

HOME-BASED ACUTE AND SUBACUTE SYMPTOM CARE IN RURAL COMMUNITIES: THE EXPERIENCE OF HUNTSMAN AT HOME

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BACKGROUND

Historically acute symptom management for treatment-related side effects or disease progression has been provided at clinic visits, emergency departments (ED) or through unplanned hospitalizations. There are limited cancer care delivery models that include care in the home. Since the summer of 2018, Huntsman Cancer Institute (HCI) has evaluated a home-based care delivery model to treat acute cancer symptom escalations utilizing the hospital at home concept. We also included home-based subacute monitoring for patients at risk for symptom escalations. In 2021 we extended Huntsman-at-Home to 3 rural communities that are a 2-5-hour, one-way drive to HCI. This allowed us to address access disparities for people living at a distance from cancer supportive care.

METHOD

- Huntsman at Home began rural services in August of 2021 in three southeastern counties in rural Utah.
- Descriptive data were collected to document feasibility of acute and subacute symptom care that can be provided at home in remote, rural communities.
- Care is lead by a team of virtual and on-ground oncology nurse practitioners (NPs).
- We partner with local home health agencies to deliver in-home registered nurse, physical therapy and social work services.

Level of Care	n	Average Age	Gender	Ethnicity	Race	Diagnosis
Acute	36	65.3	M: 20 F: 16	Hispanic: 5 Not Hispanic: 29 Unknown: 2	White: 30 Unknown: 6	Colorectal: 6 Esophageal: 4 Lung: 4 Pancreatic: 4 Other: 18
Sub-Acute	67	63.1	M: 37 F: 30	Hispanic: 7 Not Hispanic: 54 Unknown: 6	White: 58 Asian: 1 Unknown: 8	Head and Neck: 8 Colorectal: 7 Breast: 7 Esophageal: 6 Lung: 5 Other: 34

Level of Care	Number of Episodes	Average Length of Stay	Common Admitting Diagnoses
Acute	86 2.4 avg/patient	4.6 days	<ul style="list-style-type: none"> • Vomiting with Dehydration • Pain • Neutropenic Fever • Nutritional Deficits/Bowel Obstruction
Sub-Acute	151 4.1 avg/patient	20.2 days	<ul style="list-style-type: none"> • Weight loss • Pain • Dehydration • Wound Care



RESULTS

- **In-home Acute Care (otherwise requiring ED visit or hospitalization)**
 - Care provided to 36 rural patients over 86 episodes.
 - Majority of admitting diagnoses were vomiting with dehydration, pain, neutropenic fever and nutritional deficits/bowel obstruction
 - Average length of stay of 4.6 days/episode
- **In-home Subacute Care (proactive symptom monitoring)**
 - Care provided to 67 patients over 151 episodes
 - Average length of stay of 20.2 days/episode.

CONCLUSIONS

- Rural acute and subacute home-based symptom care is feasible, safe and decreases unplanned health care utilization.
- Home-based acute and subacute care increases the identification of patient and family self management deficits and unmet social needs that impact care outcomes.

REFERENCE

Nicholson B, Sloss EA, Fausett A, Davis C, Dumas K, Littledike M, Mooney K. Advancing Rural Access to the Cancer Hospital-at-Home Care Delivery Model: The Rural Huntsman at Home Experience. NEJM Catalyst 2024 5(3) DOI:10./0/56/CAT.23.0336.i

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