

WEBVTT

1 "Jasmina Sisirak" (955846400)

00:00:09.089 --> 00:00:18.294

Welcome everyone. My name is Yasmin. Welcome to our 2nd, webinar in our, uh, fall healthy brain webinar series.

2 "Jasmina Sisirak" (955846400)

00:00:18.564 --> 00:00:30.984

Healthy brain webinar series is presented by the health matters program at the University of Illinois, Chicago in partnership with national task group, put on intellectual disability and dementia practices,

3 "Jasmina Sisirak" (955846400)

00:00:31.434 --> 00:00:34.824

and is funded by the Centers for Disease Control and prevention.

4 "Jasmina Sisirak" (955846400)

00:00:35.190 --> 00:00:48.030

The healthy brain webinar series, um, the contents are so lead the responsibility of the author and do not represent the official views of the CDC.

5 "Jasmina Sisirak" (955846400)

00:00:48.925 --> 00:01:02.995

A couple of other, um, announcements are not offered for the webinars each live webinar will be recorded and available to view on YouTube channel. You will be emailed once that is up.

6 "Jasmina Sisirak" (955846400)

00:01:02.995 --> 00:01:17.005

It's usually in, about a week and please use chat box for comments and questions. There will be about 10 and 10 to 15 minutes after the presentation for question and the answer.

7 "Jasmina Sisirak" (955846400)

00:01:17.400 --> 00:01:30.240

I wanted to introduce our speaker today. Um, they will be talking about improving access to home hospital for people with intellectual and developmental disability.

8 "Jasmina Sisirak" (955846400)

00:01:30.240 --> 00:01:36.210

Aaron Shad bolt started her career as an acute care.

9 "Jasmina Sisirak" (955846400)

00:01:36.955 --> 00:01:43.135

Um, float nurse and then transition to a hospice case manager.

10 "Jasmina Sisirak" (955846400)

00:01:43.195 --> 00:01:56.695

She went on to earn a masters of nursing from Webber State University in Ogden, Utah in 2010, and has been in nursing leadership since she launched the Mayo Clinic home hospital program, Clara, Wisconsin in 2020.

11 "Jasmina Sisirak" (955846400)

00:01:56.695 --> 00:02:06.205

and has transitioned into a role as the senior director of post acute care for ascension healthcare, working to increase access. ascension healthcare working to increase access

12 "Jasmina Sisirak" (955846400)

00:02:06.210 --> 00:02:09.150

To home hospital care to those throughout the country.

13 "Jasmina Sisirak" (955846400)

00:02:09.985 --> 00:02:21.805

Today Aaron will talk about home hospital care has become a growing sector in the acute care world and significant work is being done to insure equity in accessing the services.

14 "Jasmina Sisirak" (955846400)

00:02:22.135 --> 00:02:36.565

This presentation will describe how a fellow in the Institute for developmental disability nursing worked to solve barriers for those with intellectual and developmental disabilities in accessing home hospital care in rural Wisconsin.

15 "Jasmina Sisirak" (955846400)

00:02:36.835 --> 00:02:39.145

Aaron. Welcome. We're very excited to.

16 "Jasmina Sisirak" (955846400)

00:02:39.150 --> 00:02:40.350

Have you here.

17 "Erin Shadbolt" (2917561600)

00:02:40.350 --> 00:02:44.640

Thank you so much for having me. Are you able to hear me okay?

18 "Erin Shadbolt" (2917561600)

00:02:46.110 --> 00:02:58.320

Yes, all right well, we will go ahead and get started. Welcome everybody. Um, I hope that I'm able to share some background for you on home hospital and some of the work that.

19 "Erin Shadbolt" (2917561600)

00:02:58.320 --> 00:03:12.930

We were able to do it mail clinic, um, to help improve access and some of the ongoing barriers that I see, um, that still need to be solved to move the program forward in terms of, um.

20 "Erin Shadbolt" (2917561600)

00:03:12.930 --> 00:03:22.380

Equity, so I was super fortunate that I happened to get an E mail 1 day. Um, that was.

21 "Erin Shadbolt" (2917561600)

00:03:22.615 --> 00:03:30.355

Talking about this nursing fellowship through the Institute for intellectual developmental disability nursing.

22 "Erin Shadbolt" (2917561600)

00:03:31.405 --> 00:03:39.115

I've always have an interest in just generally improving equity and access and healthcare.

23 "Erin Shadbolt" (2917561600)

00:03:39.445 --> 00:03:52.105

And in my work in the home, as a hospice nurse, I had taken care of a wide variety of people that I had seen were not able to access equitable health care. And I was a.

24 "Erin Shadbolt" (2917561600)

00:03:52.380 --> 00:04:04.825

Business, so, for those people, it was resulting in them approaching the end of their life. So this was something I was really passionate about and I'm just so grateful for the opportunity to go through this fellowship.

25 "Erin Shadbolt" (2917561600)

00:04:05.245 --> 00:04:16.645

Um, when I was at Mayo Clinic, I was a nurse administrator, and I was over the home hospital program at Mayo Clinic, that program's called advanced care at home. It's actually called that at a few different systems.

26 "Erin Shadbolt" (2917561600)

00:04:17.035 --> 00:04:22.165

And so I'm gonna talk a little bit about the work that I did there and kind of how that journey went.

27 "Erin Shadbolt" (2917561600)

00:04:22.380 --> 00:04:24.180

For the program.

28 "Erin Shadbolt" (2917561600)

00:04:25.165 --> 00:04:36.805

So, the initial goals of the project was really ensuring appropriate identification of home hospital candidates that have intellectual and developmental disabilities.

29 "Erin Shadbolt" (2917561600)

00:04:37.255 --> 00:04:49.855

Um, and that included input from those that would be served. So, 1 of the foundations of the program that, um, that I went through was really this idea of, you know, nothing for us without us.

30 "Erin Shadbolt" (2917561600)

00:04:50.185 --> 00:04:54.175

And how do we gather the voices of people that will be impacted by the services.

31 "Erin Shadbolt" (2917561600)

00:04:54.180 --> 00:04:55.649

Is that we're creating.

32 "Erin Shadbolt" (2917561600)

00:04:56.304 --> 00:05:10.584

Solving for the relationship between home hospital and community services so I'll talk a little bit more about that, but it is an ongoing challenge to implement the home hospital program in a facility setting,

33 "Erin Shadbolt" (2917561600)

00:05:10.584 --> 00:05:16.704

or for people that have Medicaid and then a caregiver respite program development.

34 "Erin Shadbolt" (2917561600)

00:05:18.659 --> 00:05:22.439

So, a little bit of background about the ACH program.

35 "Erin Shadbolt" (2917561600)

00:05:23.004 --> 00:05:37.524

And really, I just want to start with Y, so male clinic launched their home hospital program in July of 2020. our program development was separate from the pandemic that just happened to be, um.

36 "Erin Shadbolt" (2917561600)

00:05:37.524 --> 00:05:38.994

to be um

37 "Erin Shadbolt" (2917561600)

00:05:39.294 --> 00:05:46.104

Good or bad timing, maybe, depending on who you ask, but this was really part of the vision that Dr.

38 "Erin Shadbolt" (2917561600)

00:05:46.974 --> 00:06:01.644

um, the CEO of Mayo Clinic had to really cure connect and transform, so creating a platform that would allow people all over the world to access male clinic level hospital care in the comfort of their homes.

39 "Erin Shadbolt" (2917561600)

00:06:01.704 --> 00:06:07.944

Um, really working to create capacity to drive affordability and to expand the male clinic reach.

40 "Erin Shadbolt" (2917561600)

00:06:09.629 --> 00:06:15.389

The care delivery model is delivered in partnership with medically home. Um.

41 "Erin Shadbolt" (2917561600)

00:06:15.714 --> 00:06:22.344

For those of you, that are unfamiliar. There is a few, pretty large vendors in the home hospital world.

42 "Erin Shadbolt" (2917561600)

00:06:22.644 --> 00:06:34.254

Um, 1 is medically home, but there are several others such as dispatch health and and medically homes model includes a remote monitoring, um, center.

43 "Erin Shadbolt" (2917561600)

00:06:34.254 --> 00:06:45.264

That is the command center as well as in home technology and then a supplier network and the supplier network includes all of these things that you can see in the outer ring.

44 "Erin Shadbolt" (2917561600)

00:06:45.389 --> 00:06:56.094

So really have the patient in their home connected through technology to the command center and the command center is coordinating all of these different services that go into the home.

45 "Erin Shadbolt" (2917561600)

00:06:56.544 --> 00:07:04.464

And as you can see, it's a pretty extensive suite of services and it mimics closely the services. That you can get in in the hospital setting.

46 "Erin Shadbolt" (2917561600)

00:07:06.024 --> 00:07:20.813

This is what the medically home technology looks like. And this is a pretty typical setup we usually talk to patients about, you know, where do you spend most of your time, or where is it convenient for

you to access the technology? So that can be the kitchen.

47 "Erin Shadbolt" (2917561600)

00:07:20.813 --> 00:07:34.614

It can be the bedroom, it can be, you know, next to the recliner. Really? Wherever people have the space and are most likely to be the medically home model includes a tablet. The tablet is locked down. So that.

48 "Erin Shadbolt" (2917561600)

00:07:34.799 --> 00:07:47.669

Only interface that you can see is this 1 here in this picture so it has a schedule, um, with some upgrades. They now, um, patients can see the schedule for upcoming days.

49 "Erin Shadbolt" (2917561600)

00:07:48.174 --> 00:08:02.934

They can press a button to talk to their team, which initiates a video call to the command center. Um, and then there's also a place where they can enter their vital signs, or see what their vital signs were access education or take a photo.

