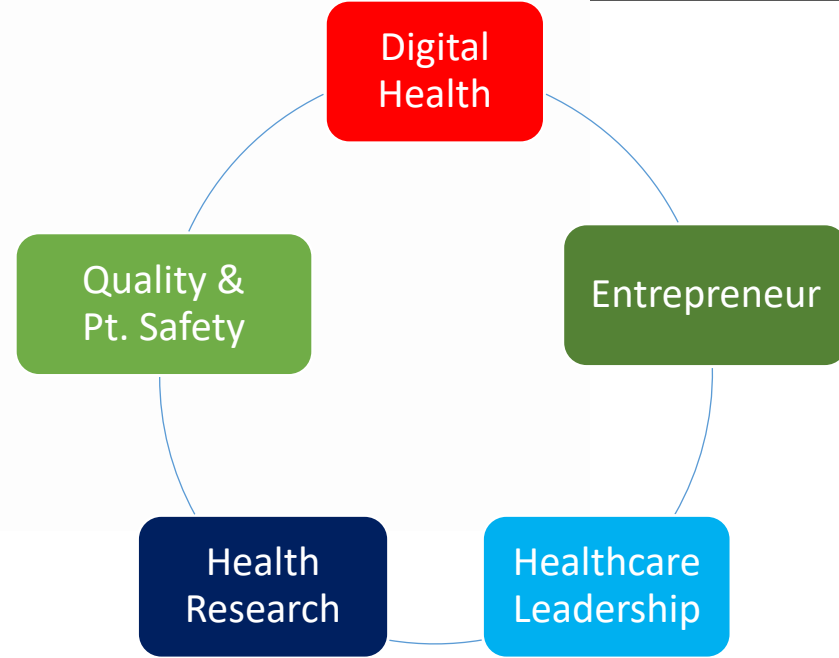






# HomesPital

*Safer Care through Innovation*



# Dr. Zakiuddin Ahmed

Adjunct Professor Digital Health

CEO

Project Director

Chairman

President

Adjunct Professor

Secretary

Founder & Coach





رفہاد  
انٹرنیشنل  
یونیورسٹی



## RIPHAH INSTITUTE OF HEALTHCARE IMPROVEMENT & SAFETY



**Hassan Muhammad Khan**  
Chancellor  
Riphah International University  
Managing Trustee, Islamic International  
Medical College Trust  
CEO, Ras Al Khaimah College of Dental  
Sciences, UAE UAE  
M.S. Industrial Engineering & Economics, MBA



**Dr. Zakiuddin Ahmed**  
Project Director  
Riphah Institute of Healthcare  
Improvement and Safety  
Chairman, International Conference  
on Patient Safety (ICPS)  
PHBS, Master's in Health Management



**Prof. Dr. Paul Barach**  
Chairman International Advisory Board  
Riphah Institute of Healthcare  
Improvement and Safety  
MD, MPH  
Wayne State University, USA



**Dr. Saima Aslam**  
Assistant Director  
Riphah Institute of Healthcare  
Improvement and Safety  
MBSQ, MQ, CHQ, BSQA,  
CPSQ, COPQ



**RIHIS**

**RIHIS**

At Riphah Institute of Healthcare Improvement and Safety, we aspire to take leadership in the national movement to improve quality and safety in healthcare.



Education and Training



Public Policy and Advocacy

**SCOPE OF  
RIHIS**



Partnerships & Collaborations



Services



Research



www.icps.riphah.edu

### Post-Conference

#### Objectives:

- Help in developing a patient centric healthcare quality in Pakistan
- Create awareness about patient safety in Pakistan
- Build capacity of professional delivering quality healthcare in their institutions.
- Bring together the stakeholders for collaborations.

#### Keynote Speakers



#### Who Should Attend

- Medical Directors
- Clinicians, Dentists, Nurses
- Quality Managers
- Hospital Administrators
- Healthcare Policy Professionals
- Representative of Government Regulatory bodies
- Patients

**Conference Secretariat:**  
Riphah Academy of Research & Al-Mizan IIMCT Complex, Old Supp UAN; +92-51-111-510-510 Ph; +92-

Organized By:

Supported By:



www.icps.riphah.edu.pk

#### Objectives

- Develop a patient centric healthcare quality in Pakistan
- Create awareness about patient safety in Pakistan
- Build capacity of professional delivering quality healthcare in their institutions.
- Bring together the stakeholders for collaborations.



Mr. Hassan Muhammad Khan  
Chancellor, Riphah International University



Prof. Dr. Paul Barach  
Chairman, Int. Advisory Board, RPHS



Prof. Dr. Paul Barach  
MD, MPH  
Co-Author, team STEPPS (Wayne State, USA)



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Organizers: Host: Exc



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Clinical Professor, Wayne State University, USA



Dr. Raheelah Ahmad  
Health Management Programme Lead  
Knowledge Mobilisation Fellow  
NIHR HPRU in HCAI & AMR  
Imperial College London, UK



Art Papler, M.D. (Virtuality)  
Chief Executive Officer  
VisualDX, USA

#### PRE-CONFERENCE WORKSHOPS

- Infection Prevention & Antimicrobial Stewardship
- Leadership in Health Care
- Hospital Accreditation
- Adverse Event Reporting
- Patient Safety in Dentistry
- Patient Safety Friendly Hospital



Organizers: Host: Exclusive Partner



- British Medical Journal
- Journal of Healthcare Quality and Safety
- Regional Consortium of Patient Safety

#### INTERNATIONAL SPEAKERS



- #### PRE-CONFERENCE WORKSHOPS
- Leadership in Healthcare
  - Infection Prevention and Control
  - Patient Safety in Dentistry
  - Accreditation and Facility Management
  - Developing Undergraduate
  - Preparing for the Future
  - Role of Undergraduate
  - Improving Quality

WhatsApp Bot 0322-3431818

Supporting Partners



Strategic Partners



## 6th INTERNATIONAL CONFERENCE ON PATIENT SAFETY 2023

“Engaging Patients & Families to Co-Design Safety”

March 10 - 12, 2023  
FJMU, Lahore, Pakistan



Organizers: Host: Strategic Partner: In Collaboration With:



#### Salient Features:

- BMJ Open Quality Riphah Pakistan Edition
- Journal of Healthcare Quality and Safety

- Regional Consortium of Patient Safety
- “Dr. Tahir Shamsi” Patient Safety Research Award
- “Rufaida Al-Aslamia” Patient Safety Champion Award

#### International Speakers



PRE-CONFERENCE WORKSHOPS & PARALLEL SESSIONS

# Regional Consortium of Patient Safety

Pakistan  
 Qatar  
 Saudi Arabia  
 Jordan  
 Turkey  
 Abu Dhabi  
 Oman  
 Taiwan  
 Malaysia  
 Lebanon  
 Sudan  
 Japan



## 6<sup>TH</sup> INTERNATIONAL CONFERENCE ON PATIENT SAFETY 2023

“Engaging Patients & Families to Co-Design Safety”

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FJMU, Lahore, Pakistan



Organizers



Host



Strategic Partner



In Collaboration With







### “REGIONAL CONSORTIUM OF PATIENT SAFETY”

#### Formal Meeting of Founding Members

SATURDAY, 11<sup>TH</sup> MARCH 2023 | PAKISTAN

	Chairman	Vice Chairman	General Secretary		
					
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Prof. Dr. Seval Akgün Chief Quality Officer Baskent University Hospitals Network, Turkey	Dr. Samer Ellahham Medical Director, Continuous Improvement Department, Cleveland Clinic, Abu Dhabi	Ms. Salma W. Jaouni CEO, Health Care Accreditation Council, Jordan	Prof. Dr. Rashid Al Abri Director, WHO Collaborating Center for Patient Safety & Quality, Oman	Prof Tan Kok Hian Group Director, SingHealth Duke-NUS Institute for Patient Safety & Quality, Singapore	
					
Dr. Usman Iqbal Ex. Associate Editor, ISQUA Journal, Taipei Medical University, Taiwan	Prof. Dr. Abdul Rashid President - FIMA, Member, Patient Safety Council, MOH, Malaysia	Dr. Dari Alhuwail Advisor to the Minister, VP MENA/IA, Associate Professor, Kuwait University, Kuwait	Dr. Aliaa Ghies Ibrahim Patient Safety Director, Directorate General of Quality Sudan		

For Registration Please Contact: ☎ 0321-5544774

✉ 6thicps2023@riphah.edu.pk
🌐 icps.riphah.edu.pk

Workshop Partners:



Supporting Partners



Research Partner





# 5<sup>TH</sup> INTERNATIONAL CONFERENCE ON PATIENT SAFETY 2022

“Implementation Research in Healthcare Quality & Safety”

