

IMPLEMENTATION OF HOME-BASED PRIMARY CARE PROGRAM TO IMPROVE OUTCOMES OF HOMEBOUND PATIENTS IN A RURAL COMMUNITY: A QUALITY IMPROVEMENT PROJECT

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Statement of the Problem: The increasing population of older Americans has resulted in an increased need for home based primary care. This population has a high incidence of multiple chronic health conditions, with an average of eight physical and mental health conditions and take an average of twelve medications. Due to disabilities, ambulatory dysfunction, and limited access to transportation, these patients have difficulty leaving the home. The ambulatory outpatient care setting does not meet the needs of these patients. They turn to the Emergency Department and are more likely to be hospitalized due to a crisis that may have been prevented by a primary care visit. Care becomes fragmented; health declines, which results in loss of independence, and can precipitate admission to long term care facilities.

Methodology & Theoretical Orientation: A nurse practitioner led HBPC practice was created for the rural Tidewater region of Virginia. The NP project leader (NP-PL) created a referral network for multi-disciplinary services. Patients were enrolled who met the criteria of being homebound with complex health care problems and visited them at least twice over the four months of the project. The NP-PL employed a simple survey to evaluate access to care, outcomes and patient satisfaction. The numbers of primary care assessments were analyzed. ED use and hospitalizations were compared to the history of previous utilization.

Findings: 15 enrolled in HBPC. The NP-PL visited the participants an average of 5.7 times over the trimester of the project. Hospitalization and utilization of the Emergency Department rates were lower.

Conclusion & Significance: Participants received an average of 5.7 visits. 60% (9/15) of participants responded to the survey. 100% of participants responded they experienced improved access to care, improved outcomes, reduced use of ED and

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