50 "Erin Shadbolt" (2917561600)

00:08:03.234 --> 00:08:17.604

Um, there is also a set of emergency backup equipment, so the medically home Mayo Clinic model of home hospital is a pretty high acuity model. So the technology includes a.

51 "Erin Shadbolt" (2917561600)

00:08:17.669 --> 00:08:32.544

Um, backup power supply that can run an oxygen concentrator for several hours a phone. So you can see this phone here. If you pick that up at dials, direct to the command center that's in case something were to happen to the tablet.

52 "Erin Shadbolt" (2917561600)

00:08:32.544 --> 00:08:44.604

And people aren't able to get through, or if people just don't want to connect through a video call for privacy reasons, they can connect through a phone call. Instead there is a personal emergency response device support on the wrist.

53 "Erin Shadbolt" (2917561600)

00:08:44.694 --> 00:08:47.634

Um, usually that is located in the bathroom.

54 "Erin Shadbolt" (2917561600)

00:08:47.669 --> 00:08:52.379

So there is, you can see this little box there is a call, um.

55 "Erin Shadbolt" (2917561600)

00:08:52.379 --> 00:08:59.339

The thing to call to the command center through that as well and then there's Bluetooth enabled vital sign equipment.

56 "Erin Shadbolt" (2917561600)

00:09:01.344 --> 00:09:07.974

The supplier network, um, looks like this. So, again, like, I mentioned Mayo Clinic, we have a command center.

57 "Erin Shadbolt" (2917561600)

00:09:08.004 --> 00:09:17.904

There's a software platform provided by medically home that's called Sasha, and that helps the command center, coordinate the supplier network to deliver care to the patient's home.

58 "Erin Shadbolt" (2917561600)

00:09:18.414 --> 00:09:25.194

The program at Mayo Clinic allows for people to live 30 miles from the home.

59 "Erin Shadbolt" (2917561600)

00:09:25.469 --> 00:09:29.249

Site of the program, um, and.

60 "Erin Shadbolt" (2917561600)

00:09:29.249 --> 00:09:33.569

A implemented a waiver program in.

61 "Erin Shadbolt" (2917561600)

00:09:33.569 --> 00:09:47.429

I think it was maybe late 2020, um, that allowed for home hospital programs to start to build Medicare directly for the services. Most of the time you'll just hear it called the CMS waiver.

62 "Erin Shadbolt" (2917561600)

00:09:47.904 --> 00:09:58.584

And what it says is that a patient has to have a, um, sort of an index, er, or hospital stay at an identified hospital.

63 "Erin Shadbolt" (2917561600)

00:09:58.614 --> 00:10:13.344

And so, for the program and Eau Claire, male clinic, the identified hospital was the unclear hospital and patients could be served in a 30 mile radius from that hospital. But the command center was actually in Jacksonville, Florida for our program.

64 "Erin Shadbolt" (2917561600)

00:10:13.494 --> 00:10:17.154

And you can see these are all the services that we were committing to

be able to.

65 "Erin Shadbolt" (2917561600)

00:10:17.429 --> 00:10:31.014

To people within that 30 mile radius from the hospital so, you know, community pair medicine and which is a cute rapid response career services, some medical equipment, home, health,

66 "Erin Shadbolt" (2917561600)

00:10:31.044 --> 00:10:35.214

AIDS homecare services. So that includes therapy and nursing.

67 "Erin Shadbolt" (2917561600)

00:10:35.519 --> 00:10:47.309

Infusion therapy Labs, medical meals. Um, those actually, in the male clinic model are provided through the hospital, um, cafeteria as freshly.

68 "Erin Shadbolt" (2917561600)

00:10:47.309 --> 00:10:52.709

Fresh frozen meals, mostly, um, and then there's medical waste and.

69 "Erin Shadbolt" (2917561600)

00:10:52.709 --> 00:10:58.289

Kind of all of these, um, pieces of the supplier network that can be delivered.

70 "Erin Shadbolt" (2917561600)

00:11:00.054 --> 00:11:04.914

For the journey of the patient in the advanced care at home program.

71 "Erin Shadbolt" (2917561600)

00:11:04.944 --> 00:11:12.294

Like I mentioned with the CMS waiver, patients have to visit the emergency room,

72 "Erin Shadbolt" (2917561600)

00:11:12.324 --> 00:11:26.814

or have a brick and mortar hospitalization at the index facility which for us is the clear hospital. That's important. Because in the region where we're surveying, Mayo Clinic actually has 5 hospitals here.

73 "Erin Shadbolt" (2917561600)

00:11:26.814 --> 00:11:29.394

There's 4 critical access hospitals 3 of which.

74 "Erin Shadbolt" (2917561600)

00:11:29.489 --> 00:11:44.274

We're actually within 30 miles of the nuclear hospital, and then Neil Clare hospital. So this was kind of an ongoing challenge is, we would



have people that were appropriate for the ACH program. They actually were in the, er, in menonomie or the Ian bloomer.

75 "Erin Shadbolt" (2917561600)

00:11:44.304 --> 00:11:59.304

Instead of the Claire, those patients were unfortunately not eligible for the home hospital program. So, for patients that were identified in the emergency department as being a potential candidate for advanced care at home, that was called a hospital.

76 "Erin Shadbolt" (2917561600)

00:11:59.489 --> 00:12:00.719

Institution.

77 "Erin Shadbolt" (2917561600)

00:12:01.224 --> 00:12:15.474

And those patients would go straight from the, er, home, and they would get acute phase care, which is inpatient level care again this is being paid for under the CMS waiver. So, patients have to meet inpatient criteria.

78 "Erin Shadbolt" (2917561600)

00:12:15.714 --> 00:12:30.534

They have to go through usual utilization management leveling. So, it looks just like, in patient level of care, they get nursing and therapies, frequent clinician visits, and in home diagnostics and then around day, 3.

79 "Erin Shadbolt" (2917561600)

00:12:30.719 --> 00:12:45.654

Those patients would be transitioned to restore to phase where they would get continued rehabilitation, help with medication, management, patient, education and transition back to their primary care provider. Not every patient would qualify for sort of care.

80 "Erin Shadbolt" (2917561600)

00:12:45.924 --> 00:12:51.954

Um, and about halfway through the model. Mayo Clinic actually phased out this restored phase of care.

81 "Erin Shadbolt" (2917561600)

00:12:53.004 --> 00:13:07.284

For bricks and mortar patients, so these are patients that maybe came in and they really were too sick to go home right away. Um, a good example of this is somebody that comes into the hospital with and they actually have signs of being septic.

82 "Erin Shadbolt" (2917561600)

00:13:07.554 --> 00:13:22.254

We generally don't want to take patients that are actively set to

comb. So, for those patients, we would usually culture the wound where we thought the was start antibiotics and once those signs of sepsis had improved, or were trending the right direction.

83 "Erin Shadbolt" (2917561600)

00:13:22.259 --> 00:13:26.159

Then we might bring patients home that was called reduce length of stay.

84 "Erin Shadbolt" (2917561600)

00:13:28.554 --> 00:13:38.424

Um, this is just an example of kind of the difference in care between a typical hospital patient and a patient that is in a home hospital program, like advanced care at home.

85 "Erin Shadbolt" (2917561600)

00:13:38.874 --> 00:13:44.724

So, the hospital is such an interesting environment because we, um, you know,

86 "Erin Shadbolt" (2917561600)

00:13:45.084 --> 00:13:56.094

we pretty much take away usual schedules and we very much schedule things based on convenience for the hospital operations. Uh, it's not really.

87 "Erin Shadbolt" (2917561600)

00:13:56.184 --> 00:14:05.634

Anybody's fault, it's just the way that it works. So, your physician starts rounding at 7, which means that your Labs need to be really run at 6.

88 "Erin Shadbolt" (2917561600)

00:14:06.054 --> 00:14:14.514

and I would say 60 am is probably a little bit late in a typical hospital for your lab draws a lot of times. Those are gonna start at 4 or 5 in the morning and so. so

89 "Erin Shadbolt" (2917561600)

00:14:15.119 --> 00:14:29.364

Um, then you have your physician visit and that's going to be between 8 and 11 or maybe later. It just really depends on what is going on in your physician's world. You know, you're gonna watch TV. You're gonna wait for an X, Ray.

90 "Erin Shadbolt" (2917561600)

00:14:29.784 --> 00:14:42.804

We're probably not gonna let you get up and move around very much. We don't really love people to walk too much in the hospital, because we don't want you to fall. Um, so we're gonna do a sponge bath in bed,

um, at 40 P. M.

91 "Erin Shadbolt" (2917561600)

00:14:42.804 --> 00:14:45.114

you might push the call button hoping to talk. talk

92 "Erin Shadbolt" (2917561600)

00:14:45.119 --> 00:14:53.369

You're physician again, the physician might come by at 5, or they might say, you know, your physician will come by and to you tomorrow.

93 "Erin Shadbolt" (2917561600)

00:14:53.694 --> 00:15:05.544

Any dinner at 60 PM, and then at 11, the hospital is quite enough for you to go to sleep, except at midnight we're going to come in and check your vital signs. So you're not going to sleep for that long.

94 "Erin Shadbolt" (2917561600)

00:15:05.544 --> 00:15:12.894

Whereas in the home, we have a very patient centric schedule, um, the way that, uh,

95 "Erin Shadbolt" (2917561600)

00:15:12.924 --> 00:15:23.244

it's usually sort of operationalize is we usually start visits in the home actually around 5 or 6 in the morning because some people are mourning people and they're already up. up

96 "Erin Shadbolt" (2917561600)

00:15:23.369 --> 00:15:33.209

And that's when they want to get their day going. So we do that for those people. And for people that say, I don't get up until 11, then we're not going to come see you until 11.