March 18 - 20, 2022

Liaquat National Hospital, Karachi



**Riphah Institute of Healthcare Improvement and Safety**

announces the launch of

**For the first time in Pakistan**

**BMJ Open Quality  
Riphah Pakistan Edition**

In collaboration with  
Riphah International University



**Helen Crisp**

Editor-in-Chief  
BMJ Open Quality,  
England









**INSTITUTE OF  
INNOVATION LEADERSHIP  
IN MEDICINE**

*Empower  
Healthcare Professionals  
to become  
Inspirational Leaders*



**iiLM's role in building the  
Healthcare Leadership Eco System**



**Leadership Session for CEOs & Medical Directors**

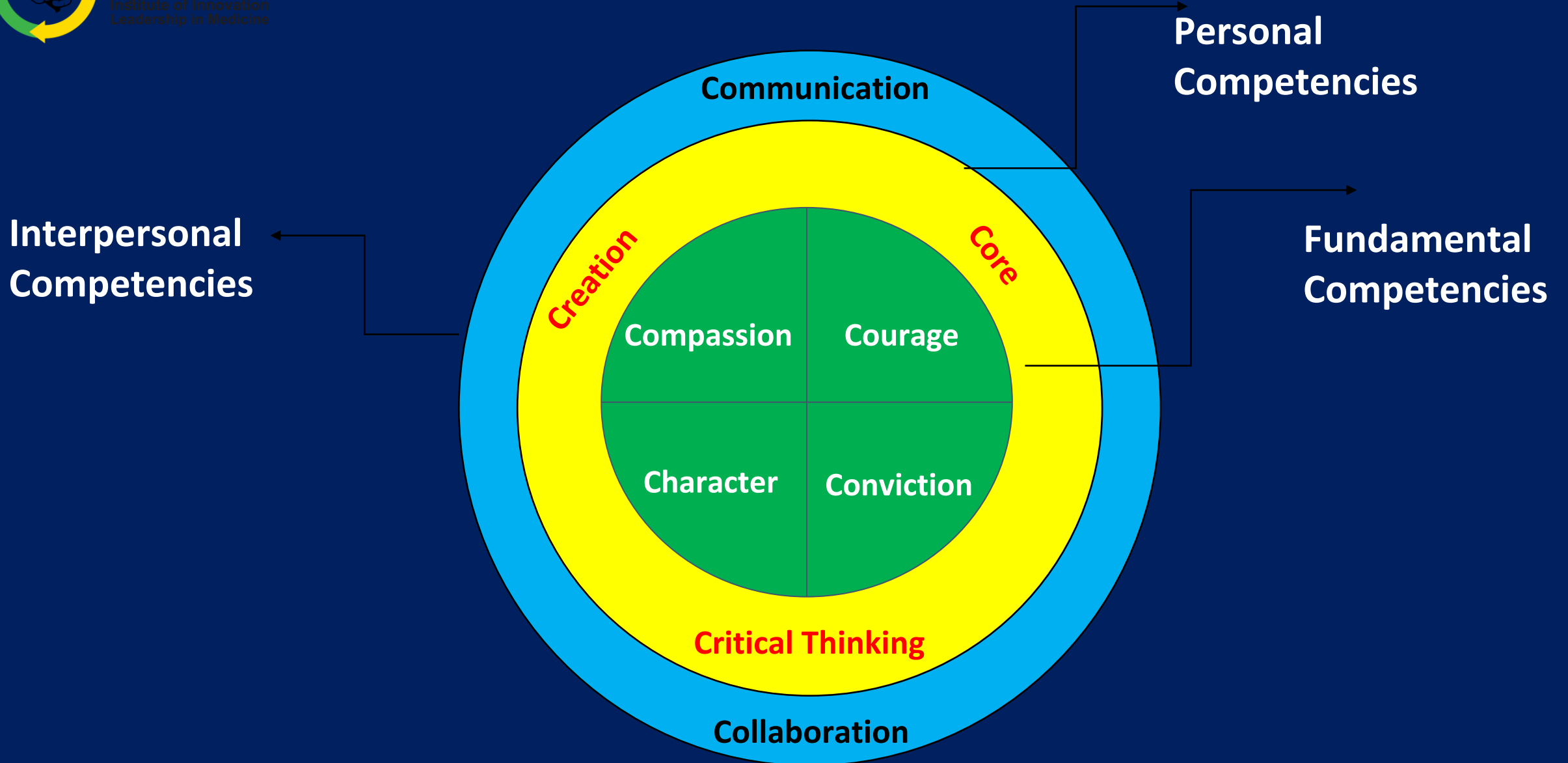


**Mou Signing with University of  
Child Health & Sciences,  
Children's Hospital, Lahore, to  
establish Center for Leadership  
in Child Health**

**7 Habits of Highly Effective  
People certification**



# The 9Cs of a Healthcare Leader's Journey



# GLOBAL HEALTHCARE

## Challenges & Opportunities

Physician Burnout

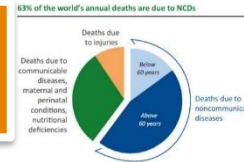
Medical Error

Antibiotic Resistance

SILOS & Control

Double / Triple Disease Burden

Costs



Technology

Patient Centricity

“Modern healthcare is the **most complex human activity** there is, due to interpersonal relationships between many different expertise and interests, and

**we haven't figured out how to make that work well.**

We have come to full stop against a complex environment that resists accepting change on the scale clearly required”

**Lucian Leape, MD**

*Founder of the Modern Patient Safety Movement*

Adjunct professor of health policy at Harvard University

"Error in Medicine," published in JAMA, 1994





**Current Healthcare System is INEFFICIENT**

**&**

**Our Hospitals are UNSAFE**

# The hospital is dead, long live the hospital !

**The world is changing**, and so are hospitals. In response to significant external forces, innovations in both how healthcare is delivered and how hospitals are structured are emerging.

Nine major forces are involved:

1. **Changes in patient populations and their needs**
2. **Higher patient expectations**
3. **Recognition that many types of care can be better provided in community settings**
4. **Data suggesting that high-quality care requires high-volume centers, and the emergence of standalone single-specialty centers**
5. **Advances in clinical knowledge and technology**
6. **Impact of digital technologies on how healthcare is delivered**
7. **Difficulties in attracting and retaining an appropriately skilled workforce**
8. **Financial and funding challenges**
9. **Requirements to measure quality**

# Smart / Digital Hospital of the future

As the **cost of care continues to rise**, many hospitals are looking for long-term solutions to **minimize inpatient services**.

“The **technology and health care delivery** will merge to influence the **future of hospital design and the patient experience** across the globe”

Deloitte.



**The hospital of the future**  
How digital technologies can  
change hospitals globally

Deloitte Center for  
Health Solutions

# HOSPITAL CARE IN 2030

## *THE NEXT NORMAL*



Around the world, populations are getting older, and their health needs are becoming more complex. At the same time, technological advances are changing healthcare delivery.

In this edition, *The Next Normal* explores **how hospitals will innovate in the coming decade**—and what it will mean for both patients and healthcare professionals.

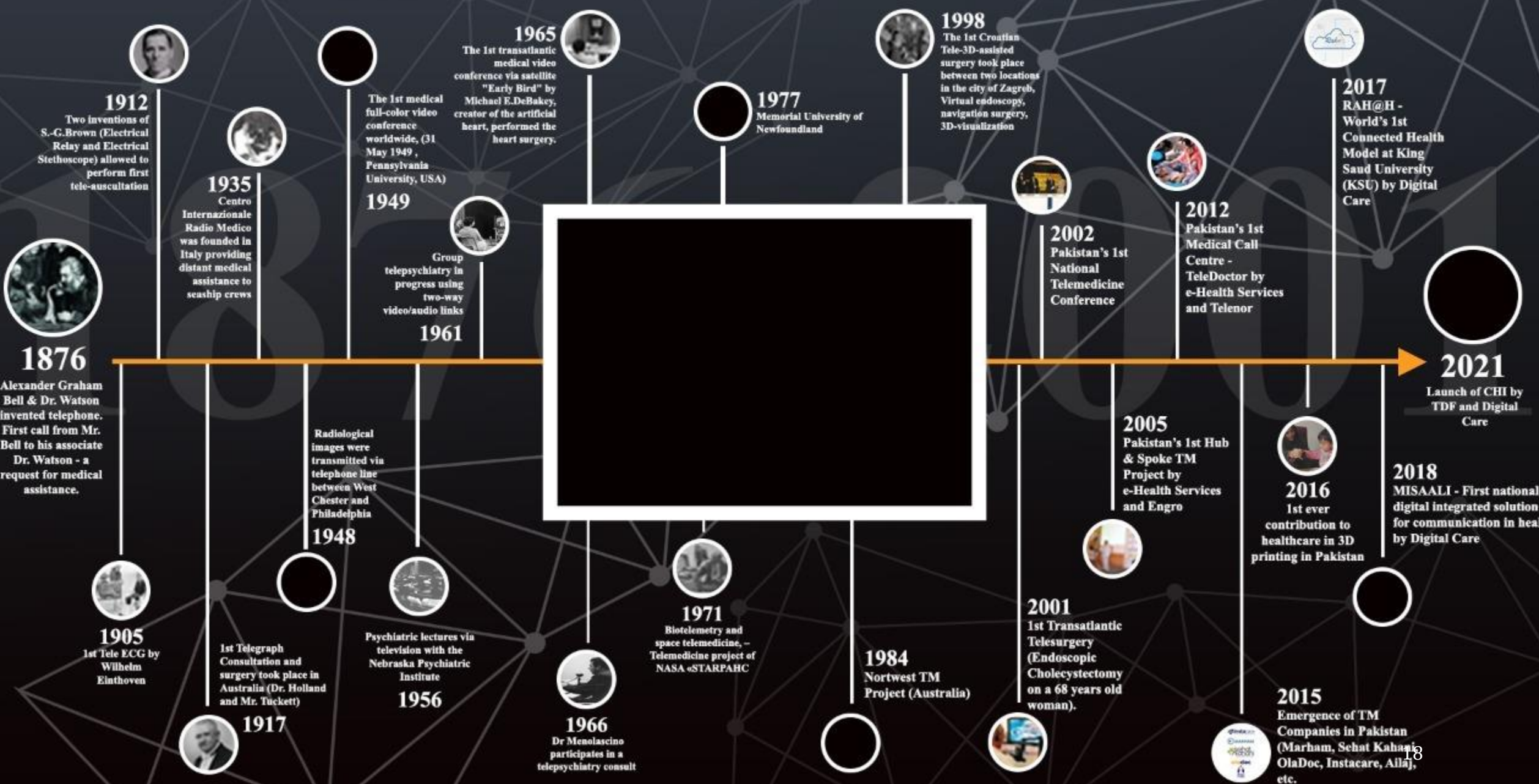


# KOREA'S SMART HOSPITAL

The South Korean Government is investing in digitalization and is currently looking to **transform 18 hospitals into highly digitalized 'smart hospitals'** between 2020 and 2025.

