P001 / #211

Poster Session: *AS01 CLINICAL INNOVATION IN HAH*

CUSTOMIZING THE FLOW PROFILE FOR THE ADMINISTRATION OF SUBCUTANEOUS IMMUNOGLOBULINS USING TAPERED FLOW TO MINIMIZE OR ELIMINATE SITE REACTIONS

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Background and Aims: Site reactions have been considered “common and expected.” The Insignis™ Syringe Infusion System determines the patency of the sites and enables real-time flow rate adjustment, which may help minimize site reactions caused by pressure, or stop them before they begin. The objective of this case study was to confirm the theoretical prediction that such a system could perform in the clinical environment.

Methods: An experienced SCIg patient was selected to deliver 50ml of immune globulin using a three-leg OneSett™ Subcutaneous Administration Set. The infusion began at the maximum allowed flow rate and was monitored during the infusion. If any decrease in rate was noted, the flow rate setting was manually reduced. An assessment of the sites was completed immediately after the infusion.

Results: Total time of infusion for 50ml was 24:26 minutes. The patient commented that he could “feel” improvement in the reduced flow rate. At the end of the infusion when the needles were removed, there was no redness, pain, leaking, or any site sequalae.

Conclusions: Theory has long predicted that subcutaneous immunoglobulin administrations can begin at the highest flow rate, but may need to be decreased during the procedure to prevent site reactions. To deliver the fastest flow rates possible in the shortest amount of time, the objective is to begin the infusion at the highest rate and manually decrease it as the sites begin to fill or saturate. This new approach has the capability to revolutionize SCIg administrations, providing infusions in minimal time with little or no adverse site reactions.

Disclosure: No significant relationships.

Keywords: Subcutaneous Immunoglobulin, Custom Flow Control, Pain-free infusions, Selectable Rate Flow Control, Optimizing the infusion

P002 / #448

Poster Session: *AS01 CLINICAL INNOVATION IN HAH*

HARNESSING THE USE OF THE AGE FRIENDLY 4M FRAMEWORK IN A HOSPITAL AT HOME PROGRAM

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Background and Aims: Our population is aging. Those 65 and older will double over the next few decades. Older adults have more chronic conditions and hospitalization. The community around Redeemer Health is no different. The community is aging, there are abundant naturally occuring senior communities surrounding Holy Redeemer Hospital. The Health System is situated in the third most populous county in Pennsylvania.

Methods: All H@H admissions 2022-2023 will be reviewed for quality indicators such as 30-day readmissions, and adverse events. Staff, patients and caregivers will receive education on the Age Friendly 4M Framework. Redeemer will focus on what matters to the patient and family, medication safety, mentation while ensuring patients are maintaining functional status and moving daily.

Results: Redeemer Health has launched a Hospital at Home Program. While not an academic Medical Center, Redeemer believes it is a model of care for the future. By providing acute care in the home, patients will have fewer complications such as preventable falls and hospital acquired infections. Families will feel supported by a multidisciplinary team with the shared vision of keeping the older adult at optimum levels of aging in the comfort and safety of their home.

Conclusions: The challenge is by 2030 there will not be enough resources to care for the elderly, using the traditional Hospital Acute Care Model. Incorporating the Age Friendly 4M framework, Redeemer will focus on what matters to the patient and family, medication safety, mentation and mobility. Providing education to staff, caregivers and the older adults is paramount to ensure improved health outcomes.

Disclosure: No significant relationships.

Keywords: Age Friendly 4M Framework, Acute Care Model of Care, Hospital at home

P003 / #86

Poster Session: *AS01 CLINICAL INNOVATION IN HAH*

PALLIDOM: AN EMERGENCY RESPONSE TEAM FOR ACUTE PALLIATIVE CARE AT HOME OR IN NURSING HOME

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Background and Aims: Some patients in palliative situation at home or in nursing home require urgent intervention but do not want hospitalization. Collegiality and implementation in these conditions remain difficult. Our HAH created a 24 /7 team to respond to these unstable situations. This response took place on two axes: first, collaborative medical deliberation on the orientation of the healthcare project according to the patient's wishes, then production of care adapted to the individuality with a combination of curative and comfort treatments

Methods: We conducted a retrospective study to describe pattern of our team from 6 September 2021 to 6 September 2022.

Results: Among 505 sollicitations, 371 (73%) resulted in a home-visit while 134 (27%) not. Among the 371 visits, 255 (69%) were at home and 116 (31%) in nursing-home. The underlying pathology was oncologic in 41% of cases and neurocogintive in 27% of cases. The main symptom was respiratory in 44% of cases, pain in 17% of cases and neurologic in 15% of cases. Urgent care included curative treatments in 71.7% of cases, comfort treatments in 77.9% of cases and sedation in 6% of cases. The average duration of follow-up was 6.1 days with 68% deaths, 9% hospital transfers and 23% improvement.