97 "Erin Shadbolt" (2917561600)

00:15:33.654 --> 00:15:46.164

So, we usually 1 of the 1st, things in the morning, that happens is the nurse or community paramedic is going to come by and they're going to get the lab draw for the daily Labs. They're also going to do a basic assessment.

98 "Erin Shadbolt" (2917561600)

00:15:46.584 --> 00:15:55.764

And then there's going to be a physician video visit, probably at the same time that a nurse practitioner, or the nurse or paramedic are in home, seeing people in person.

99 "Erin Shadbolt" (2917561600)

00:15:56.664 --> 00:16:08.574

Visitors are, of course, allowed and welcomed in your home. Um, we

don't really have control over that, but we do ask people to not really leave their home while they're in the acute phase of their hospital state.

100 "Erin Shadbolt" (2917561600)

00:16:09.084 --> 00:16:11.784

We'll have an X, Ray, somebody will come to the home.

101 "Erin Shadbolt" (2917561600)

00:16:11.814 --> 00:16:25.344

Do the X, Ray uh, we'll have an aid come and help you shower in your home if maybe you haven't showered before and you need additional support then maybe we have an occupational therapist come and make sure that you have all the equipment and supplies that you need.

102 "Erin Shadbolt" (2917561600)

00:16:26.069 --> 00:16:40.319

Um, you can connect to the physician using the iPad at 40 P. M. you can eat food at home, or we'll bring you food if that's what you want and then you'll sleep in your own bed and we don't check vital signs at night in the home hospital.

103 "Erin Shadbolt" (2917561600)

00:16:42.269 --> 00:16:55.554

Um, so who is a candidate for, um, this gets into some really important implications when we start to talk about access for people with intellectual and developmental disabilities um,

104 "Erin Shadbolt" (2917561600)

00:16:55.614 --> 00:16:59.844

and even those with physical disabilities. So, the criteria is that.

105 "Erin Shadbolt" (2917561600)

00:17:00.119 --> 00:17:11.309

They have to have the right diagnosis, and we actually are at a place within the Mayo Clinic program where it's more like, you need to not have the, the wrong diagnosis. So.

106 "Erin Shadbolt" (2917561600)

00:17:11.309 --> 00:17:24.449

There's some diagnoses that we don't take into the program, um, for a variety of reasons, but it's pretty limited right now. 1 example would be somebody that is dependent on HEMO dialysis.

107 "Erin Shadbolt" (2917561600)

00:17:24.804 --> 00:17:35.904

Um, for kidney failure, dialysis has some just very specific Medicare billing implications and we don't have a good way to manage that yet.

108 "Erin Shadbolt" (2917561600)

00:17:36.354 --> 00:17:51.264

Um, so I, I think we'll get there, but we're just not there today, clinical stability. So, essentially, we need to think that you're not likely to need to be escalated to the ICU. You're not likely to need continuous telemetry monitoring.

109 "Erin Shadbolt" (2917561600)

00:17:51.539 --> 00:18:03.744

And usually, we don't like to admit people to home hospital if we think that within the next 12 to 16 hours, they have something that they need to come into the brick and mortar for.

110 "Erin Shadbolt" (2917561600)

00:18:04.134 --> 00:18:09.954

So, there's a lot of things that we do in the hospital that we can't do at home scans MRIs we can.

111 "Erin Shadbolt" (2917561600)

00:18:10.199 --> 00:18:23.514

Do basic X, Ray, we can even do some pretty advanced ultrasound in your home, but we can't do scans. So if we know that you need a scan today, you're probably not going home with the home hospital today.

112 "Erin Shadbolt" (2917561600)

00:18:23.544 --> 00:18:25.674

We're gonna wait until, after you have that done.

113 "Erin Shadbolt" (2917561600)

00:18:26.099 --> 00:18:40.979

Um, geographies, so you need to live within 30 miles of the hospital social determinants. So, um, each program is a little bit different, but for the male clinic program, they have a social stability screening tool that asks questions like.

114 "Erin Shadbolt" (2917561600)

00:18:40.979 --> 00:18:47.729

Are their weapons in the home if there are weapons to agree to secure them? Are there animals in the home?

115 "Erin Shadbolt" (2917561600)

00:18:47.729 --> 00:18:56.424

Do you agree to secure your animals? Do you have running water? Do you have working electricity? Do you have heat or air conditioning depending on the weather?

116 "Erin Shadbolt" (2917561600)

00:18:56.634 --> 00:19:08.844

Um, do you have access to support, um, to be able to move functionally in your home? Essentially, we're really screening to make sure that you have a safe recovery environment.

117 "Erin Shadbolt" (2917561600)

00:19:09.474 --> 00:19:16.134

Um, but what you find is that what a safe recovery environment is looks really different to.

118 "Erin Shadbolt" (2917561600)

00:19:16.764 --> 00:19:28.254

Every person that assesses that, and then payer. So, um, there has been a variety of changes to this as the Mayo Clinic program has moved along.

119 "Erin Shadbolt" (2917561600)

00:19:28.854 --> 00:19:33.744

Um, you know, there there, almost 2 and a half years into their program. Now, at Mayo Clinic.

120 "Erin Shadbolt" (2917561600)

00:19:34.374 --> 00:19:48.804

Initially, there was a very limited payer, um, group now it's much broader, including most commercial insurances, most Medicare advantage plans, all primary Medicare.

121 "Erin Shadbolt" (2917561600)

00:19:49.404 --> 00:19:59.034

But at least in my state, I'm in Wisconsin. Um, Medicaid is not a payer. Our Medicaid system chose not to, um.

122 "Erin Shadbolt" (2917561600)

00:19:59.639 --> 00:20:06.509

Sign up for the waiver, and I'm not sure that full process, but, uh, the home hospital.

123 "Erin Shadbolt" (2917561600)

00:20:06.509 --> 00:20:11.489

Program is a benefit is not something that's allowable under Medicaid.

124 "Erin Shadbolt" (2917561600)

00:20:11.489 --> 00:20:20.129

In Wisconsin, so we kind of go through this list of criteria. We come up with a list of, you know, 5 to 10 patients in the hospital every day.

125 "Erin Shadbolt" (2917561600)

00:20:20.129 --> 00:20:34.374

And then, are we reach out to the patient's position and say, hey, do you agree that? These patients might look good and if they say, yes, then we reach out to the patients, talk about the program and make sure that they will be interested in going home.

126 "Erin Shadbolt" (2917561600)

00:20:34.434 --> 00:20:43.914

And then everything's arranged, and patients can go home with the home hospital. Um, there are times when patients may opt out and they can come back to the hospital.

127 "Erin Shadbolt" (2917561600)

00:20:43.914 --> 00:20:50.124

Anytime 1 of the things that we've gotten better at over time is preparing people for what it really looks like.

128 "Erin Shadbolt" (2917561600)

00:20:50.129 --> 00:20:57.864

In the home on 1 hand, it's really nice, because it's much more limited interruption than in your hospital room.

129 "Erin Shadbolt" (2917561600)

00:20:58.374 --> 00:21:07.164

On the other hand it feels very disruptive to have people coming to your door every hour or 2 during the day to provide care.

130 "Erin Shadbolt" (2917561600)

00:21:07.164 --> 00:21:17.274

So, we do have to sort of prepare people, but it it really is hospital level care and it's it's a lot of people coming to see you to provide hospital level care.

131 "Erin Shadbolt" (2917561600)

00:21:17.639 --> 00:21:20.789

So, I did a, uh.

132 "Erin Shadbolt" (2917561600)

00:21:20.789 --> 00:21:29.009

Evidence review for this project really trying to get an understanding of, you know, Where's the current literature and understanding of.

133 "Erin Shadbolt" (2917561600)

00:21:29.009 --> 00:21:38.909

The home hospital model of care hospital care in general for those with, um, and then any connection between.

134 "Erin Shadbolt" (2917561600)

00:21:39.564 --> 00:21:42.684

The home hospital model and care for those with id'd,

135 "Erin Shadbolt" (2917561600)

00:21:42.714 --> 00:21:55.074

which I didn't find any literature around that I did find some pretty good information or at least the beginnings of what I think is going to become a good pool of information.

136 "Erin Shadbolt" (2917561600)

00:21:55.379 --> 00:22:02.369

Um, around use of, like, Tele visits and, um, oh.

137 "Erin Shadbolt" (2917561600)

00:22:02.369 --> 00:22:15.419

Uh, like, uh, telehealth devices for people with id'd. So the current knowledge review for the home hospital home hospital's actually.

138 "Erin Shadbolt" (2917561600)

00:22:15.419 --> 00:22:26.189

Been around for quite a while in the U. S. since the late 1990. S. and longer than that, um, internationally. So there is quite.

139 "Erin Shadbolt" (2917561600)

00:22:26.189 --> 00:22:40.374

Quite a lot of literature, if you go and look for articles around home hospital, I just wanted to share some of the more recent and well known authors, um, on the subject. So, um, Dr left in 2008.

140 "Erin Shadbolt" (2917561600)

00:22:40.374 --> 00:22:55.104

really did 1 of the 1st, um, what's considered a really nice review of the program and the and the outcome so he describes at the home hospital environment is less stressful for family.

141 "Erin Shadbolt" (2917561600)

00:22:55.104 --> 00:22:56.184

stressful for family

142 "Erin Shadbolt" (2917561600)

00:22:56.214 --> 00:23:09.924

Members of those that were hospitalized. This was kind of regardless of the amount of care that those families ended up taking on when their loved 1 was in the home hospital. And I thought that that was kind of interesting in 2018. Dr.

