

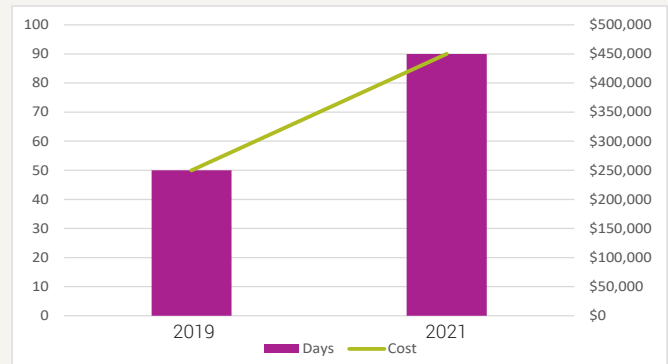
# Children with medical complexities remain hospitalized due to lack of home care nursing.

## Creative solutions can bring them home.

Support S.F. 4094 / H.F. 4047

### Discharging complex children to Home Care Nursing provides decompression desperately needed by children's hospitals

- **95%** - Patients in the queue medically ready for discharge from hospital to home
- **90+ days** - Average discharge delay attributed to nursing access
- **\$450,000 per child** - Avoidable additional cost due to extended hospitalization
- **75% deficit** - Gross motor skill development, compared to medically complex peer groups



## Root Causes and Creative Solutions

### Limited Workforce

#### PHS EFFORTS

- Celebrating the Home Care Nurse as a critical care provider through professional recognition
- Introducing nursing students to PHS through partnerships with local schools
- Investment in Hospital Transition Nursing Team



### Unique Care Environment

#### PHS EFFORTS

- Patient-specific, in-home training to focus on 1:1 care
- Simulation lab learning environment to perfect life-saving interventions
- Clinical and professional education throughout nurse's career



### Pay Disparity

#### PHS EFFORTS

- 100% pass through of recent rate increase
- Incentivized recruiting strategies have led to 10 new nurse hires YTD 2024
- Safety Net Pay to provide pay stability during patient admissions and family travel



### WHERE WE NEED YOUR HELP

- Achieve pay and benefit **parity for nurses choosing home care**



- Address **targeted population of complex pediatrics** in children's' hospitals



- **Pilot innovative strategies** in a time when funding is limited



- Prove cost savings and improved outcomes through a **value-based model**



- Take actionable steps toward **hospital decompression**

# Children with medical complexities remain hospitalized due to lack of home care nursing.

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## Hospital to Home Care Nursing Pilot Program

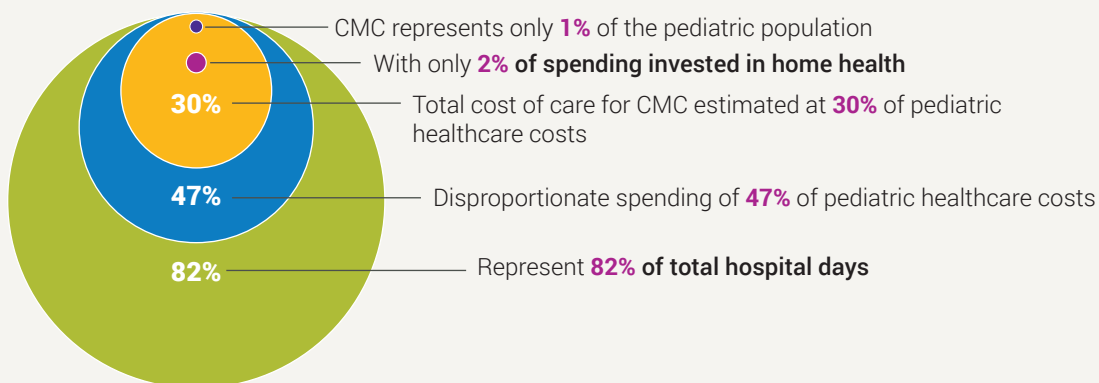
### **PURPOSE:** Get Kids Home Faster. Keep Kids Home Longer.

### **TARGETED METRICS**

- Implement a program hyper-focused on facilitating pediatric hospital-to-home discharges with a nursing transition team, hospital-competitive pay, and incentivized staffing consistency.
- Deliver evidence-based results to show improved clinical outcomes, increased family support, and reduced total cost of care.
- Reduce delayed discharge days due to staffing
- Reduce avoidable readmissions
- Reduce ED visits
- Reduce missed school days due to staffing
- Improve caregiver capability to promote sustained health of child
- Increase staffing coverage by improving nurse comfort level and competency

## Invest in Home Care to Relieve Hospitals, Improve Outcomes, and Reduce Total Cost of Care

On average, the cost for care at home is **7X LESS** than care in the hospital. Increasing the investment in home care by even **a few percentage points** results in improved outcomes and reduced total cost of care.



### EVERETT, AGE 5

#### Diagnosis: Arthrogryposis Multiplex Congenita (AMC)

Everett spent 132 days in the NICU before coming home. Although he was medically ready to discharge, unavailability of home care nursing required him to remain hospitalized. Everett's condition requires round-the-clock attention from caregivers for respiratory support and enteral nutrition as well as repositioning, so reliable nursing is critical for him and his family.