Conclusions: Outpatient palliative emergency intervention by HAH medical team is feasible and meets a need. Hotline allows sollicitation, then mobilization of a team for urgent care and follow-up of the patient. HAH can thus avoid hospitalizations and provide support in the patient's place of life when it is his choice.

Disclosure: No significant relationships.

Keywords: Emergency, Palliative Care, Nursing Home, Decision, Collegiality

P004 / #146

Poster Session: *AS01 CLINICAL INNOVATION IN HAH*

INITIATION AT HOME OF HOME MECHANICAL VENTILATION; 2 YEARS OF CLINICAL PRACTICE DURING COVID-19 AS FOLLOW-UP ON HOMERUN STUDY

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Background and Aims: There is an increasing demand for Home Mechanical Ventilation (HMV) in patients with chronic respiratory insufficiency. In the Netherlands, it starts currently exclusively in a clinical setting, at all 4 centers for HMV. However, besides high societal costs and patient discomfort, initiation of HMV is often delayed due to a lack of hospital bed capacity. So we performed the Dutch Homeruns study; this nationwide multi-center study shows that initiation at home of HMV for this specific group of patients is non-inferior to hospital initiation, as it shows the same improvement in gas exchange and QoL. Moreover, starting at home saves over €3200,- per patient. Aim
We will show our results of 2 years of experience for home initiation over more than 200 patients in a real-life setting during the COVID-19 pandemic.

Methods: We evaluated every patient which was initiated at home for home mechanical ventilation, where we noted the patient's characteristics, co-morbidity, level of respiratory insufficiency, the time for initiation, how many days initiation took, and the ventilator setting as well as the results measured by transcutaneous CO2. Furthermore, the effort it took for our nurses and how many contact moments there were for the successful initiation and this data will be compared to the study results.

Results: This section is still under construction, we are evaluating the data at the moment of submission. The partial analysis of the data gave some interesting results which we are looking forward to present in Barcelano.

Conclusions: Under construction, due to not completed results section.

Disclosure: Dr. van den Biggelaar reports personal fees from Philips, and Westfalen Medical B.V., both outside the submitted work. Prof. Dr. Wijkstra reports grants from ZONMW, grants from VIVISOL, during the conduct of the study; grants and personal fees from Phili

Keywords: Implementing strategy, Neuromusculair patients, telemonitoring, Non-invasive ventilation, Home mechanical ventilation

P005 / #107

Poster Session: *AS01 CLINICAL INNOVATION IN HAH*

HOME AT LAST - 1058 DAYS IN HOSPITAL! AN INNOVATIVE APPROACH TO HEALTH CARE AT HOME- LIFE AS A VDQ AFTER 3 YEARS OF HOSPITALISATION

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Background and Aims: 62 year old Ventilator Dependant Quadriplegic (VDQ) patient, in- patient for 1058 days (ICU and Acute Spinal Unit). This is 4-7 times > ALOS. The estimated direct cost of his stay was $4,060,500.00 ex collateral and other costs to the Australian Public Health System (bed blocking, delayed surgeries, deterioration of patients on waiting lists) Our Aim is to share our innovative training and operational framework and clinical governance model

Methods: Vitalis was tasked November 2021 to develop an out of hospital solution Innovative multidisciplinary approach included collaboration between Public Health and Vitalis to train and skill staff to meet exceptionally complex clincial needs and suitably adapt them for the home setting over a short period of time.

Results: Patient successfully discharged March 2022 with Vitalis. Zero episodes of hospital readmission Data from comparative study of all Vitalis VDQ patients at Home v's Hospital clinical outcomes will be shared at the WHaHC

Conclusions: "Our hospitals are full- there simply aren't enough hospital beds or enough Doctors and Nurses- and tragic stories of deaths, deterioration and delayed care are becoming increasingly commonplace" (AMA,2021) The demand for hospital beds will continue to rise and the wait list for elective surgery and important diagnostic procedures will just continue to increase. Providing high standards of HDU/ICU care in the home will alleviate some of the pressure on those precious hospital beds in Australia, improve patient outcomes and keep patients safe.