143 "Erin Shadbolt" (2917561600)

00:23:09.924 --> 00:23:16.374

Levine, um, published outcomes from a small randomized control trial. randomized control trial

144 "Erin Shadbolt" (2917561600)

00:23:16.649 --> 00:23:29.369

That found that really our outcomes, quality safety and patient experience. We're similar in the home hospital versus the brick and mortar setting. So, home hospital might not be better, but it's not worse than the brick and mortar.



145 "Erin Shadbolt" (2917561600)

00:23:29.369 --> 00:23:41.639

Setting, and then in 2020, as I mentioned, authorized an emergency waiver during the public health emergency so, for those of you that are familiar with this, the is approved through the end of this year.

146 "Erin Shadbolt" (2917561600)

00:23:41.639 --> 00:23:51.509

We've been told in the healthcare world that we'll get a 60 to 90 day notice when the PhD is going to be ended.

147 "Erin Shadbolt" (2917561600)

00:23:52.224 --> 00:24:03.234

There is a lot of risk in the home hospital world that if the public health emergency goes away, this waiver can also go away. And so the revenue capture will go away, which would be very challenging.

148 "Erin Shadbolt" (2917561600)

00:24:03.264 --> 00:24:17.184

Um, because while we all love this model of care and believe in it, it's ideal if you can get paid for the care that you're providing. So, the waiver did set some minimum standards for home hospital programs. Some of the things that were included.

149 "Erin Shadbolt" (2917561600)

00:24:17.214 --> 00:24:21.234

I already mentioned the patients have to come to the, er, or to the hospital.

150 "Erin Shadbolt" (2917561600)

00:24:21.509 --> 00:24:25.289

For a hospital stay before they can be admitted to the program.

151 "Erin Shadbolt" (2917561600)

00:24:25.289 --> 00:24:35.454

There's a pretty extensive application process for hospitals based on whether they have had a previous home hospital program, or whether they're launching a new 1.

152 "Erin Shadbolt" (2917561600)

00:24:35.934 --> 00:24:40.764

um, including some manual reporting that they have to do to, um.

153 "Erin Shadbolt" (2917561600)

00:24:41.549 --> 00:24:52.164

The patients that are in the home hospital program, according to the waiver, um, they need to have a visit by provider virtual or in person each day that can be a physician,

154 "Erin Shadbolt" (2917561600)

00:24:52.164 --> 00:25:05.544

or an advanced practice provider like a nurse practitioner or physician's assistant. Um, they need to have a nursing assessment each day. This can be in person or virtual that nursing assessment needs to drive the nursing plan of care.

155 "Erin Shadbolt" (2917561600)

00:25:05.694 --> 00:25:08.934

And then there needs to be 2 in person visits, completed.

156 "Erin Shadbolt" (2917561600)

00:25:09.629 --> 00:25:16.109

To follow through on that nursing plan of care that's created by that nurse assessment.

157 "Erin Shadbolt" (2917561600)

00:25:16.109 --> 00:25:30.599

This can be provided by a nurse, or by a mobile integrated paramedic also called a community paramedic. Um, there's some differences between those 2 terms, but for this presentation, I'm going to use them interchangeably.

158 "Erin Shadbolt" (2917561600)

00:25:31.464 --> 00:25:46.194

So that's kind of where we're at with the current knowledge review of home hospital it exists and the research that's out there is pretty good. There's been very limited, large, randomized, controlled trials and actually kind of, interestingly, male clinic was, um.

159 "Erin Shadbolt" (2917561600)

00:25:46.469 --> 00:26:00.474

In the process of trying to do a large when I left the organization, but there's been sort of multiple challenges because when you approach patients to try to randomize and you tell them that, if they're randomized,

160 "Erin Shadbolt" (2917561600)

00:26:00.924 --> 00:26:15.084

they might have to stay in the brick and mortar hospital. They opt out of the so, um, it's, it's been a challenge, uh, to to kind of gather that data and I think that's been common.

161 "Erin Shadbolt" (2917561600)

00:26:16.254 --> 00:26:30.624

So this is a current knowledge review around telemedicine for those with, with like I said, I didn't find really any literature that talks specifically about the experience of those with ID or the experience providing care for those with,

162 "Erin Shadbolt" (2917561600)

00:26:31.104 --> 00:26:45.384

in the home hospital. But what I did find is especially coming out of the initial year, or 2 of the pandemic. There is some good literature that a, certain to describe what it looks like to provide virtual care.

163 "Erin Shadbolt" (2917561600)

00:26:45.389 --> 00:26:59.244

For people with, so, in a article, they, they talk about that it's possible to deliver accessible and high quality, virtual care for adults with ID, but there's limited research on the topic.

164 "Erin Shadbolt" (2917561600)

00:27:00.419 --> 00:27:07.019

Um, 1, ski in 2021 found that there isn't 1 option. That's better.

165 "Erin Shadbolt" (2917561600)

00:27:07.614 --> 00:27:22.284

For those with ID, but that video and telephone visits can be used to successfully support the care of those with id'd. And then in 2020, there was an article by Tessie. That was kind of a very interesting article.

166 "Erin Shadbolt" (2917561600)

00:27:22.284 --> 00:27:36.774

It was actually talking about, um, the use of 2 way technology so something like a tablet in a home that could help increase independence and a sense of safety in those living at home with ID. So. with id so

167 "Erin Shadbolt" (2917561600)

00:27:37.019 --> 00:27:47.814

Essentially, they took some individuals that had put a, um, a system in place where they could connect to their health team or to their sort of care network.

168 "Erin Shadbolt" (2917561600)

00:27:47.814 --> 00:27:54.534

Whether that was parents, friends, their community and it allowed them to fill more independent in in their home.

169 "Erin Shadbolt" (2917561600)

00:27:55.404 --> 00:28:07.014

Um, I don't remember now which article it was, but 1 of the things that I did find in literature that I thought was interesting. Um, and also it seems like common sense but I want to point it out is that.

170 "Erin Shadbolt" (2917561600)

00:28:07.019 --> 00:28:12.149

The most effective telemedicine for people with and.

171 "Erin Shadbolt" (2917561600)

00:28:12.149 --> 00:28:26.004

I would venture to guess that this is true for all people is that telemedicine is most effective if the provider that is providing the medicine part of the telemedicine visit is familiar with the individual receiving care.

172 "Erin Shadbolt" (2917561600)

00:28:26.364 --> 00:28:33.144

So I think that's a really important piece. That really speaks to kind of that relationship and knowledge of the individual.

173 "Erin Shadbolt" (2917561600)

00:28:35.124 --> 00:28:43.734

And then this is a review of the hospital experience of those with, um, probably not surprising to a lot of those on this call.

174 "Erin Shadbolt" (2917561600)

00:28:43.734 --> 00:28:57.774

But McCormick in 2020 found that it continues to be really challenging for people with to feel like they've received respect compassion, communication, and accommodations from acute care providers. Maloney and 2021.

175 "Erin Shadbolt" (2917561600)

00:28:58.254 --> 00:29:02.274

um, described some. thousand and twenty one um described some

176 "Erin Shadbolt" (2917561600)

00:29:03.144 --> 00:29:08.874

Essentially, what are interventions that we can provide that improves the acute care experience.

177 "Erin Shadbolt" (2917561600)

00:29:08.874 --> 00:29:19.824

The people with what are some of the reasonable accommodations 1 was care in the home early, discharged home and increase access to family members and caregivers, which,

178 "Erin Shadbolt" (2917561600)

00:29:19.854 --> 00:29:32.694

I think supports this model of care of the home hospital for people with. I also want to just highlight this very, very interesting article that was published in 2020 called how hospital stays resemble hospital stays resemble

179 "Erin Shadbolt" (2917561600)

00:29:32.724 --> 00:29:44.094

Enhanced interrogation, and essentially, this article took the CIA

enhanced interrogation manual and compared it to a hospital stay.

180 "Erin Shadbolt" (2917561600)

00:29:45.054 --> 00:29:50.874

So we take you out of your clothes and put you in a, in a uniform.

181 "Erin Shadbolt" (2917561600)

00:29:51.179 --> 00:29:54.569

We really, um.

182 "Erin Shadbolt" (2917561600)

00:29:54.954 --> 00:29:57.654

We don't allow you to have any control over the environment.

183 "Erin Shadbolt" (2917561600)

00:29:57.684 --> 00:30:08.694

We ask you the same questions repeatedly, but without anybody really seeming to care about the answer and then we distort day and time, um,

184 "Erin Shadbolt" (2917561600)

00:30:08.784 --> 00:30:20.484

and often we don't take really many of your preferences into account and again, this isn't any 1 person's fault. This is the system that we're all working in, um, as it's set up today.

185 "Erin Shadbolt" (2917561600)

00:30:20.819 --> 00:30:28.469

So, my project was really designed again on this principle of nothing for us without us. So.

186 "Erin Shadbolt" (2917561600)

00:30:29.934 --> 00:30:39.864

I reached out to patients and caregivers affected by to get input for the program and there was a couple of really key things that I got feedback on.

187 "Erin Shadbolt" (2917561600)

00:30:40.194 --> 00:30:52.464

1 was I want to know exactly what care I or my loved 1 will be getting and when so, the convenience of the schedule on the tablet in the home is is really great for that.

188 "Erin Shadbolt" (2917561600)

00:30:52.974 --> 00:30:57.084

I want to continue my usual activities. So, I already mentioned to you guys that.