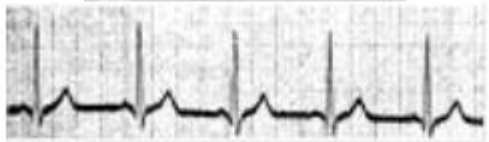


# Evolution of Digital Health 1876-2021

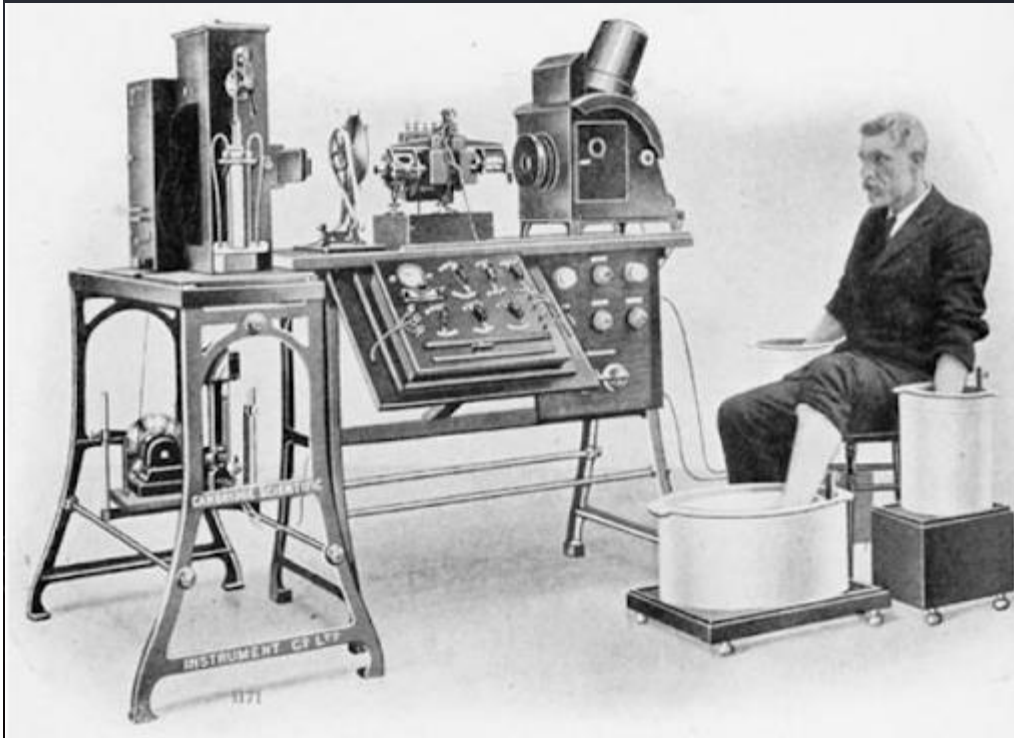


# 1905

## 1st Tele ECG by Wilhelm Einthoven



*Fig. 2.4. A patient in Leiden University Hospital, the process of conducting the first in the world tele-ECG; the first worldwide ECG recorded remotely (22.03.1905, the Netherlands) (Einthoven 1906)*



*Fig. 2.5. Walter Belknap James (11.05.1858-06.04.1927) and Horatio Burt Williams (17.09.1877-01.11.1955)*

In 1910, in New York (USA), two cardiologists Walter Belknap James and Horatio Burt Williams (Fig. 2.5) created the first intra-hospital teleECG system.



# 1912

Two inventions of S.-G. Brown (Electrical Relay and Electrical Stethoscope) allowed to perform first tele-auscultation



# ePhysicians (Google Drs)



Watch the world's first surgery streamed in [virtual reality](#) live from London

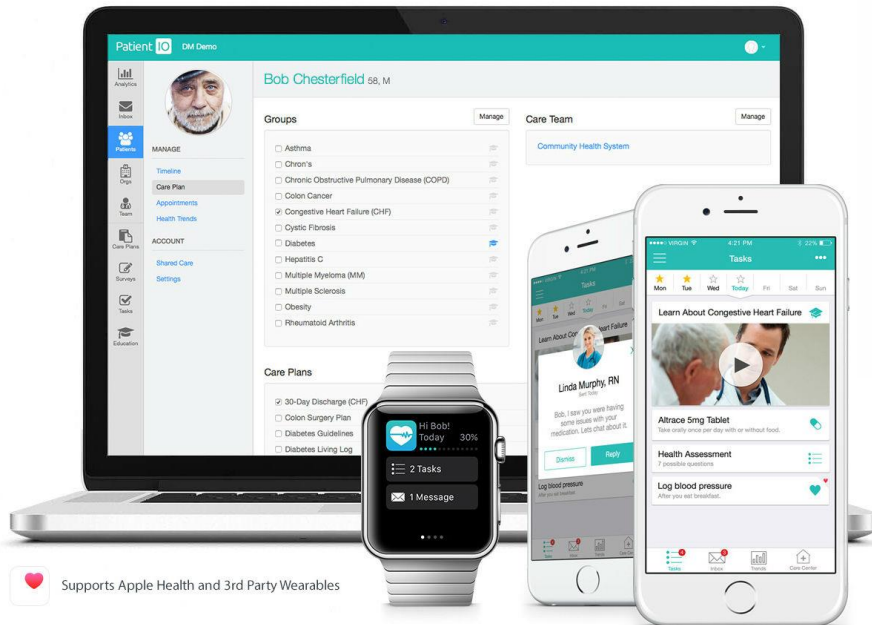
The world's first surgery to be broadcast live through [virtual reality](#) is happening today in London. Dr [Shafi Ahmed](#), a cancer surgeon at the Royal London...

[WWW.TELEGRAPH.CO.UK](http://WWW.TELEGRAPH.CO.UK)



# ePatients

## The Digital Patient is Empowered



Supports Apple Health and 3rd Party Wearables

The digital patient is...  
**EMPOWERED**

**52%**  
OF CONSUMERS ARE  
INTERESTED IN BUYING  
WEARABLE HEALTH  
TRACKERS.<sup>6</sup>

mHEALTH TECHNOLOGY IS POSITIVELY INFLUENCING PEOPLE TO TAKE CHARGE OF THEIR OWN WELL-BEING.<sup>7</sup>



THE NUMBER OF ADULTS USING SMARTPHONES TO MONITOR THEIR HEALTH GREW TO **75 MILLION** IN 2012. IT'S PROJECTED TO INCREASE MORE THAN THREEFOLD BY THE END OF 2014.



**70% OF THE TOP-SELLING WEARABLE DEVICES** ARE DEDICATED TO FITNESS.



CONSUMERS WILL SPORT ALMOST **112 MILLION WEARABLES** BY 2018.



