

Hospital at home for older acute medical patients

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HH



Increasing number of elderly



Increasing number of acute care and treatment requiring older patients.

But not enough beds in hospital!



Solution

- Hospital at home.
- Care responsibility from the Municipality.
- Treatment responsibility from the hospital



Hazards of hospitalization of the elderly.

- Confused / delirium
- Functional decline
- Hospital acquired infection



What does the literature say?

Treating patients in their homes has been shown to:

- shorten the length of stay,
- increase patient satisfaction,
- and decrease the risk of delirium and functional decline

(Isaia et al., 2009; Leff et al., 2009; Leff et al., 2005)

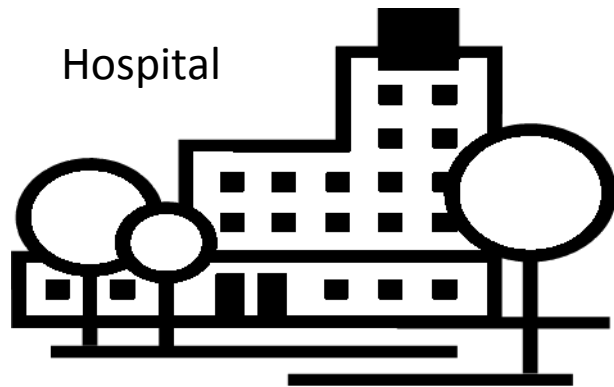
A Cochrane Review from 2016: Admission avoidance by hospital at home

.....there are too few studies in elderly medical patients for a reliable assessment of the problem

(Shepperd et al., 2016).



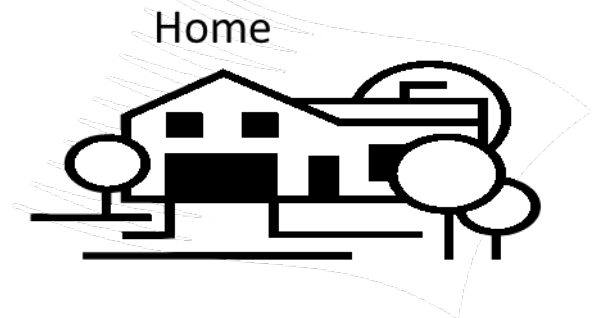
How?



The patients

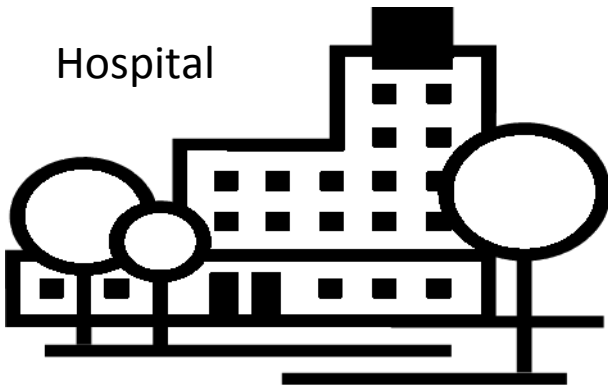
Feasibility study:

Is it possible to
do a RCT on
this subject?

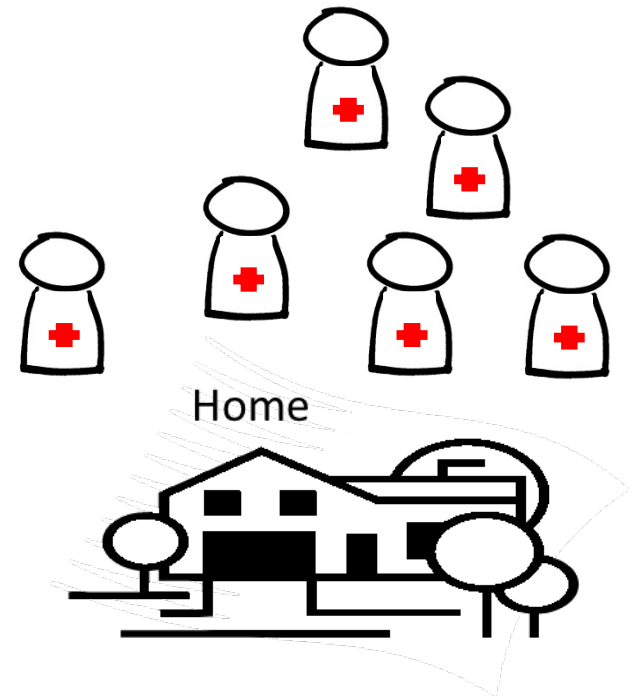


How?