189 "Erin Shadbolt" (2917561600)

00:30:58.104 --> 00:31:09.204

You know, what you do in your own home is sort of your, your own home.

We do sometimes put some limitations like, we don't want you to go up or downstairs, especially if they're particularly steep or slippery.

190 "Erin Shadbolt" (2917561600)

00:31:09.594 --> 00:31:23.124

Um, but for the most part, people can do their usual activities at home, but you can't necessarily go out to a daily visit to a group center. If that's something that you do you can't go to the library every day.

191 "Erin Shadbolt" (2917561600)

00:31:23.124 --> 00:31:27.114

Because technically you're hospitalized, which means you need to be under the care of the.

192 "Erin Shadbolt" (2917561600)

00:31:27.419 --> 00:31:32.369

So, we usually just address that on an individual basis in the plan of care.

193 "Erin Shadbolt" (2917561600)

00:31:32.934 --> 00:31:43.584

They people told us that they want to know how to access the program and when they could enter. Um, so we created some patient and caregiver guides.

194 "Erin Shadbolt" (2917561600)

00:31:43.584 --> 00:31:58.014

That are actually up in our emergency room at the male clinic hospital here that let people know right away that, as they're being screened, there's an option for them to go home with hospital care at home. We also did a lot of work with our case managers.

195 "Erin Shadbolt" (2917561600)

00:31:58.014 --> 00:32:01.554

In talking to them about the program and letting them know that, um.

196 "Erin Shadbolt" (2917561600)

00:32:02.369 --> 00:32:06.239

They should be talking to patients about this if they qualify.

197 "Erin Shadbolt" (2917561600)

00:32:07.224 --> 00:32:20.244

Fear of the caregiver's ability to manage care again. This is addressed on an individual basis. Most of our patients end up not needing any home health aid support, but we had some people that ended up needing us several hours a day.

198 "Erin Shadbolt" (2917561600)

00:32:20.244 --> 00:32:31.824

And that was something that we work to accommodate and then fear what happens in case of an emergency. So, this really depends on an individual's underlying diagnosis and what's going on.

199 "Erin Shadbolt" (2917561600)  
00:32:32.129 --> 00:32:46.044

That is likely to create an emergency, but for all of our patients, we had an emergency plans. Good example of this is we took care of hundreds of people with covid 19 to finish up through remdesivir, um, infusions at home.

200 "Erin Shadbolt" (2917561600)  
00:32:46.764 --> 00:33:00.084

We knew those patients were at high risk of respiratory decompensation. So every single patient got an oxygen concentrator and if they were already on oxygen, then they got the highest oxygen concentrator that we had.

201 "Erin Shadbolt" (2917561600)  
00:33:00.389 --> 00:33:08.069

So, we have, um, emergency response plans, essentially for every patient. Really? Based on their needs.

202 "Erin Shadbolt" (2917561600)  
00:33:09.419 --> 00:33:16.014

Project barrier, so, um, care resources for those with are siloed and difficult to navigate.

203 "Erin Shadbolt" (2917561600)  
00:33:16.434 --> 00:33:27.114

Um, you know, I've been a nurse now for, uh, 15 years, and I've been in leadership in the home care setting for most of that. Um.

204 "Erin Shadbolt" (2917561600)  
00:33:27.419 --> 00:33:35.999

If if I can't figure it out, I'm really not sure how people that need the services figure it out. I.

205 "Erin Shadbolt" (2917561600)  
00:33:36.534 --> 00:33:50.574

Have relationships with people and leadership settings. I know people in health care. I know people in the community, and it was so hard for me to figure out really basic information around resources.

206 "Erin Shadbolt" (2917561600)  
00:33:51.144 --> 00:33:53.604

Um, the Medicaid system, Wisconsin.

207 "Erin Shadbolt" (2917561600)  
00:33:53.879 --> 00:34:07.614

Has multiple levels of bureaucracy, and I was never able to find anyone that could help me answer some basic questions about accessing Medicaid benefits while accessing the home hospital program.

208 "Erin Shadbolt" (2917561600)

00:34:08.124 --> 00:34:18.834

Um, which is really unfortunate and still a barrier that hasn't been solved. And then the electronic health record is not set up for easy identification of those with.

209 "Erin Shadbolt" (2917561600)

00:34:19.229 --> 00:34:22.709

Id, so, for this project, um.

210 "Erin Shadbolt" (2917561600)

00:34:22.709 --> 00:34:26.219

You know, wanting to make sure that we.

211 "Erin Shadbolt" (2917561600)

00:34:26.219 --> 00:34:37.529

Create an access for those with to the program it's important that you can actually identify people with ID. And that's very, very difficult in the, as I found out.

212 "Erin Shadbolt" (2917561600)

00:34:38.004 --> 00:34:47.364

So project outcomes overall, I think my project was a success. We created a toolkit to support ACH access and communal settings.

213 "Erin Shadbolt" (2917561600)

00:34:47.364 --> 00:35:00.624

So, um, at the time of this project with, which was early spring of this year, 12 patients with were served by the program, half of those had heart failure. Most of the rest had infections. We had 1 patient with covid, 19.

214 "Erin Shadbolt" (2917561600)

00:35:00.929 --> 00:35:05.219

Patient and caregiver and staff experience was all very positive.

215 "Erin Shadbolt" (2917561600)

00:35:05.219 --> 00:35:08.369

Um, future opportunities, though.

216 "Erin Shadbolt" (2917561600)

00:35:08.369 --> 00:35:16.374

1 is really working through, um, this partnership with Medicaid to solve for patients receiving Medicaid community services.

217 "Erin Shadbolt" (2917561600)



00:35:16.704 --> 00:35:26.964

So, the big issue is that if patients are receiving Medicaid family services, which in Wisconsin, we have quite a, um.

218 "Erin Shadbolt" (2917561600)

00:35:27.324 --> 00:35:41.274

Really pretty robust family care plan that allows people that would maybe traditionally need to move into facility setting to live independently at home, or to stay in a lower level facility, like a group home,

219 "Erin Shadbolt" (2917561600)

00:35:41.304 --> 00:35:54.594

or an independent living with this Medicaid family care plan, which pays for things like, um, housekeepers, homemakers, um, private duty care,

220 "Erin Shadbolt" (2917561600)

00:35:54.594 --> 00:35:57.204

giving like AIDS and sometimes.

221 "Erin Shadbolt" (2917561600)

00:35:57.299 --> 00:36:06.719

Verses so, for some people that have frequent, like, wraps, for example, they might have a nurse that comes out every other day to do that.

222 "Erin Shadbolt" (2917561600)

00:36:06.719 --> 00:36:15.809

Um, so the issue is, is that when you are a dual eligible, so you're on Medicare and Medicaid, and you go into the hospital.

223 "Erin Shadbolt" (2917561600)

00:36:15.809 --> 00:36:19.469

If your Medicaid Services stop, um.

224 "Erin Shadbolt" (2917561600)

00:36:19.469 --> 00:36:33.504

Because you're in the hospital, Medicare is paying for that for the home hospital program. You're not physically in the hospital you are at home and so to be at home safely, you normally rely on these Medicaid services.

225 "Erin Shadbolt" (2917561600)

00:36:33.834 --> 00:36:35.723

So the question really becomes.

226 "Erin Shadbolt" (2917561600)

00:36:35.879 --> 00:36:49.559

Is there a contractual way for the hospital to pay for these Medicaid

services that you can continue to stay at home and get hospital services? Or should Medicaid kick back in? Because you're at home?

227 "Erin Shadbolt" (2917561600)

00:36:49.559 --> 00:36:53.399

Even though you're receiving hospital level care um.

228 "Erin Shadbolt" (2917561600)

00:36:53.399 --> 00:36:56.819

You know, they, there's.

229 "Erin Shadbolt" (2917561600)

00:36:57.414 --> 00:37:12.174

There is a solution out there, but I wouldn't need to talk to somebody that could answer some of those questions. Um, and honestly, I'm just not sure that Medicaid in our state is resource to start to talk through some of those implications.

230 "Erin Shadbolt" (2917561600)

00:37:12.774 --> 00:37:26.814

I think the other opportunity is continuing to work on creating the respite support for caregivers of those with. So, this is, um, an ongoing challenge. If any of you working in acute care setting, you know, how difficult it is.

231 "Erin Shadbolt" (2917561600)

00:37:26.819 --> 00:37:40.679

To access, um, workers, especially AIDS or housekeepers, or anybody like that. And so trying to create a respite program is really challenging in the current worker environment.

232 "Erin Shadbolt" (2917561600)

00:37:41.184 --> 00:37:49.404

And then we really need some formal studies. So my project was a very basic entry level, um, exploration.

233 "Erin Shadbolt" (2917561600)

00:37:49.434 --> 00:38:00.834

I mean, I manually reviewed every patient's record for potential diagnosis. Like I said, it's very hard to figure out that's how I came up with my count.

234 "Erin Shadbolt" (2917561600)

00:38:00.864 --> 00:38:07.644

But we really need some formal studies and some formal literature in this realm.

235 "Erin Shadbolt" (2917561600)

00:38:08.784 --> 00:38:21.834

This is just a quote from a patient so, being a part of the program

truly was a blessing. The program is incredible. And I will certainly miss the interaction I have with the extremely caring and compassionate professionals that took care of me during my recovery.

236 "Erin Shadbolt" (2917561600)  
00:38:22.554 --> 00:38:37.164

So, the patient experience, like I said, has been great. The 1, last comment that I just want to make in terms of equity and accessibility is that there is a lot of conversation right now in the home hospital community about.

237 "Erin Shadbolt" (2917561600)  
00:38:37.164 --> 00:38:38.004  
Are we really.

