Recently, Option Care released data to support Ms. Zwilling’s experience. At the American Society for Parenteral and Enteral Nutrition (ASPEN) 2017 Nutrition Science & Practice Conference, researchers from the company presented a study that indicated the multidisciplinary support team helps patients with short bowel syndrome (SBS) avoid dehydration, a common risk in patients with SBS that can result from the company presented a study that indicated the multidisciplinary support team helps patients with short bowel syndrome (SBS) avoid dehydration, a common risk in patients with SBS.

“Before you get home from the hospital, that’s when you’re going to be the most vulnerable and likely need the most adjustments,” Ms. Englert said. “We’ll talk about vacations, grandkids—” she said. “We kind of get off subject at times,”

With a life-threatening condition such as SBS, it’s impossible to avoid any hospitalizations, Ms. Englert said. “This study shows the importance of close monitoring, attention to detail and follow-up by an interprofessional team in patients with short bowel syndrome who are discharged with home parenteral nutrition.”

Given that each hospital stay for dehydration averages three days, the researchers estimated that the nutritional support team saved patients 189 days (63\times 3) days in the hospital. And with each hospital stay costing an average of $2,800, that’s about $537,000 in just the first four weeks after discharge. Over one year, that translates to an avoidance of more than 2,200 hospital days × 3) days in the hospital. And with each hospital stay costing an average of $2,800, that’s about $537,000 in just the first four weeks after discharge. Over one year, that translates to an avoidance of more than 2,200 hospital days.

“Right when you get home from the hospital, that’s when you’re going to be the most vulnerable and likely need the most adjustments,” Ms. Englert said.

An ‘Abstract of Distinction’

Dr. Holcombe praised the study, which was deemed an “abstract of distinction” by ASPEN, meaning it was scored within the top 5% to 10% of abstracts, based on excellence and innovation. Having a historical control group and longer-term data would have made the findings even more compelling, she added. Still, having no early readmissions for dehydration in patients with SBS is “very positive,” she said, adding, “It thought this shows the value of an interprofessional team for these patients, and intervening when you get home from the hospital, that’s when you’re going to be the most vulnerable and likely need the most adjustments,” Ms. Englert said.

An estimated $4.5 million in cost avoidance

At-Home Support for PN Saves Time, Money

In rehospitalization, in the crucial weeks after hospital discharge. Over one week, only 14 patients (12%) were readmitted to the hospital, and none were admitted for dehydration or as a response to an increased gastrointestinal output. “Right when you get home from the hospital, that’s when you’re going to be the most vulnerable and likely need the most adjustments,” Ms. Englert said.

Signs of SBS Success

- Increased patient’s fluids 6.6 times over 4 weeks to prevent dehydration
- Prevented 189 days of hospitalizations
- Saved $378,000 in first 4 weeks post-discharge

Specialty Pharmacy Continuum

At-Home Support for PN

Saves Time, Money

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