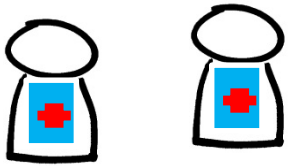
Hospital



The municipality staff cares for them

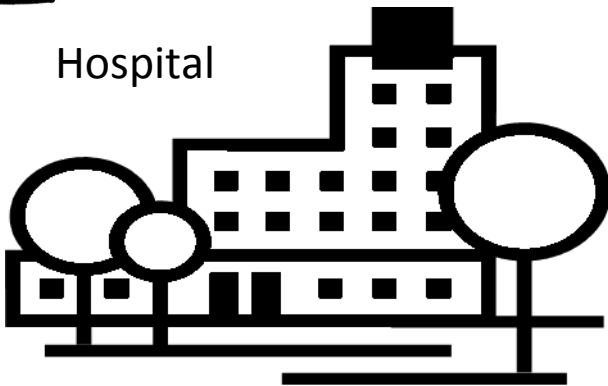


How?

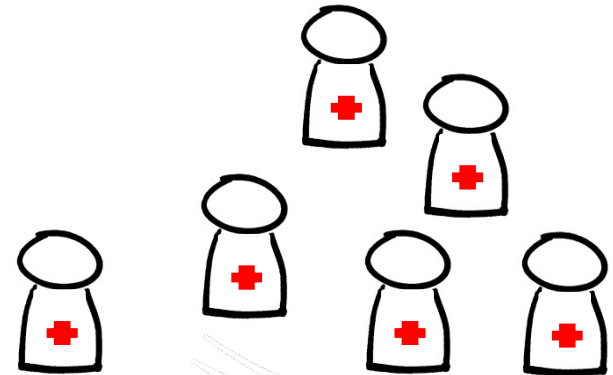


Treatment responsibility from the hospital

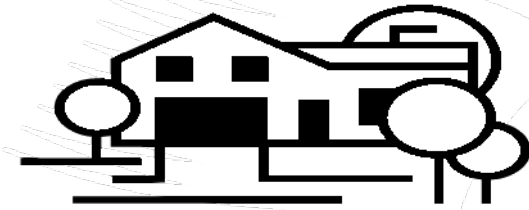
Hospital



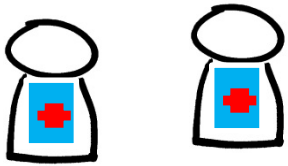
The municipality staff cares for them



Home

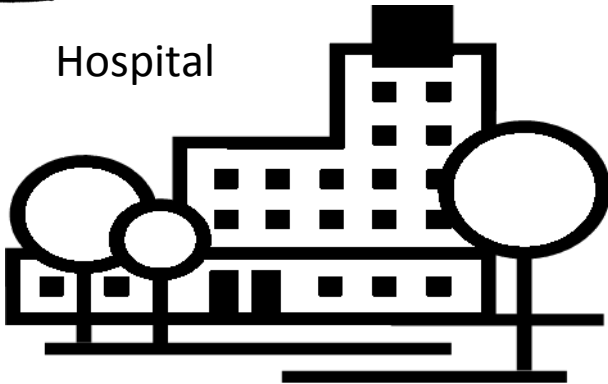


How?