238 "Erin Shadbolt" (2917561600)  
00:38:38.664 --> 00:38:52.614

Improving access to health care, or are we making it? Maybe even less equitable. I told you guys, I live in unclear. Wisconsin. Claire is population of about 60,000 people. It's fairly rural.

239 "Erin Shadbolt" (2917561600)  
00:38:52.614 --> 00:38:56.274

Um, compared to a lot of places, it's not. not

240 "Erin Shadbolt" (2917561600)  
00:38:56.610 --> 00:39:04.350

It's not a suburb of anywhere, you know, Claire's, the biggest town for a couple of hour drive. So, um.

241 "Erin Shadbolt" (2917561600)  
00:39:04.350 --> 00:39:14.425

We really struggle to provide access in our area to the home hospital program, because we just have very limited resources.

242 "Erin Shadbolt" (2917561600)  
00:39:14.785 --> 00:39:28.855

So 30 might having a patient 30 miles north and a patient, 30 miles south and patient, 30 miles east and 30 miles west of the hospital. Really? Limits our resources and makes it very difficult to provide this care.

243 "Erin Shadbolt" (2917561600)  
00:39:29.485 --> 00:39:41.065

Because we don't have unlimited community paramedics or nurses in the community. So we've seen a lot of success with home hospital programs in a more urban or suburban area.

244 "Erin Shadbolt" (2917561600)  
00:39:41.455 --> 00:39:49.645

It's a real struggle in the rural communities, and we tend to find that those programs are small and somewhat limited in the acuity that they can support.

245 "Erin Shadbolt" (2917561600)

00:39:50.065 --> 00:39:58.435

The other thing that is happening is that many many systems are using AI algorithms to help.

246 "Erin Shadbolt" (2917561600)

00:39:59.130 --> 00:40:04.410

Identify patients and predict likely outcomes.

247 "Erin Shadbolt" (2917561600)

00:40:04.410 --> 00:40:10.740

For people that are in the home hospital program, the, um.

248 "Erin Shadbolt" (2917561600)

00:40:10.740 --> 00:40:15.840

The AI, you know, that's great. Computer learning is really great.

249 "Erin Shadbolt" (2917561600)

00:40:15.840 --> 00:40:28.345

The issue becomes, if we are not really mindful of making sure that we are seeking out and providing access to all different types of people in our programs,

250 "Erin Shadbolt" (2917561600)

00:40:28.375 --> 00:40:37.015

then we start to build computer learning models or AI algorithms that specifically exclude those people.

251 "Erin Shadbolt" (2917561600)

00:40:37.015 --> 00:40:45.835

So, if you've never served a person with, in your program, your algorithm is not going to necessarily include.

252 "Erin Shadbolt" (2917561600)

00:40:45.840 --> 00:40:55.290

Those people moving forward and so that's a real risk to programs as we're starting to build some of our, um, more advanced.

253 "Erin Shadbolt" (2917561600)

00:40:55.290 --> 00:40:58.320

Algorithms to identify patients.

254 "Erin Shadbolt" (2917561600)

00:40:58.320 --> 00:41:06.060

So that is the end of my presentation, I would love to take questions or comments.

255 "Jasmina Sisirak" (955846400)

00:41:08.250 --> 00:41:15.990

Thank you so much Aaron please feel free to put your questions or comments in a chat box in the meantime.

256 "Jasmina Sisirak" (955846400)

00:41:15.990 --> 00:41:27.180

Aaron, can you expand on just what you were talking about with the algorithms so, um, with with the home hospital, how how.

257 "Jasmina Sisirak" (955846400)

00:41:27.180 --> 00:41:39.000

How would you address the issue of access and equity and, um, and just use the user misuse or of the algorithms?

258 "Erin Shadbolt" (2917561600)

00:41:39.835 --> 00:41:54.445

Yeah, that's such a good question. Jasmin and I've had a lot of conversations with people that are involved in some of this work in the home hospital world, and it's not specific to home hospital. That's just the world I'm most familiar with.

259 "Erin Shadbolt" (2917561600)

00:41:54.505 --> 00:41:57.685

I think that there's a few things that are on the radar.

260 "Erin Shadbolt" (2917561600)

00:41:57.930 --> 00:42:05.550

But people are starting to think about 1 is, um, doing a better job coding.

261 "Erin Shadbolt" (2917561600)

00:42:05.550 --> 00:42:19.050

People in the medical record, you know, that's 1 of the ways, then you can be very deliberate about making sure that the percentage of people being pulled into your hospital home algorithm.

262 "Erin Shadbolt" (2917561600)

00:42:19.675 --> 00:42:28.675

That have is equivalent to the percentage of people that are be that are in your hospital in general. So that's 1 of the things that we look at.

263 "Erin Shadbolt" (2917561600)

00:42:29.125 --> 00:42:40.705

Um, when we think about inclusive inclusivity and diversity in home hospital, we want to make sure that it mimics our brick and mortar and we want to make sure that our algorithms kind of mimic that.

264 "Erin Shadbolt" (2917561600)

00:42:41.095 --> 00:42:48.895

I think the other thing that's really important is that as we're working with the, um, information technology people.

265 "Erin Shadbolt" (2917561600)

00:42:49.050 --> 00:43:01.770

Build this that we have a plan for, how do we go back and adjust our algorithms as our capabilities get better. So, uh, a good example of this is the dialysis thing.

266 "Erin Shadbolt" (2917561600)

00:43:01.770 --> 00:43:13.080

So, right now the male clinic hospital program doesn't take people on dialysis. So if we don't go back and change our ai algorithm.

267 "Erin Shadbolt" (2917561600)

00:43:13.080 --> 00:43:23.220

It's never going to feed us patients with dialysis, because those patients aren't in the current algorithm and so.

268 "Erin Shadbolt" (2917561600)

00:43:23.485 --> 00:43:38.065

We have plans every month or 2 to go back and update those algorithms and we need to do the same for people with different socio economic backgrounds for people with different intellectual developmental or physical

269 "Erin Shadbolt" (2917561600)

00:43:38.065 --> 00:43:51.535

disabilities for people with different types of mobility as we have increase access to things like home, health, AIDS, and even the Medicaid services, it will be important that we update those algorithms.

270 "Jasmina Sisirak" (955846400)

00:43:53.820 --> 00:44:04.500

Thank you was there a difference between service provision between general population patient versus patient with intellectual disability?

271 "Erin Shadbolt" (2917561600)

00:44:04.500 --> 00:44:18.750

From you there was so, um, there there was a couple of differences and again, this was a pretty small, and it was very manual, but based on my review, um, the.

272 "Erin Shadbolt" (2917561600)

00:44:18.750 --> 00:44:33.630

People that we took care of with id'd generally had more visits per

day. So usually they had additional therapy. So both physical therapy and occupational therapy, um, each day and then many of them.

273 "Erin Shadbolt" (2917561600)

00:44:33.630 --> 00:44:41.850

Had a home health aid, at least once a day and often twice a day more for respite than for, um.

274 "Erin Shadbolt" (2917561600)

00:44:41.850 --> 00:44:56.365

True hands on personal care although certainly personal care was part of what was provided the other thing though. Um, especially with that underlying diagnosis of the infection or heart failure.

275 "Erin Shadbolt" (2917561600)

00:44:56.785 --> 00:45:11.785

Um, this group of patients tended to need, uh, more than the, the minimum, twice, daily nursing or paramedic visits. They tended to need 3 visits today. Um, some of this is because a lot of the IV antibiotics that we give them the hospital.

276 "Erin Shadbolt" (2917561600)

00:45:11.850 --> 00:45:22.290

For every 8 hours, instead of every 12, um, also when we are giving people with heart failure in the home, a lot of times.

277 "Erin Shadbolt" (2917561600)

00:45:22.290 --> 00:45:25.440

You want to give that, you know.

278 "Erin Shadbolt" (2917561600)

00:45:25.440 --> 00:45:35.965

1st thing in the morning, and then early to mid afternoon, but we also like to see those people right before bed. And so some of it was just timing of medications.

279 "Erin Shadbolt" (2917561600)

00:45:36.565 --> 00:45:41.935

But that is another thing that could really impact access to this program.

280 "Erin Shadbolt" (2917561600)

00:45:42.685 --> 00:45:56.035

Is, um, I went to a conference and talked about the home hospital program and listened to some presentations on some other programs in Wisconsin and the other 3 programs that presented are providing 2 visits today.

281 "Erin Shadbolt" (2917561600)

00:45:56.035 --> 00:46:03.775

And they don't take patients that need more than 2 visits a day upfront um, which again kind of limits access.

282 "Jasmina Sisirak" (955846400)

00:46:07.080 --> 00:46:11.520

And, and the reason they don't take them is because it doesn't.

283 "Jasmina Sisirak" (955846400)

00:46:11.520 --> 00:46:21.150

The the funding, or it doesn't pay offer it, it doesn't make sense in in that direction. Or or why would that be the case.

284 "Erin Shadbolt" (2917561600)

00:46:21.150 --> 00:46:30.840

Yeah, it's really it's a resource issue. So, do you have the resources to provide 3 times a day visits or not? And.

285 "Erin Shadbolt" (2917561600)

00:46:30.840 --> 00:46:40.440

It it starts to get really complex to take care of more than just a few patients, but especially if they have more than twice a day visits.

286 "Jasmina Sisirak" (955846400)

00:46:41.605 --> 00:46:45.895

Thank you, um, is there so, the 12?