Disclosure: I am the Clinical Director and a Co- Founder of Vitalis Health & Home Care

Keywords: Patient centred, Innovation, HDU/ICU, Clinical excellence, HITH

P006 / #422

Poster Session: *AS01 CLINICAL INNOVATION IN HAH*

REHABILITATION IN THE HOME WITH GEMHITH – OPTIMISING CARE FOR OUR ELDERLY PATIENTS

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Background and Aims: There is an increasing demand for specialist geriatric services across Australian health services due to factors such as improving life expectancy, higher consumer healthcare expectations, higher levels of medical complexity and increasing prevalence of frailty. Our regional hospital has a projected growth of approximately 46,000 more people over the age of 65 by 2031. To address the needs of this cohort, our Hospital in the Home (HITH) service has developed a multi-disciplinary geriatrician led in-home rehabilitation program as an alternative to traditional Geriatric Evaluation and Management (GEM) hospital beds. Our goal is to reduce hospital admissions and facilitate earlier discharges from a hospital bed.

Methods: Retrospective data was collected over 12 months to audit our GEMHITH patient demographics and outcome measures.

Results: 157 patients were admitted during this period. The average patient age was 80.2 years (range: 64-100 years) with 41.4% male. The average Clinical Frailty Scale score was 5.68 indicating mild to moderate frailty. The mean length of stay was 10.6 days on our program, equating to 1658 bed days and AUD$1,989,600 saved. Our patients had an average improvement 6.7 in Functional Independence Measure (FIM) scores and 2.5 in Balance Outcome Measure for Elder Rehabilitation (BOOMER) scores indicating a significant functional improvement. From our cohort, 70 patients had readmissions within 60 days but only 17 patients readmitted due to falls or functional decline.

Conclusions: A comprehensive multidisciplinary geriatrician approach to our frail and vulnerable cohort of patients has been found to be effective in accelerating discharge from hospital with good functional patient outcomes.

Disclosure: No significant relationships.

Keywords: Frailty, geriatrics, Multidisciplinary, Rehabilitation

P007 / #277

Poster Session: *AS01 CLINICAL INNOVATION IN HAH*

A NOVEL APPROACH TO THE SETTING UP OF A HOSPITAL FROM HOME ICTOP TEAM IN RURAL IRELAND: CLINICAL INNOVATION OR A FOOL'S ERRAND?

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Background and Aims: Supporting safe hospital discharges and hospital admission avoidance are key principles in the Irish Enhanced Community Care Programme. The National Clinical Programme for Older Persons promotes high quality and holistic care, provided in the right place at the right time for older adults. This means bringing care closer to the older person's home. The development of locally-based Integrated Care Teams has been a key factor in provision of care aimed at supporting the older person’s safety and independence to enable them to live in their own home for as long as possible. Challenges and opportunities exist in developing these community-based teams. According to a 2020 TILDA report (O’Halloran et al), County Leitrim has the highest prevalence of frailty nationwide (29.76% in 55+ and 48.36% in 70+).

Methods: In March 2022, a new Integrated Care team was developed within this ultra-rural Irish community to support admission avoidance and hospital discharge within the locality.

Results: From April-September 2022, the team has seen 48 patients, who have required a range of medical, nursing, therapy and social care needs. The team used a self-administered Likert scale to ascertain likelihood of an admission if a patient had not had MDT input. Results indicated that the team had supported hospital/ crisis avoidance in approximately 55% of cases.

Conclusions: Given this is a newly established team, further identification of appropriate outcome measures to reflect patient complexity and benefits of the service is necessary. However, initial results and patient feedback are favourable to suggest the team has a strong role in admission avoidance.

Disclosure: No significant relationships.

Keywords: Admission avoidance, Integrated care, rural, older persons, Frailty

P008 / #148

Poster Session: *AS01 CLINICAL INNOVATION IN HAH*

ADVANCED HOME HOSPITAL TRANSCUTANEOUS CO2 MONITORING OF LONG-TERM MECHANICALLY VENTILATED PATIENTS.

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Background and Aims: Background Use of TcCO2 at home avoids patients being admitted to hospital frequently to carry out this type of examination. An initial trial period during 2019 and 2020 with 41 patients proved technically sucessful with a 90% success rate. Aims Evaluate the successfulness of nocturnal transcutaneous carbon dioxide measurements performed at home in patients with long term mechanical ventilation. Evaluate whether the high success rate of this measurements could be maintained after an initial trial period.

Methods: Method 61 patients participated in the project “Hospital at home for patients with LTMV” from January 2021 until August 2022. Patients underwent a continuous measurement of TcCO2 (TCM5, Radiometer) while sleeping at home. Patients: -Received training by a specialized nurse -Had a visual manual -Could call for support Four physicians experienced in LTMV rated the quality of the measurements. A successful measurement of TcCO2 should: -Last for $\geq$ 6 hours -Contain a minimum of artefacts Contain minimal instrumental drift

Results: . We performed 133 measurements of TcCO2 where 121 (90%) were judged as of sufficient technical quality. The results show that the use of TcCO2 can be effectively used in the home setting for the monitoring of this patient population.