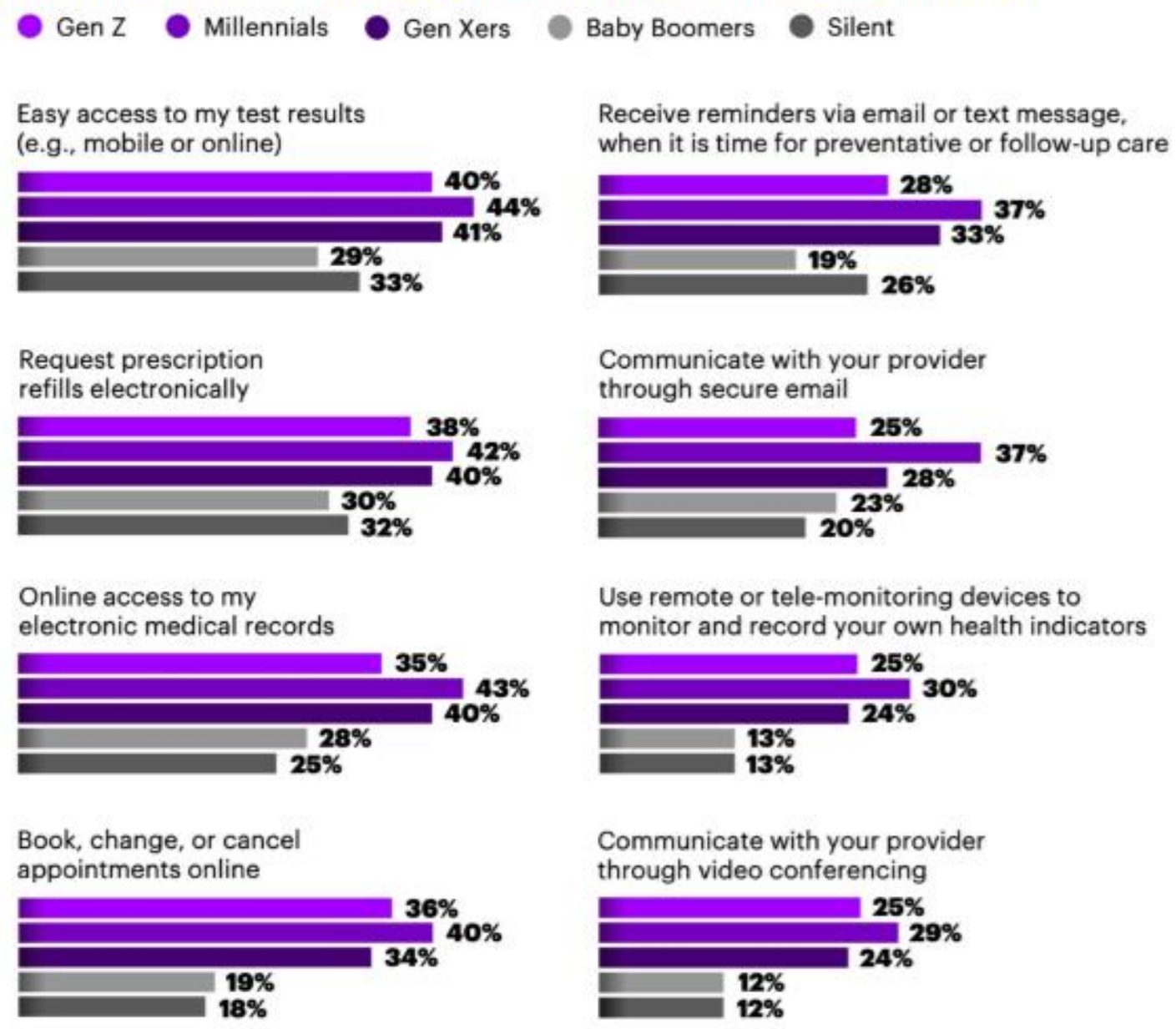
**247 MILLION AMERICANS** HAVE DOWNLOADED A HEALTHCARE APP FOR THEIR PERSONAL USE.<sup>8</sup>



## Younger consumers are MUCH MORE LIKELY to choose medical providers with digital capabilities

Compared with older generations, younger consumers are much more likely to choose medical providers who offer digital capabilities such as easy access to test results via mobile or online (40 percent of Gen Z and 44 percent of millennials) and requesting prescription refills electronically (38 percent of Gen Z and 42 percent of millennials).

**Figure 7. More than other generations, digital capabilities influence whether younger consumers choose medical providers**



Q: If you were choosing a new or adding an additional medical provider, would being able to use the following electronic capabilities increase your...

# Google & AI in Health

## Predicting cardiovascular risk



Image of retina



Age

Predicted: 59.1 years  
Actual: 57.6 years



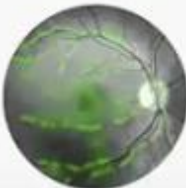
Biological sex

Predicted: Female  
Actual: Female



Smoking

Predicted: Non-smoker  
Actual: Non-smoker



A1C

Predicted: Non-diabetic



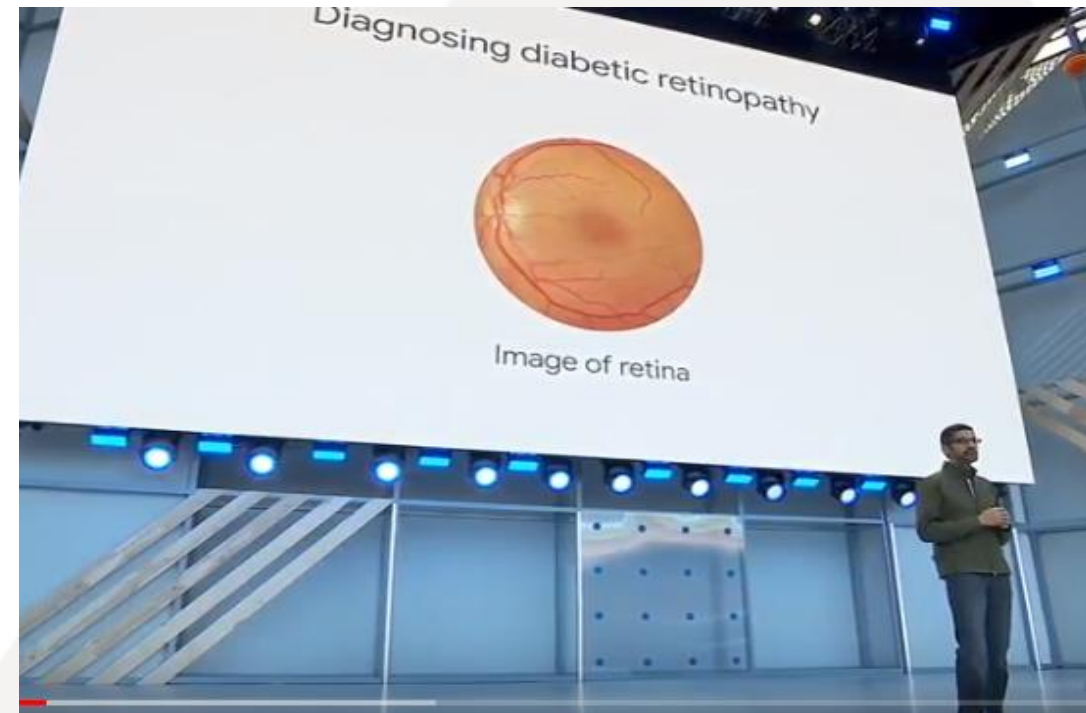
BMI

Predicted: 24.1 kg/m



Systolic blood pressure

Predicted: 148.0 mmHg





# Uberization of Healthcare

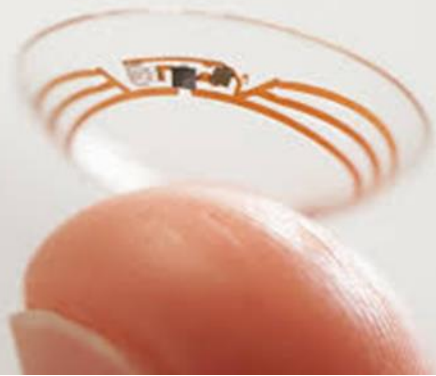
Uber connects the driver and the consumer directly in an incredibly efficient way,  
In healthcare,

**patients are now connected directly with providers through technology**

## Connected Health



The Connected Health ecosystem leverages innovation in sensors, devices, connectivity, and apps for a new level of data-driven patient-centered and patient-empowered care. It enables continuous 360-degree medical record data collection over time, not just point-in-time office visits, and it benefits patients, caregivers, hospitals, populations, and policy makers.

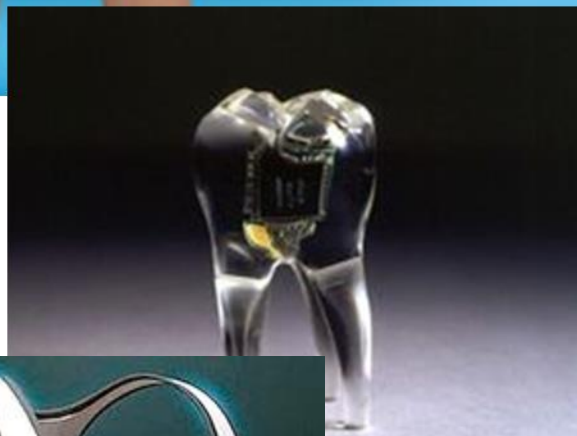
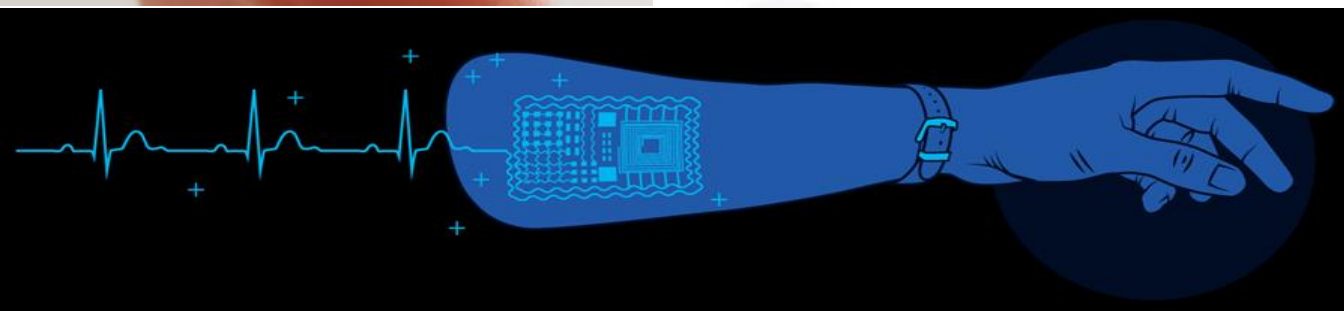