Treatment responsibility from the hospital

Hospital



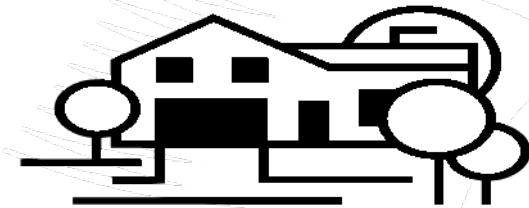
Doctor is on call 24/7



The municipality staff cares for them



Home

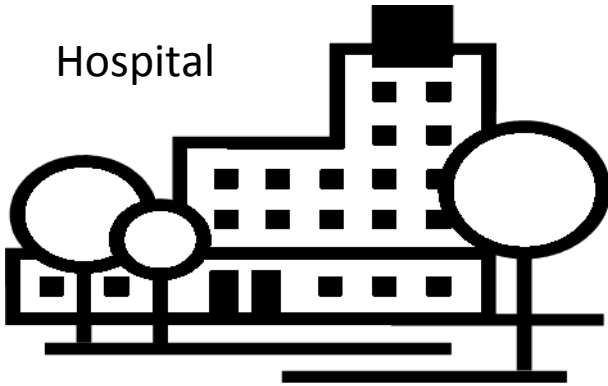


Call-center



How?

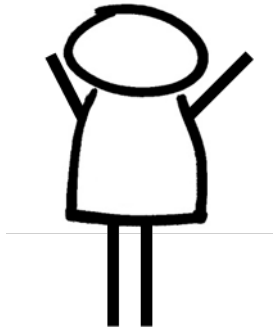
Hospital



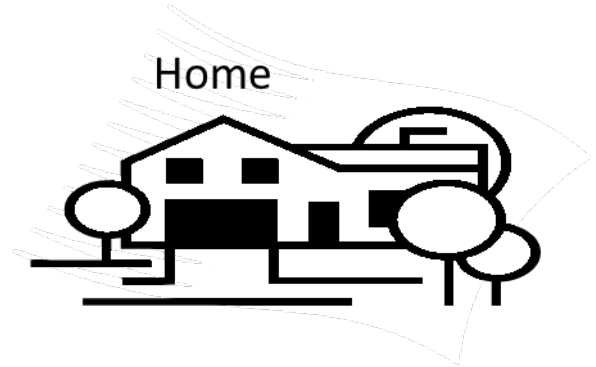
Nurse and doctor sees them every day



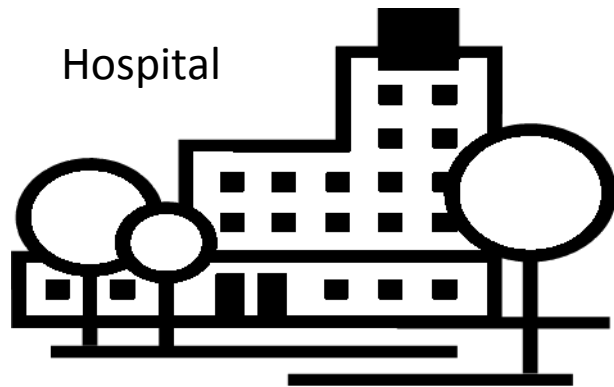
Physiotherapist attends them on demand



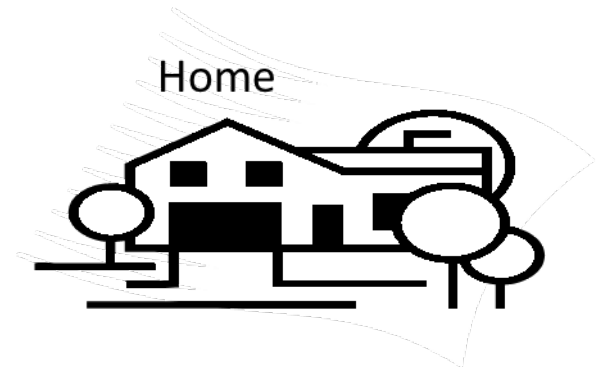
Home



How?



The patient can be admitted at any time



What can we do?

- All personal hygiene, activities of daily living
- Meal scheme
- Safety visits
- Medicine
- i.v. antibiotics
- Oxygen Therapy
- S.c. fluid
- Triage (minimum 3 times per day)
- Blood pressure, heart rate, oxygen saturation, respiratory rate, GCS, temperature.
- Blood tests and electrocardiograms
- Microbiology. (urine and blood culture etc.)
- Transport to the hospital and back again for X-ray
- Pressure ulcers screening
- Confusion score (delirium)



Telemedicine.

