**HOME HOSPITALIZATION FOR ACUTE DECOMPENSATED HEART FAILURE: OPPORTUNITIES AND STRATEGIES FOR IMPROVED HEALTH OUTCOMES**

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Care of patients with chronic heart failure is a highly integrated process, and requires exquisite attention to detail, clear team communication, adherence to protocols and evidence guided therapies and well-conceived and short, medium and long strategic approaches. Once a patient becomes decompensated, that approach must not be put aside but, in fact needs to be re-enforced and intensified. Unfortunately, an acute care hospital-based admission is fragmented, provided by a variety of providers with variable skills sets, based on acuity alone and often does not focus on critical barriers that limit success to optimal heart failure care. Additionally, the acute care setting often does not allow full visibility of barriers responsible for decompensation and therefore risk recovery and hence readmission.

Multiple alternate approaches to acute hospital level care have been explored to prevent or look at alternate sites of care such as sub-acute nursing facilities or ambulatory heart failure clinics, all of which have inherent deficits.

The ability to provide acute care hospital level care in the patients home has several requisites including careful assessment of risk including those of the commonly associated comorbidities, tight integration of all providers, pharmacy, durable medical equipment, remote monitoring, strict protocols and exquisite communication focused on a clear and strategic care plan.

Early outcomes managing heart failure patients in a carefully constructed episode of home hospitalization will be reviewed and have, to date, revealed excellent clinical outcomes, patient and provider satisfaction, cost saving and, therefore, is an important emerging alternate management strategy for the majority of patients.