tumc

### „Insideables“

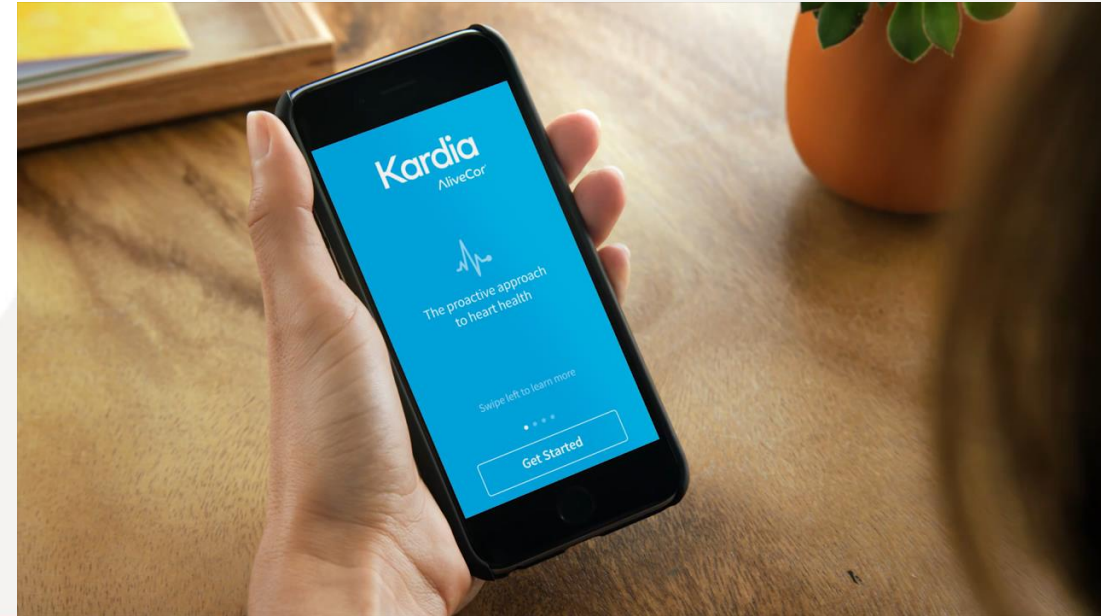


- Soft contact lens encapsulates electronics
- Sensor detects glucose in tears
- Chip & antenna receives power and sends info



such as sensors, electrodes and the battery

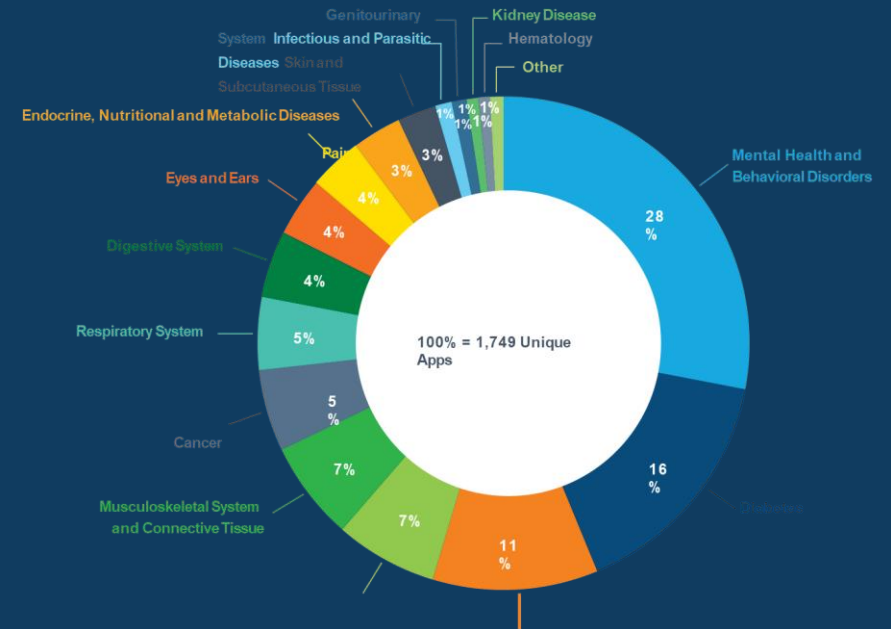
# Connected Health



The number of mHealth apps continues to soar year on year, with **more than 300,000** currently available on iOS and Android compared with the approximately **165,000** available in 2015.

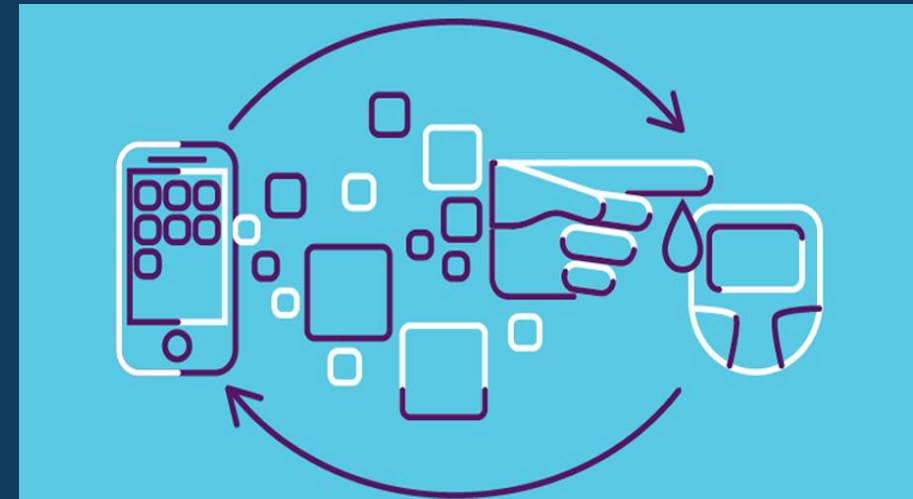
There are approximately **2,000 apps** in the US alone related to supporting people with diabetes.

Exhibit 6: Disease-Specific Apps by Therapy Area



# The Role of mHealth and Digitization in Diabetes Care

A study from **2018** stated that using Ascensia's Contour Diabetes app for over 180 days was associated with a **reduced frequency of both hypoglycemic and hyperglycemic events.**



<https://www.med-technews.com/medtech-insights/the-role-of-mhealth-and-digitisation-in-diabetes-care/>



# mHealth and Patient Centered Care go hand in hand

The rise of mHealth apps is closely associated with the upcoming of patient-centered care models (39%).

mHealth apps are supposed to empower patients to take a more active role in their treatment process.

4th global mHealth App Developer Economics 2014 study

<http://research2guidance.com/8-drivers-and-barriers-which-will-shape-mhealth-market-in-the-next-5-years>



**Future of Healthcare**

**Proactive & Patient Centric**

**Care at Home**

# How It Used To Be: Doctors and House Calls - 1891



**The Child has not come to the Dr. He has come to the Child !**



# Healthcare Before and After Digital Transformation

## Before

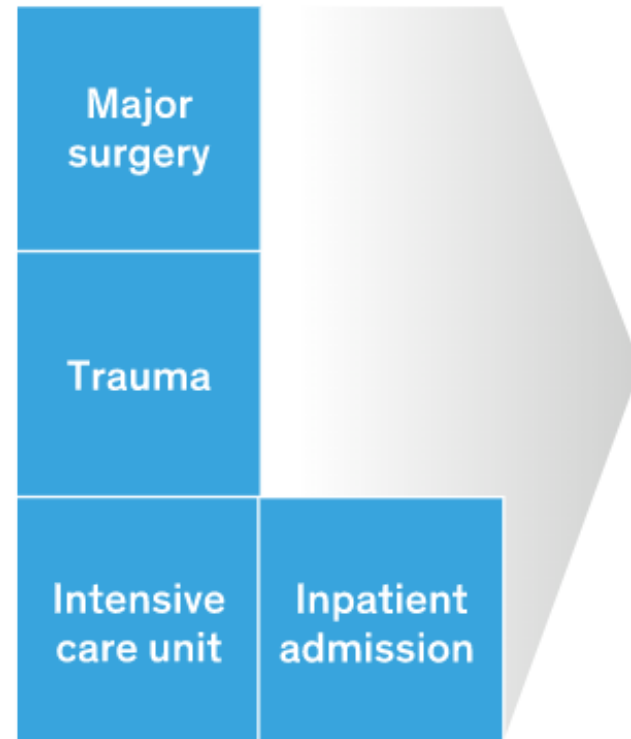
Hospitals, Clinics , Labs
For Medical Professionals only
Patient Centricity
In medical silos and institutions only
Key holders to the ivory tower of medicine
Passive, only asking for medical health after a symptom appears
Population based
Patriarchal hierarchy
The ivory tower of medicine
Localized
Only in person meetings