287 "Jasmina Sisirak" (955846400)

00:46:45.925 --> 00:46:59.515

I know it's a small number, but with the 12 patients with intellectual disabilities, where they usually, um, at home with family member, or was it with a direct support, professional or caregiver,

288 "Jasmina Sisirak" (955846400)

00:47:00.205 --> 00:47:05.605

can you speak a little bit about that? And what was the difference between 30 to 2?

289 "Jasmina Sisirak" (955846400)

00:47:06.600 --> 00:47:15.330

Yeah, so location and, um, and is there a need to build capacity among sort of the support people?

290 "Erin Shadbolt" (2917561600)

00:47:15.330 --> 00:47:19.830

Yeah, so what ended up happening for us is that.

291 "Erin Shadbolt" (2917561600)

00:47:19.830 --> 00:47:24.780

The people that we took on to our program with ended up.



292 "Erin Shadbolt" (2917561600)

00:47:24.780 --> 00:47:34.440

Being people that were living in a home setting, so we were not able to take people that lived in assisted living or group home setting. Um.

293 "Erin Shadbolt" (2917561600)

00:47:34.440 --> 00:47:48.630

For a variety of reasons, but 1 of the biggest reasons is back to kind of that dual eligible. And Medicaid issue is if you are in a group home or an assisted living, and Medicaid is paying for your room and board, which is really common.

294 "Erin Shadbolt" (2917561600)

00:47:48.630 --> 00:48:00.925

Does Medicaid pay room and board if you are technically in an acute hospital state and if they don't then does the hospital pay your room and board and so there is a lot of contracting and stuff with that.

295 "Erin Shadbolt" (2917561600)

00:48:00.925 --> 00:48:04.974

But anyways, we ended up just not taking people and this was during the height.

296 "Erin Shadbolt" (2917561600)

00:48:05.280 --> 00:48:16.200

In many ways, during the height of the covid pandemic and so most facilities weren't allowed allowing extra people in anyways. Um, so for most of these.

297 "Erin Shadbolt" (2917561600)

00:48:16.200 --> 00:48:22.530

People with ID that we took care of, they either lived independently with.

298 "Erin Shadbolt" (2917561600)

00:48:22.530 --> 00:48:37.230

A support community, whether that was privately paid or neighbors or family, or they live with family members most commonly they were living with family members either a siblings, um, spouses or, uh, parents.

299 "Erin Shadbolt" (2917561600)

00:48:37.230 --> 00:48:39.445

That that were their primary caregiver.

300 "Jasmina Sisirak" (955846400)

00:48:45.055 --> 00:48:54.535

Um, and did you see any need to so, how was the role of that

support person? Um.

301 "Jasmina Sisirak" (955846400)

00:48:55.740 --> 00:49:02.550

Kind of like, how was it different? Um, compared to, um, general population.

302 "Erin Shadbolt" (2917561600)

00:49:02.550 --> 00:49:07.950

Yeah, so that was 1 of the really interesting things is that, um.

303 "Erin Shadbolt" (2917561600)

00:49:07.950 --> 00:49:12.240

It the, the experience.

304 "Erin Shadbolt" (2917561600)

00:49:13.350 --> 00:49:16.890

Of the support person.

305 "Erin Shadbolt" (2917561600)

00:49:16.915 --> 00:49:31.645

Really didn't vary based on things like, you know, was was the patient somebody with ID or not it varied more on what was their sort of usual support system. So.

306 "Erin Shadbolt" (2917561600)

00:49:31.920 --> 00:49:38.760

You know, we, we took care of a lot of people that their spouse was their primary caregiver, but that.

307 "Erin Shadbolt" (2917561600)

00:49:38.760 --> 00:49:46.645

They didn't live near children. They didn't. They really didn't have a community. They didn't go to church. They didn't have friends. They didn't talk to their neighbors.

308 "Erin Shadbolt" (2917561600)

00:49:46.945 --> 00:50:00.025

That was a much more difficult experience than the experience of somebody that had a community, had children nearby. You know how to church community um, so.

309 "Erin Shadbolt" (2917561600)

00:50:00.895 --> 00:50:15.715

There actually will probably be some papers coming out on this, because we did do some formal caregiving, um, experience surveying. This is a really interesting area of the home hospital world and 1 that I'm excited to see more information.

310 "Erin Shadbolt" (2917561600)

00:50:15.715 --> 00:50:26.335

Come out on is, what is that experience of the caregiver and how does it differ from the hospital? I think 1 of the common themes as I talked to people, though, is that.

311 "Erin Shadbolt" (2917561600)

00:50:26.730 --> 00:50:33.180

Being the caregiver of somebody that's hospitalized is very challenging.

312 "Erin Shadbolt" (2917561600)

00:50:33.205 --> 00:50:46.735

Even if they're in the brick and mortar, you still feel like you need to be there. Most of the time you still worry, you still feel like the care's disjointed. You still feel like the care could be better than it has. Been you worry about them falling?

313 "Erin Shadbolt" (2917561600)

00:50:47.185 --> 00:50:53.215

Um, and then there's a lot of things like delirium is much worse in the hospital. Um.

314 "Erin Shadbolt" (2917561600)

00:50:53.490 --> 00:51:02.095

You know, people tend to not eat as well. They tend to not be as socially outgoing. They usually can't move around as much.

315 "Erin Shadbolt" (2917561600)

00:51:02.095 --> 00:51:15.505

Like I said, we don't we don't love for people to walk in the hospital and so there's a lot that's really challenging in the hospital setting being a caregiver. And then the other thing is is, like I said, this was during the height of covid.

316 "Erin Shadbolt" (2917561600)

00:51:15.505 --> 00:51:19.585

So, we weren't allowing more than 1 visitor, um, which.

317 "Erin Shadbolt" (2917561600)

00:51:19.890 --> 00:51:26.400

Made it even more difficult because now that primary visitor, and we didn't allow visitors to switch out.

318 "Erin Shadbolt" (2917561600)

00:51:26.815 --> 00:51:39.505

He got 1 visitor and it was your primary visitor. That that person was it they, they were the only person that was able to come to the brick and mortar and provide support to patient to the patient.

319 "Erin Shadbolt" (2917561600)

00:51:40.375 --> 00:51:47.035

So, it was it was a different time. I think for caregivers, regardless of kind of the patient situation.

320 "Jasmina Sisirak" (955846400)

00:51:51.180 --> 00:51:55.140

Thank you, um, another question. Mm. Hmm.

321 "Jasmina Sisirak" (955846400)

00:51:55.140 --> 00:51:58.740

Let me just look through, um.

322 "Jasmina Sisirak" (955846400)

00:51:58.740 --> 00:52:08.160

When you're looking at different disciplines, what other disciplines should participate in your opinion in the home hospital.

323 "Erin Shadbolt" (2917561600)

00:52:08.875 --> 00:52:20.005

Yeah, that's a really great question. So, um, most home hospital programs are partnered with, um, the services that are available through a home health agency.

324 "Erin Shadbolt" (2917561600)

00:52:20.575 --> 00:52:28.465

Um, we certainly saw the use of a social worker. I think the program could use a dedicated social worker to be honest.

325 "Erin Shadbolt" (2917561600)

00:52:28.915 --> 00:52:35.755

Especially if we want to do a really good job, transitioning people to other community services.

326 "Erin Shadbolt" (2917561600)

00:52:37.410 --> 00:52:44.035

So we mostly access our social workers that worked in our home health and hospice agency for this program.

327 "Erin Shadbolt" (2917561600)

00:52:44.035 --> 00:52:57.625

And that wasn't really good, sort of natural match, because we're trying to access community services, um, for our patients, um, speech therapy, occupational therapy and physical therapy,

328 "Erin Shadbolt" (2917561600)

00:52:57.655 --> 00:53:07.375

or just instrumental. It was so important to have them involved. And every patient got at least a physical therapy evaluation. And most of them also gotten occupation.

329 "Erin Shadbolt" (2917561600)  
00:53:07.410 --> 00:53:10.740  
Therapy evaluation, um.

330 "Erin Shadbolt" (2917561600)  
00:53:10.740 --> 00:53:20.905  
And that's so meaningful in the home setting, because people often have never had a professional, assess their home environment for equipment or changes to make their home safer.

331 "Erin Shadbolt" (2917561600)  
00:53:21.265 --> 00:53:30.445  
The other discipline that I just can't say enough about is pharmacy pharmacy was such an important and integral part of our program.

332 "Erin Shadbolt" (2917561600)  
00:53:30.955 --> 00:53:36.805  
Um, they really helped keep patients safe and they, they were really.

333 "Erin Shadbolt" (2917561600)  
00:53:37.110 --> 00:53:45.174  
Crucial for us to try to find ways around barriers to admitting people. So good example is that a common antibiotic that we use in the hospital?

334 "Erin Shadbolt" (2917561600)  
00:53:45.205 --> 00:53:58.405  
Jason Jason often is given every 6 hours that was more often than what we would usually accept, but we worked with our pharmacy team and they were able to set up a continuous Nelson infusion.

335 "Erin Shadbolt" (2917561600)  
00:53:58.645 --> 00:54:00.925  
So we could take those patients home. So.

336 "Erin Shadbolt" (2917561600)  
00:54:01.765 --> 00:54:04.105  
Pharmacy was very, very important,

337 "Erin Shadbolt" (2917561600)  
00:54:04.465 --> 00:54:17.005  
and they were important during the acute phase of the hospital at home stay and then they also worked with us to transition people to a home medication regimen that they were going to be successful with.

338 "Erin Shadbolt" (2917561600)  
00:54:17.365 --> 00:54:31.015  
So, you know, how do you limit the number of times a day? Somebody has to take medication? How do you get them on kind of the best dose with the least amount of side effects? Um, what's the right way to set up

their med? So that it's easy to remember. So.

