RESEARCH INSTITUTE for HOME CARE

ADVANCING HOME CARE THROUGH RESEARCH

RESEARCH BRIEFING

"The Flipped Discharge:" Development and Implementation of an Innovative Hospital to Home Continuity of Care Intervention for Frail Older Adults

HIGHLIGHTS:

- Supporting Older Adults at Risk (SOAR) program successfully implemented in small cohort pilot to address care transition from hospital to home
- Patients enrolled in SOAR experienced short lengths of stays and had fewer emergency room visits compared to the control cohort
- Home health care began on average seven hours after discharge from hospital
- Over three in four SOAR patients either achieved their patient-centered goals or were progressing toward achievement by discharge from home health

OVERVIEW OF RESEARCH

Building off success of the Discharge to Assess (D2A) transitional care framework originated in England, researchers sought to replicate the main concepts of the model working within a non-centralized healthcare system as in the United States. The goal of the Supporting Older Adults at Risk (SOAR) program is to provide a high-quality, nurse-led replicable transition of care framework from hospital to home. SOAR unfolds in three phases, Prepare (hospital), Transition (hospital to home), and Support (care in the home). The pilot was completed in a large urban academic hospital and an affiliated home health agency.

RESULTS

Overall, SOAR participants received care more quickly following discharge with fewer rehospitalizations than those in the control cohort. In the transition to home, over 75 percent of SOAR patients were discharged before noon with an average of 6.3 hours before first home health visit, compared to an average of 49.3 hours in the control group. These patients also had shorter length of stays by a full day. Forty-seven percent of patients in SOAR achieved their patient-centered goals, which included spending time with family, personal hobbies, and more, by discharge and an additional 41% percent were progressing toward achieving them at the end of their stay.

IMPACT FOR HOME HEALTH CARE

This pilot program is a demonstration of how home health providers can work seamlessly with hospital providers for developing a rigorous transitional care program for older adults that starts on hospital admission to mitigate geriatric-related risks and leverages existing staff. Next steps for implanting SOAR more broadly include standardizing key processes and a larger scale study to confirm results related to outcomes. A study of this kind is a critical step in nurse-led care transitions which can improve patient-centered care and lead to lower rehospitalizations which may potentially lead to system-wide cost savings. SOAR patients also saw drastically expediated home health initiation of care following discharge, filling the critical gap in time between hospital discharge and beginning home health care.

ABOUT THE INSTITUTE

The Research Institute for Home is a 501(c)(3) non-profit, national consortium of home care providers and organizations foundation focused on improving access to and delivery care in the home. The Institute invests in research and education about home care and its ability to deliver quality, cost-effective, patient-centered care across the care continuum. The Institute is committed to conducting and sponsoring research and initiatives that demonstrate and enhance the value proposition that home care has to offer patients and the entire U.S. health care system.

RESEARCHERS

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ABOUT THE GRANT

The Research Institute's Home Health Research grant is the only grant dedicated solely to the betterment and understanding of care in the home. With more than a decade of sponsoring and providing integral education and research on the value of home health care to the U.S. health care system, the Institute, through the grant process, seeks to bring home health care research to the forefront and sow the seeds for critical research in the field that will help inform better care for patients now and for the future.

WHERE TO READ MORE

- Trotta RL, Shoemaker AE, Greysen SR, Boltz M. Pilot Process Evaluation of the Supporting Older Adults at Risk Model: A RE-AIM Approach. J Healthc Qual. 2024 May 14. doi: 10.1097/JHQ.0000000000000435.