The Point of Care
Data access
Patient inclusion
The place of health data
The role of physicians
The role of patients
The reference point for treatment
The doctor-patient relationship
Knowledge base
Healthcare supply chains
The place of doctor visits

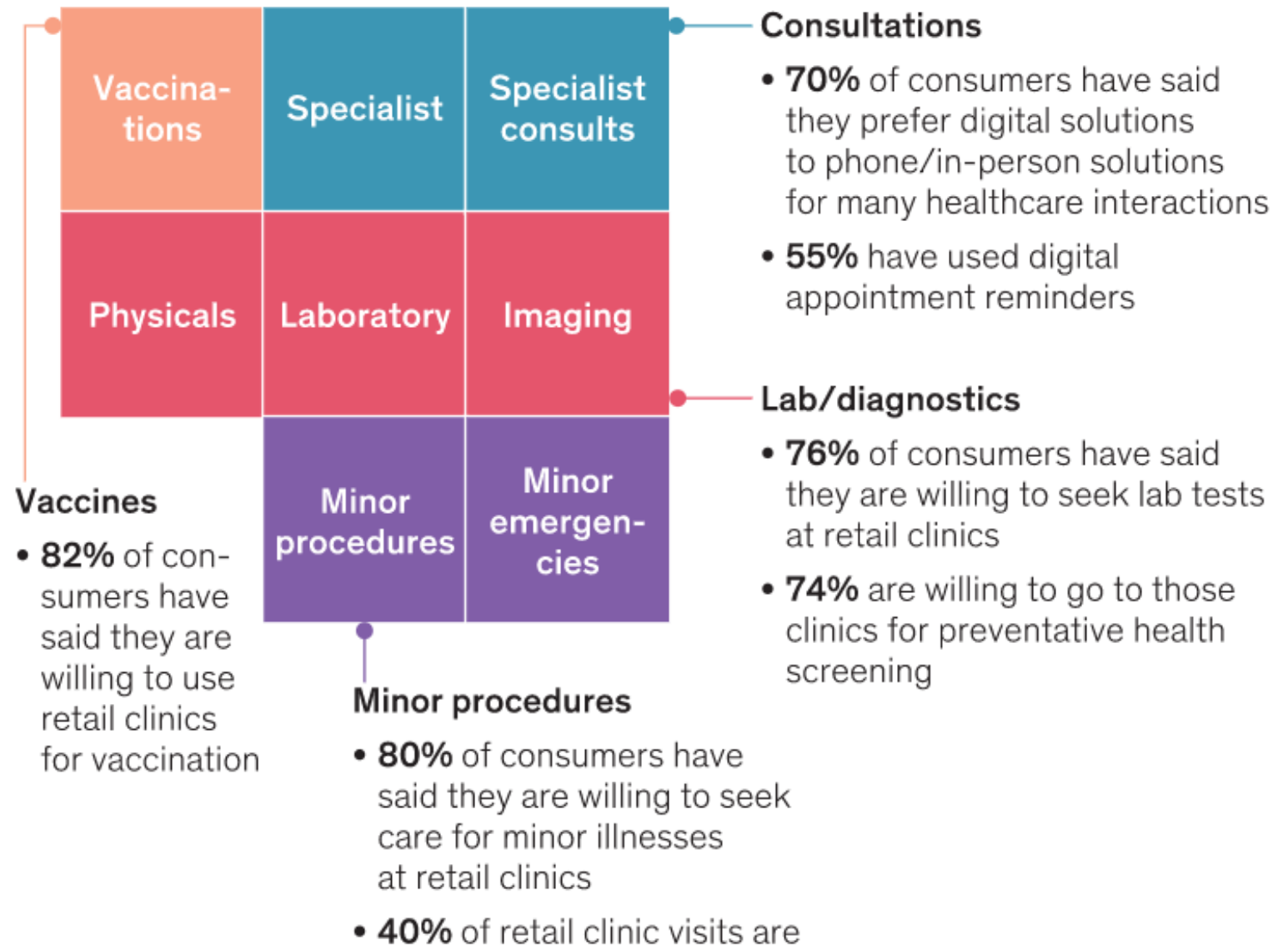
## After

Wherever patients are
For patient and medical professionals
Patient Design
At patients
Guides for patients in jungle of information
Proactive, becoming empowered and engaged in their care
Personalized
Equal-level partnership
Social media and online repository
Globalized
Remote care and in person meetings

## Services that will remain in the hospital



## Retail (services that will move out of the hospital)



# Buurtzorg: the Dutch model of neighborhood care that is going global

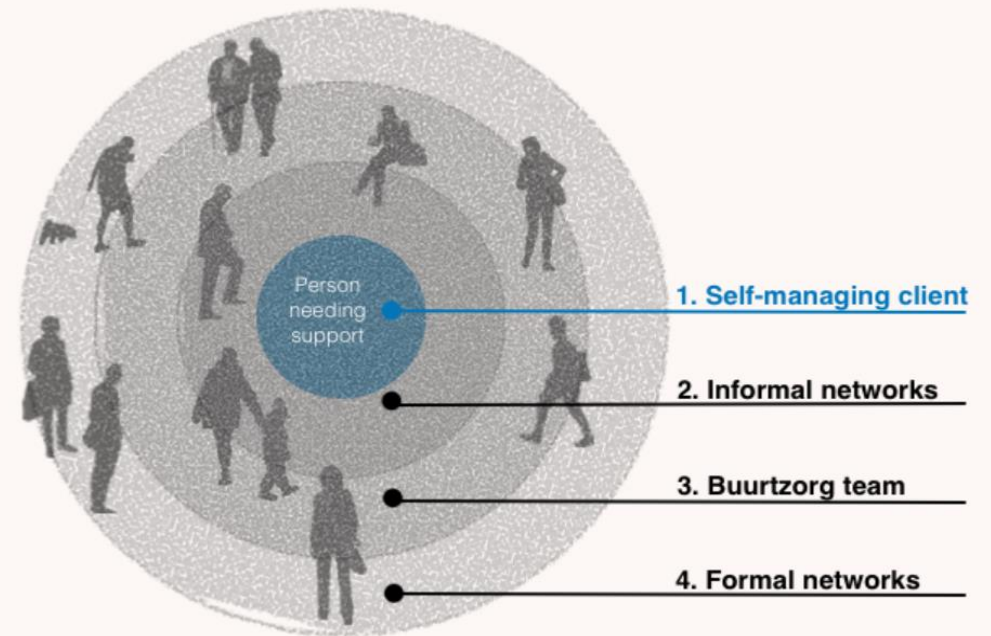
The principle underpinning the model is that the **nurse acts as a “health coach”** for the individual and their family, emphasizing preventive health measures

The golden rule is that nurses must spend 61% of their time in direct contact with the people they support.



## Buurtzorg's model of care

The Buurtzorg onion model starts from the client perspective and works outwards to assemble solutions that bring independence and improved quality of life.



# Disruption by Unconventional Players

**Amazon** indicated its interest in health care when it **bought online pharmacy PillPack** for about \$750 million in 2018.

**Walgreens** recently struck a deal with primary-care company **Village MD** to open doctor offices in 500 to 700 of its stores over the next five years.

**CVS Health**, which owns **insurer Aetna**, is remodeling 1,500 drugstores by the end of 2021 to turn them into **HealthHUBs** that have a health clinic, a lab for blood testing and other wellness services such as yoga and consultations with dietitians.

Numerous large health systems and smaller businesses such as **Carbon Health**, **Circle Medical** and **Forward** offer primary-care services.



by amazon pharmacy

# Walmart to open at least six more health clinics in greater Atlanta area by end of 2020 as part of bigger health-care push

- Its **low prices** stand out from rivals.
- Its clinics are **doctor-led versus other similar clinics**, which tend to rely on nurse practitioners or medical assistants.
- It has a **ready-made audience of customers** who already consider the locations convenient and go there to shop.
- **They include** exam rooms, a waiting area and larger rooms that host community events, such as a free yoga class or nutrition seminar.
- The **clinics are staffed** by doctors, nurse practitioners, dentists, counselors and optometrists.
- **The company considered a membership-based health program for \$10 a month** for perks such as discounted telemedicine, free prescription delivery, preferred access for doctor's appointments, generic prescriptions, glasses and contact lenses and over-the-counter medications



**Hospital  
(centralized)**

**Ambulatory Care  
( decentralized )**

**Hospital  
( patient centered )**

# HOSPITAL

## *DEHOSPITALIZATION OF HEALTHCARE*

- The future of healthcare is much **less centered around institutions.**
- It's rapidly becoming **decentralized, dematerialized, demonetized** and, ultimately, **democratized.**
- It will be more **continuous**, more **integrated.**
- As healthcare becomes more data-driven, it also is becoming **more personalized and proactive and less reactive.**