339 "Erin Shadbolt" (2917561600)

00:54:31.260 --> 00:54:43.770

They were really, really helpful. Um, the, the other discipline that I had bought a lot about, but really, we hadn't done a great job on implementing with spiritual care. Um.

340 "Erin Shadbolt" (2917561600)

00:54:44.485 --> 00:54:49.285

I and I just, I have a personal connection to spiritual care.

341 "Erin Shadbolt" (2917561600)

00:54:49.285 --> 00:55:04.105

I'm not a religious person, but I, when I had my last child, she was in the special care nursery and I think out of all of the time that anybody spent with me, the 30 minutes, the chaplain spent with me was probably the most meaningful.

342 "Erin Shadbolt" (2917561600)

00:55:04.465 --> 00:55:13.675

And I think that that is a discipline that we really need to find a way to implement in the whole hospital model. Um, to make sure that.

343 "Erin Shadbolt" (2917561600)

00:55:13.770 --> 00:55:15.090

We are.

344 "Erin Shadbolt" (2917561600)

00:55:15.090 --> 00:55:25.350

Providing that holistic care, and also helping people connect to their spirituality and the home setting is really different than the hospital setting.

345 "Jasmina Sisirak" (955846400)

00:55:28.405 --> 00:55:35.935

Thank you Aaron, thank you so much. This is so very interesting. Have you found that many people?

346 "Erin Shadbolt" (2917561600)

00:55:35.965 --> 00:55:50.845

How how familiar are people with the, uh, um, home hospital model in your sort of experience? My experience is probably bias is hanging out with a lot of people in the home hospital community.

347 "Erin Shadbolt" (2917561600)

00:55:51.295 --> 00:55:54.085

Um, I think in larger.

348 "Erin Shadbolt" (2917561600)

00:55:54.330 --> 00:55:57.750  
Hospital systems it.

349 "Erin Shadbolt" (2917561600)  
00:55:57.750 --> 00:56:06.840  
People know about it um, do patients know about it? I think it's very hit or miss, but mostly people don't really.

350 "Erin Shadbolt" (2917561600)  
00:56:06.865 --> 00:56:13.075  
Know about it, and they don't really understand, I think the level of care that actually can be provided in the home,

351 "Erin Shadbolt" (2917561600)  
00:56:13.465 --> 00:56:23.425  
and even physicians within our own system weren't always really able to understand how sick people could be and go home safely.

352 "Erin Shadbolt" (2917561600)  
00:56:23.425 --> 00:56:36.745  
So, um, I think there is a tremendous amount of work to be done on sort of public knowledge and understanding, but I would encourage any of you. If you were a loved 1 ends up needing to be in.

353 "Erin Shadbolt" (2917561600)  
00:56:36.840 --> 00:56:44.215  
Hospital, I would ask the question of whether there is a home hospital program. There's a lot of hospitals that do have home hospital programs.

354 "Erin Shadbolt" (2917561600)  
00:56:44.695 --> 00:56:56.965  
Um, and honestly in healthcare, we're just not always good at change management and so we're not always good at advertising or making. Sure. That everybody understands the program, so it's always worth asking the question.

355 "Beth Marks she, her(s) (UIC)" (3290306816)  
00:56:59.220 --> 00:57:07.500  
Hey, stuff um, so I love your presentation. Um, and, you know, I have to admit, I.

356 "Beth Marks she, her(s) (UIC)" (3290306816)  
00:57:07.500 --> 00:57:21.505  
Until I heard your presentation with the fellowship, I, I really had never heard of home hospitalization and had never heard of it for people with ID, intellectual and developmental disability.

357 "Beth Marks she, her(s) (UIC)" (3290306816)  
00:57:22.045 --> 00:57:24.805

So I have to wonder if, um.

358 "Beth Marks she, her(s) (UIC)" (3290306816)

00:57:25.110 --> 00:57:38.575

How how well, people know about it as an option, and I'm not even sure that people on discharge and I'm thinking of older adults as well and people with intellectual disabilities.

359 "Beth Marks she, her(s) (UIC)" (3290306816)

00:57:39.025 --> 00:57:47.995

Um, how much they even know that they have an option, just for home health after this church went along a home hospital model.

360 "Beth Marks she, her(s) (UIC)" (3290306816)

00:57:47.995 --> 00:57:55.105

And I'm, I'm sort of wondering your thoughts on how we can get this information.

361 "Beth Marks she, her(s) (UIC)" (3290306816)

00:57:55.110 --> 00:58:08.670

Now, just aren't aware of level for people within both, um, older adults and people with disabilities and and people with intellectual and developmental disabilities as an option.

362 "Beth Marks she, her(s) (UIC)" (3290306816)

00:58:08.670 --> 00:58:15.540

And maybe I have slept through all of it and everyone knows about it, but I don't think so.

363 "Erin Shadbolt" (2917561600)

00:58:15.540 --> 00:58:20.970

No, I, I think you're right back. I think it's fairly.

364 "Erin Shadbolt" (2917561600)

00:58:20.970 --> 00:58:32.580

Unknown, especially to the public and like I said, I think, you know, in the acute care setting, I, I would guess most people have heard of it but there is a lot of, um.

365 "Erin Shadbolt" (2917561600)

00:58:32.580 --> 00:58:38.335

Financial implications to launching a home hospital model. So they're very expensive to run.

366 "Erin Shadbolt" (2917561600)

00:58:38.335 --> 00:58:52.405

Especially if you work with a vendor that oversees them, they are challenging operationally because you have people that are up to 30 miles from a hospital, and you need to deliver to visits at a minimum a day to them. Um.



367 "Erin Shadbolt" (2917561600)

00:58:52.770 --> 00:59:03.990

And, you know, for better for worse, if I have 2 patients that I'm looking at for home hospital, 1 of them is.

368 "Erin Shadbolt" (2917561600)

00:59:03.990 --> 00:59:11.970

Um, a person with an intellectual developmental disabilities, and 1 of them is a person without, and I can only take 1 person into the program.

369 "Erin Shadbolt" (2917561600)

00:59:11.970 --> 00:59:15.300

Who do I choose? And I.

370 "Erin Shadbolt" (2917561600)

00:59:15.300 --> 00:59:24.840

I think that that is a very real challenge right now that we naturally are creating a system in the home hospital world where.

371 "Erin Shadbolt" (2917561600)

00:59:24.840 --> 00:59:29.250

It's it, it's creating.

372 "Erin Shadbolt" (2917561600)

00:59:29.250 --> 00:59:34.260

A place where we have to make a decision on, who is going to be.

373 "Erin Shadbolt" (2917561600)

00:59:34.260 --> 00:59:37.530

Easier to take care of in the home.

374 "Erin Shadbolt" (2917561600)

00:59:37.530 --> 00:59:51.235

And who are we going to be able to provide services for and an easier way? So, you know, who is that? That's somebody that has a more stable, more safe home environment. That's somebody that lives closer to the hospital.

375 "Erin Shadbolt" (2917561600)

00:59:51.535 --> 01:00:02.455

That's somebody that can read and write and communicates really clearly. And I'll be honest I worry a lot about that current system and.

376 "Erin Shadbolt" (2917561600)

01:00:02.730 --> 01:00:06.420

How do we create a future system that that doesn't.

377 "Erin Shadbolt" (2917561600)

01:00:06.420 --> 01:00:15.300

Do that, um, but I don't know to answer your question about, how do we make sure everybody knows about potential access to health care in their community.

378 "Erin Shadbolt" (2917561600)

01:00:15.300 --> 01:00:22.650

I don't know if I figure that out go back I will let, you know, you'll be the 1st on my list.

379 "Beth Marks she, her(s) (UIC)" (3290306816)

01:00:22.650 --> 01:00:37.350

Well, I guess in the meantime, I wonder if this is an option you talk about your network if if you have, like, a list of, you know, the, the hospitals that have it and then just like some really be.

380 "Beth Marks she, her(s) (UIC)" (3290306816)

01:00:37.350 --> 01:00:52.140

Questions of how can we access it? Um, I, I think we would be happy to just disseminate that on our list. So so people have it in the mindset that this is even an option.

381 "Erin Shadbolt" (2917561600)

01:00:52.795 --> 01:01:03.985

Yeah, that's a good suggestion. Beth, I, I'll have to look because I think that there's a list available on the CMS waiver website. Like, I think you can see the lists of approved waivers.

382 "Erin Shadbolt" (2917561600)

01:01:04.315 --> 01:01:12.175

But the other thing is, there's home hospital programs that are running outside of the waiver. So that adds kind of another level of complexity.

383 "Jasmina Sisirak" (955846400)

01:01:12.450 --> 01:01:19.920

Okay, yes, ma'am. I said we have to wrap it up and thank you. Uh, yes, being a close shop.

384 "Jasmina Sisirak" (955846400)

01:01:19.920 --> 01:01:33.355

We are at the hour Thank you so much Aaron, this was very intriguing. Interesting and informative and please keep us posted, um, you know, in your future endeavors. What happens?

385 "Jasmina Sisirak" (955846400)

01:01:33.715 --> 01:01:38.995

Um, thank you all for sticking with us till the the hour.

386 "Jasmina Sisirak" (955846400)

01:01:39.385 --> 01:01:49.915

I just wanted to put a plug in for than our next webinar, which is Tuesday, December, 6, promoting direct support, professional resilience, synthesizing.

387 "Jasmina Sisirak" (955846400)

01:01:49.920 --> 01:02:01.716

Findings to make an impact. Thank you again, Aaron. Like, I mentioned that the presentation has been recorded and we will be able to put it up.