Conclusions: Conclusion There are currently 168 patients in Oslo with treatment and follow-up of LTMV, with control at the hospital often every 3-6 months. TcCO2 measurement is performed routinely on all patients. These results show that the technical quality measurements take at home can be maintained despite scaling up to a larger hospital at home population.

Disclosure: No significant relationships.

Keywords: Advanced home hospital, Long Term Mechanical Ventilation, Trancutanous CO2 monitoring

P009 / #408

Poster Session: *AS01 CLINICAL INNOVATION IN HAH*

NUHS@HOME FOR PATIENTS POST CARDIAC SURGERY: A HOSPITAL AT HOME STUDY PROTOCOL

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Background and Aims: In Singapore, NUHS@Home is a Hospital-at-Home (HAH) programme which provides hospital-level care in place of conventional hospitalization. This model may potentially reduce hospital length of stay (LOS), risk of hospital-acquired infections and allows recovery at home. However, there is limited evaluation of functional recovery of cardiac surgical patient. In this abstract, we present a clinical protocol for post cardiac surgery rehabilitation within a HaH programme. The objective of the programme is to optimize functional capacity and shorten hospital LOS following cardiac surgery.

Methods: The protocol will include low risk patients (EuroSCORE II <3) requiring 1 to 3 days of rehabilitation following Coronary Artery Bypass Surgery (CABG). Inclusion criteria are day 4 or more post surgery, score >8 on ICU mobility scale, able to ambulate 10m independently and score <5 on the Clinical Frailty Index. The HaH intervention will include daily home-based cardiac rehabilitation, with medical oversight by the HaH team. Rehabilitation sessions will be approximately 30 to 45 minutes comprising of endurance and strengthening exercises conducted by a physiotherapist. Patients will be discharged when rehabilitation goals are met or patient has achieved premorbid function.

Results: The rehabilitation outcomes proposed include VAS pain score, Borg Dyspnoea scale, ambulatory distance, incentive spirometer capacity and exercise log. Clinical outcomes include hospital readmission, ICU and Hospital LOS and SF-36 HrQOL.

Conclusions: Cardiac rehabilitation post CABG is a possible clinical pathway for hospital-at-home programmes.

Disclosure: No significant relationships.

Keywords: Cardiac Rehabilitation, Physiotherapy, Hospital-at-home, Post-surgery Rehabilitation

P010 / #240

Poster Session: *AS01 CLINICAL INNOVATION IN HAH*

SHORT HOSPITAL AT HOME VISITS FOR ENZYME REPLACEMENT THERAPY, IS IT POSSIBLE?

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Background and Aims: Lysosomal storage diseases (LSD) are a group of rare inherited metabolic disorders and some are treated with enzyme replacement therapy (ERT). Intravenous ERT is delivered weekly or every other week in a day Hospital. Although the prognosis of LSD has been transformed, weekly hospitalization can affect the quality of life. So far, at home administration could not be considered as the infusions lasts 2 to 5 hours. We set up a protocol to organize ERT administration with our HAH pharmacy and involve the parents.

Methods: Our retrospective study describes the HAH administration of ERT between 2018 and 2022.

Results: Fourteen patients [4 to 17 yo] were included. According to their diseases, they were treated by Vimizim (n=8), Aldurazyme (n=3), Elaprase (n=1) and Myozyme (n=2) for a total of 1336 infusions in HAH. The drug was either prepared by the nurse at the patient's home immediately before the infusion (n=7) or by our hospital pharmacy then delivered at home (n=7). Six patients had a central venous access whereas 8 needed a peripheral venous catheter placement. There was no serious adverse event or hospital transfer during home infusions. All the parents were taught the final steps of the infusion and a decision tree in case of adverse effect. Thus, nurses could shorten the visits to 1 hour.

Conclusions: Parental autonomy and pharmaceutical centralization of preparationsallows better efficiency of Home ERT without decreasing safety. Therefore, at home ERT can now routinely be considered by the LSD reference centers.

Disclosure: No significant relationships.

