for remote monitoring, they would bill either RMGP for GPs or RMPH for specialists. (This code would also specifically apply to surgeons due to the post-surgical follow-up rule.)

13. Can a patient choose to be enrolled in Hospital at Home if they are not comfortable with an in-hospital admission?

No. The decision to enrol the patient will always lie with their treating provider and they must initiate the enrolment.

14. Does the patient need to have family support in the home for them to be part of the programme? If they live alone, will they still have access to Hospital at Home?

It is a requirement that there will be someone in the home with the patient during a Hospital at Home admission. They may not live alone. The Hospital at Home team may provide a caregiver if clinically appropriate.

15. Is Hospital at Home something new?

'Home Hospital' is not a new concept internationally. It is new within the South African environment, however.

Discovery has been part of the Ariadne Labs' Home Hospital Early Adopters Accelerator Programme to further develop the Hospital at Home offering. Ariadne Labs is a joint centre for health systems innovation at Brigham and Women's Hospital and the Harvard T.H. Chan School of Public Health.

16. Who is responsible for treating the patient if something happens?

It is entirely voluntary to take part in the Hospital at Home service and it is requested specifically by the treating doctor. It is in the best interest of the patient – our member. We have engaged with various medical legal insurers who are aware of the service (eg, the Medical Protection Society and Genoa). They are fully indemnified, although normal underwriting criteria around their experience and qualifications do apply.

The treating doctor should still contact their medical insurer to find out if their service might apply to the particular patient.

17. Can the doctor decide what happens to the patient?

Doctors have clinical autonomy to decide if the patient should be admitted in or out of hospital.

18. Which browser should the doctors use when accessing the Masimo SafetyNet app?

The Masimo SafetyNet app works best on Google Chrome.

19. What are baseline readings?

These are the 'normal' vital readings that are applied when the patient is enrolled onto a specific care pathway.

20. How does Discovery Home Care fit in with Hospital at Home?

The Hospital at Home nursing service is supported by Discovery Home Care.

If a patient does not qualify for Hospital at Home, they might be able to enrol on the Home Care service offering.



21. Do providers still do discharge summaries?

Yes, providers will still be able to do discharge summaries.