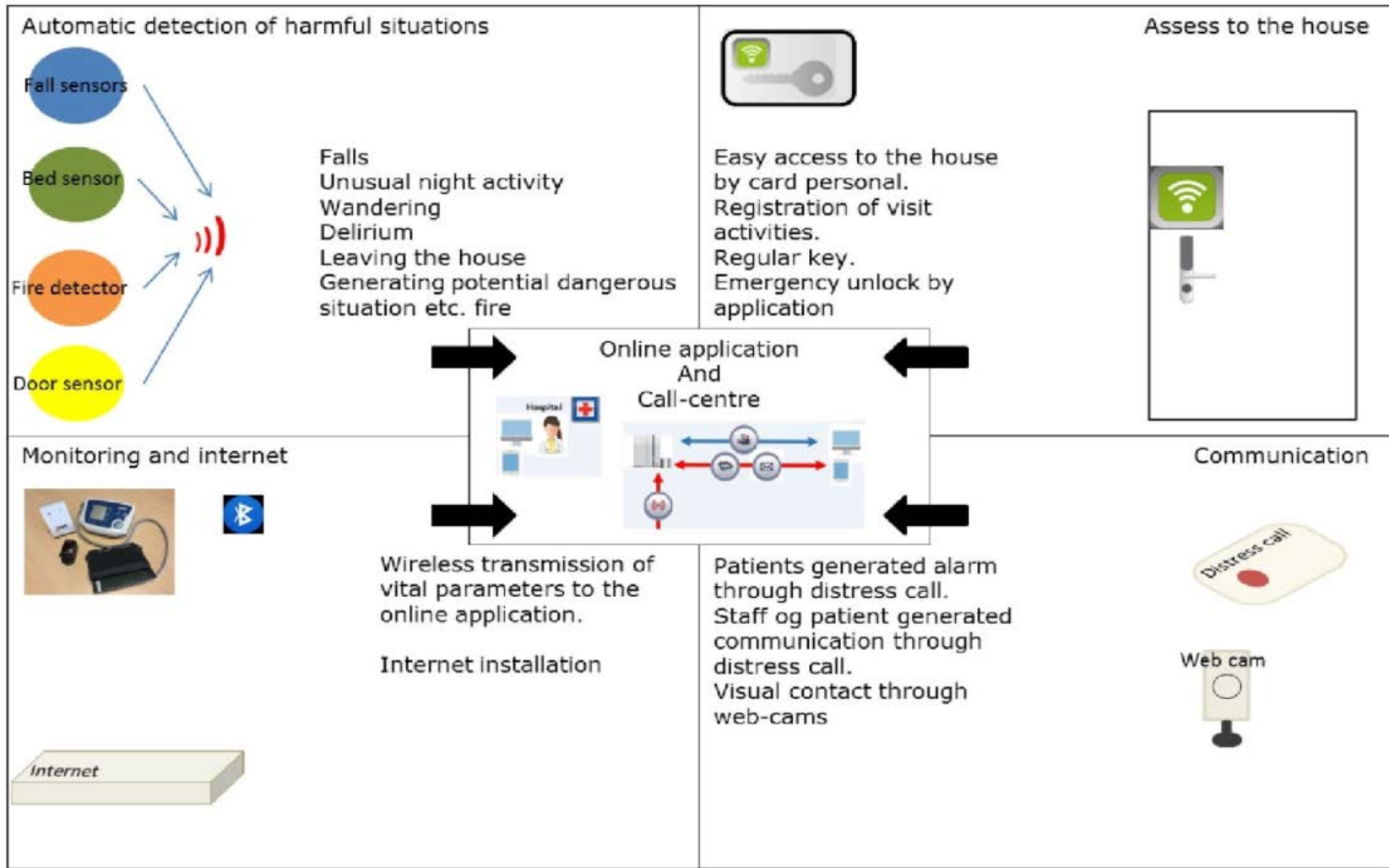
- Telemedicine can ideally optimize, or at least catalyze the treatment and care of patients in their own homes
- Replace the right staff hours !!



SYSTEMATIC



Telemedicine.



Method

- Directly from emergency department, max 36 hours after admission.
- One patient at a time.
- 30 patients to HH (intervention group)
- 45 patients to usual admission (control group)
- Anticipated 7 days of admission.

Surveillance versus
safety versus
patient's condition



Control and safety

- Approval from ethical committee
- Approval from the Danish Data Protection Agency
- Steering committee
- Safety committee



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