# Building a Case for “Homspital”

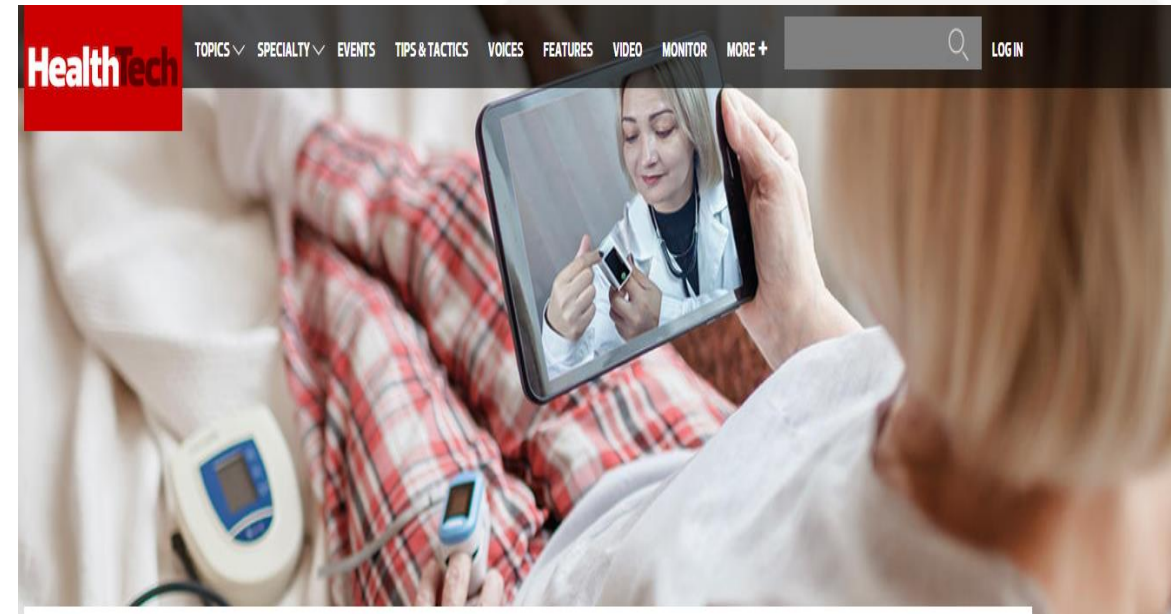
- Hospitals are inaccessible, physician centered & costly – **Inefficient & Ineffective System**
- Focus on Value Equation - **Better Outcomes**
- Hospitals are unsafe environments – **Patient Safety**
- Patient centricity is the key foundation of healthcare – **Empowered Patients**
- Technology has brought services to our doorstep – **Accessibility & Affordability**
- We all live in a connected world – **Connected Health**
- Availability of Broadband Internet + Seamless VC + IoT + AI + allows Physicians to Diagnose + Treat + Monitor patients – **Remote Patient Monitoring**
- Rise of the Z generation – **Business Case**



# Is hospital at home the future of healthcare?

**46% of hospital care can move to the patients' home**  
(mobile care for chronic diseases)

**Global home care is growing 10%** year over year – technology and logistics are making home healthcare works.



# Hospital-at-Home Model Improves Value

A growing body of research shows that **hospital at-home** is an effective strategy that improves all three components of the value equation ***improve outcomes, enhance the patient experience and reduce cost.***

## AHA's Value Equation

Through *The Value Initiative*, the AHA is addressing affordability through the lens of value to improve outcomes and enhance the patient experience while reducing cost.



Source: American Hospital Association, 2018.

# American Hospital Association (AHA)

**Hospital-at-home enable some patients who need acute-level care to receive care in their homes, rather than in a hospital.**

This care delivery model has been shown to **reduce costs, improve outcomes and enhance the patient experience.**



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QUALITY ACUTE CARE FOR OLDER ADULTS

# Hospital Care in the Comfort of Home



How Does Hospital at Home Work?

Is Your Organization Ready for Hospital at Home?

Hospital at Home Toolkit

**Hospital at Home<sup>®</sup> provides safe, high-quality, hospital-level care to older adults in the comfort of their own homes.**

# Hospital at Home® was developed by researchers at the Johns Hopkins University Schools of Medicine and Public Health

- **1995: Dr. John Burton, of Johns Hopkins School of Medicine, and Dr. Donna Regenstreif of The John A Hartford Foundation** conceived a new program to provide safe and effective hospital-level care in the home.
- **1996-1998: A 17-patient pilot trial showed the Hospital at Home® was feasible, safe, and cost effective.**
- **2000-2002:** A National Demonstration and Evaluation Study tested **Hospital at Home®** in three Medicare managed care organizations and one Veterans Affairs medical center. **Hospital at Home®** met disease-specific quality standards at rates similar to the acute hospital. The **average patient length of stay was shorter, and overall costs were a third lower** than an inpatient stay. Patients also had a lower chance of developing delirium, requiring sedatives, or needing chemical restraints. In addition, both patients and family members were more satisfied with care compared to those treated in the hospital, and family member stress was lower. Patients also regained their ability to do usual tasks more quickly.
- **2002-Present: Hospital at Home®** is in practice or is being developed at numerous sites throughout the country,

# Hospital at Home®

*Hospital at Home® is an innovative care model for adoption by health care organizations that provides hospital-level care in a patient's home as a full substitute for acute hospital care.*

It was the first implementation of the Hospital at Home model to completely substitute care in the patients' home for acute inpatient care.

The program is being implemented at numerous sites around the United States by VA hospitals, health systems (including Presbyterian Health System), home care providers, and managed care programs as a tool to cost-effectively treat acutely ill older adults, while improving patient safety, quality, and satisfaction.

Using the hospital's eligibility criteria for Hospital at Home, the ED or physician identifies a patient sick enough to require hospital-level care but stable enough to be treated at home

# Hospital at Home<sup>®</sup> Outcomes

- Compared to similar hospitalized patients, HaH patients experience **better clinical outcomes:** lower rates of mortality, delirium sedative medication use, restraints. Better satisfaction of patient and family, less caregiver stress, better functional outcomes.
- **Cost savings of 19% to 30%** compared to traditional inpatient care;
- **Lower average length of stay;**
- **Fewer lab and diagnostic tests** compared with similar patients in acute hospital care;
- **Advances the Triple Aim** of clinical quality, affordability and exceptional patient experience.

# Mayo Clinic, Kaiser Permanente to scale up hospital-at-home efforts with \$100M investment into Medically Home

- **Provider-led transformation** of healthcare delivery
- It **installs a suite** of communications devices, remote patient monitoring devices, emergency response systems and other supplies such as durable medical equipment in a patient's home.
- **Using integrated tools to coordinate care** from a “command center” for continuous monitoring and on-demand communication with patients.
- **More than 300 patients have been discharged from Mayo clinic** who received Medically Home's services with the benefits of reduced readmission rates, “extraordinarily low” complication rates and much higher satisfaction among patients and their families.
- **Entering the home allows teams** to observe behaviors, diet, relationships and other health determinants and then mold their approach of care around those factors.
- **visualize the reality of a patient's home** through true community-level care that's inclusive of home nurses, physician's assistants and paramedics





- Earliest **pilot study of HaH** in 1997, showed that, compared with usual hospital care, HaH resulted in **fewer complications (e.g., drastic reductions in delirium), greater satisfaction with care for patients and family members, less caregiver stress, better functional outcomes, and lower costs.**
- A 2012 meta-analysis of randomized controlled trials of HaH showed a **38% lower six-month mortality rate for HaH patients** than hospitalized patients.

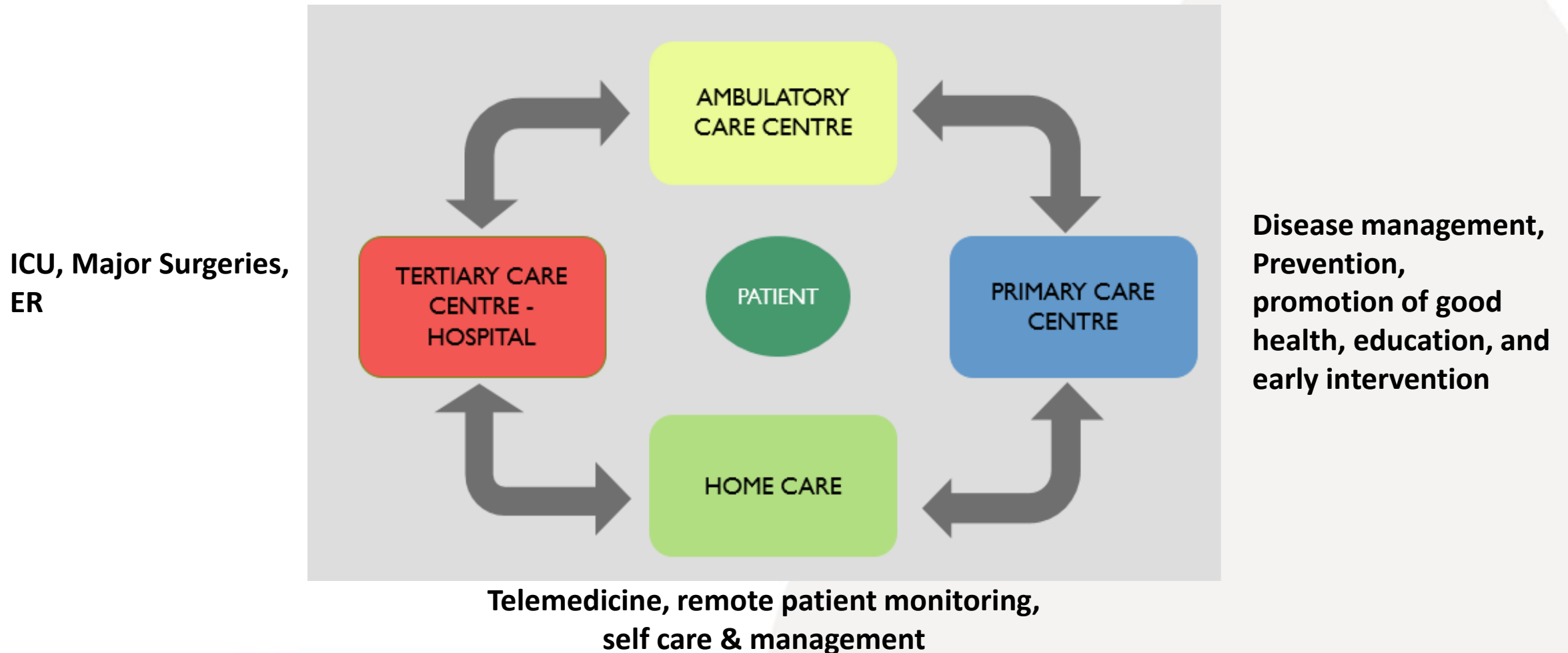
**Since then, HaH has been one of the most studied innovations in health care.**

**Clearly, if HaH were a drug, it would be a blockbuster!**

# HOMSPITAL MODEL

## PATIENT CENTRIC CONTINUUM OF CARE

Outpatient services: diagnosis, observation, consultation, treatment, day care, intervention, and rehabilitation services.



# What Is a Patient-Centered Medical Home (PCMH)?

It's not a place... It's a partnership with your primary care provider.



PCMH puts **you** at the center of your care, working with your health care **team** to create a **personalized plan** for reaching your goals.



Your **primary care team** is focused on getting to know you and earning your trust. They care about you while caring for you.



Technology makes it easy to get health care when and how you need it. You can reach your doctor through **email**, **video chat**, or after-hour **phone calls**. **Mobile apps** and **electronic resources** help you stay on top of your health and medical history.

Behavioral & Mental Health

Specialists

Primary Care

Community Supports



Hospital

Patient and Family

Pharmacy

## Studies show that the PCMH:



Provides better **support** and **communication**



Creates **stronger relationships** with your providers



Saves you **time**

## A Patient-Centered Medical Home is the right care at the right time. It offers:



**Personalized care plans** you help design that address your health concerns.



**Medication review** to help you understand and monitor the prescriptions you're taking.



**Coaching and advice** to help you follow your care plan and meet your goals.



Connection to **support and encouragement** from peers in your community who share similar health issues and experiences.



Remotely Accessible HealthCare @ Home

# RAHAH - Remotely Accessible Healthcare @ Home

*A patient centric connected health model*

# A **Patient Centric** 24/7 **Connected Health Model**

to improve Healthcare Outcomes

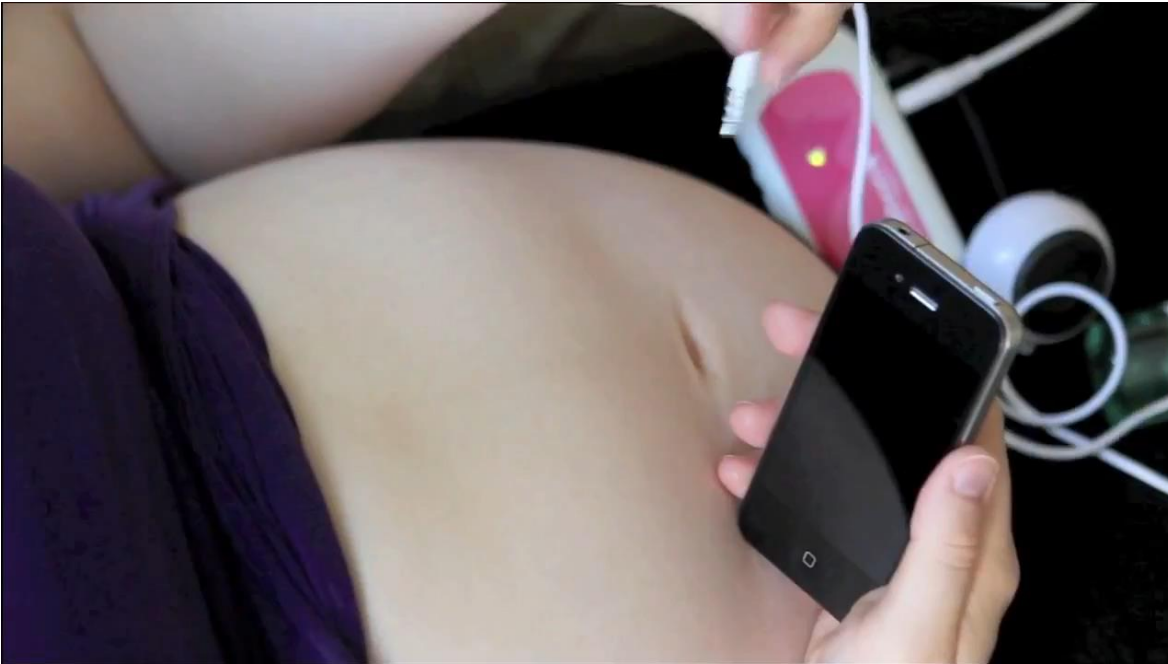
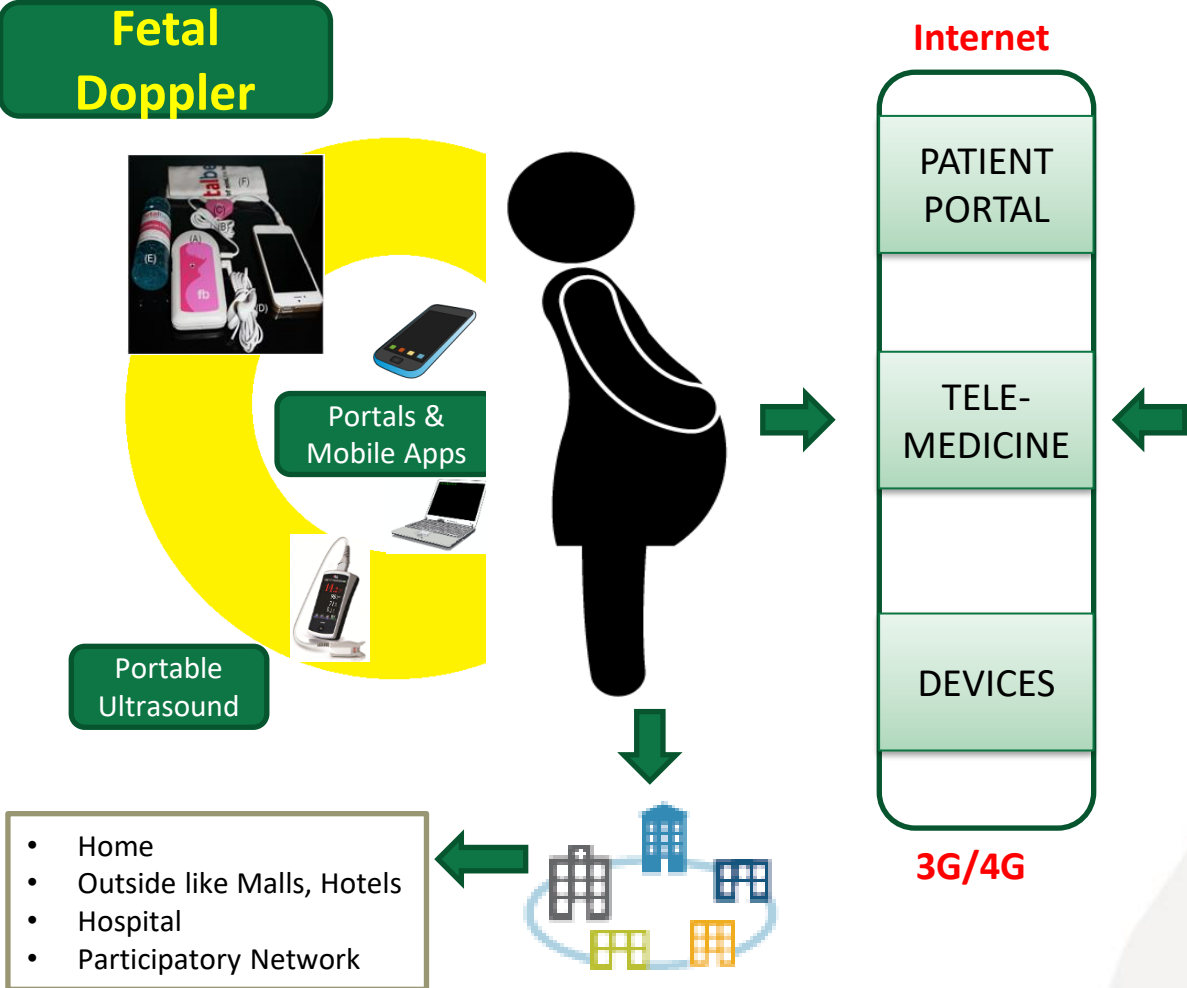
through Technology for

Education, Engagement, Empowerment,

Monitoring & Treatment of patients virtually



# DH in Gestational Diabetes





**Thank you**  
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