Keywords: enzyme replacement therapy, lysomal storage disorder, pharmaceutical centralization, parental participation, Pediatric Hospital at Home

P011 / #465

Poster Session: *AS01 CLINICAL INNOVATION IN HAH*

LACK OF USE OF HOSPITAL AT HOME IN THE DEPARTMENTS OF CARDIOLOGY AND PNEUMOLOGY IN OUR HOSPITAL

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Background and Aims: Despite being a big Hospital-at-Home (HaH) Unit with a very significant number of patients (120 daily virtual beds at home), the purpose of admission to our unit are referred from the same departments (Internal-Medicine/Oncology). The aim of this study was to analyse two of the most prevalent problems at hospital such as pneumonias and cardiac failure are remitted from the Departments of Cardiology and Pneumology.

Methods: We analyzed the files of medical records in the SAS-software-module of records of the last five years. The criteria were the ICD-10 most-weighted at hospital. We studied how many patients with pneumonia/cardiac failure were referred by the Departments of CardiologyandPneumology. We described the rates of patients attended in each category that could be derived to HaH, but were attended in Hospital and the rates that were attended in HaH. We described in each CIE-10 as subcategories(S1-S4) from the minor-complex to the most-complex categories according to comorbidity and mortality.

Results:

Pneumonia									
S1-Minor		S2-Moderate		S3-Mayor		S4-Extreme		Years (mean)	
Hosp	HaD	Hosp	HaD	Hosp	HaD	Hosp	HaD	Hosp	HaD
96,15%	3,85%	94,23%	5,77%	89,93%	10,07%%	84%	16%	73,9	84

Cardiac Failure									
S1-Minor		S2-Moderate		S3-Mayor		S4-Extreme		Years (mean)	
Hosp	HaD	Hosp	HaD	Hosp	HaD	Hosp	HaD	Hosp	HaD
87,16%	12,24%	84%	16%	80%	20%	82%	17%	78,7	83,3

Conclusions: The referral to HaH of patients with Pneumonia/Cardiac Failure is spurious from the Departments of PneumologyandCardiology. The most-aged patients were attended in HaH and even in the CIE-10 with minor-complexity the rates of patients sent from these Departments to HaH was low

Disclosure: No significant relationships.

Keywords: Pneumonia, Chronic patients, Cardiac failure, Underuse

P012 / #215

Poster Session: *AS01 CLINICAL INNOVATION IN HAH*

FEASIBILITY OF SUBCUTANEOUS ADMINISTRATION OF DARATUMUMAB AT HOME: ANALYSIS OF A COHORT OF 48 PATIENTS TREATED IN HAH

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Background and Aims: Since July 2021, we have been offering our patients suffering from multiple myeloma to receive daratumumab in hospital at home (HAH) by subcutaneous route (SC). The objective of the study was to assess the feasibility and tolerance of the administration of this drug in HAH.

Methods: Patients who did not have a serious adverse event (AE) at the last administration in hospital were referred to the HAH. A suitable monitoring protocol has been put in place. At the end of each session, the nurse registered the AEs reported by the patient as well as any problems encountered.

Results: 48 patients received at least one injection of daratumumab SC at home. Median age 62 years. 1 to 5 treatment lines. 159 injections were performed; median 3 injections (1-7). Median duration of the session: 40 minutes. Immediate tolerance was good. There were no serious AEs and no administration sessions were interrupted. There were no problems with reconstitution or loss of product. The most common AEs were: asthenia (32% of injections), peripheral neurological toxicity (18%), digestive signs (20%), skin or mucous membrane damage (12%), pain (5%). Few are attributable to daratumumab alone.

Conclusions: The administration and monitoring times were compatible with current HAH practices. There were no serious adverse events. The AEs reported by the nurses reflected the expected safety profile of the treatment combinations used. Our study confirms the feasibility of administering daratumumab SC at home.

Disclosure: No significant relationships.

Keywords: feasibility, daratumumab, multiple myeloma, cancer chemotherapy at home

P013 / #293

Poster Session: *AS01 CLINICAL INNOVATION IN HAH*

PROJECT TO INCREASE APPROPRIATE REFERRALS TO FRAILTY HOSPITAL AT HOME FROM ACUTE TRUST EMERGENCY DEPARTMENT: A QUALITY IMPROVEMENT PROJECT

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Background and Aims: The East Kent Frailty Hospital at Home (Frailty HAH) provides person-centred, hospital-level care for people living with frailty. The Frailty HAH can diagnose and treat acute medical illness at home or in care homes. The team philosophy is: we identify what you want and strive to make it happen. People living with frailty often have poor outcomes from time spent in hospital including reduced function and vulnerability to delirium. When asked many choose to receive treatment at home. The acute hospital has excess demand on its resources. We aimed to identify frail people in hospital who need medical care and/or monitoring and would prefer to receive this at home.

Methods: We wanted to increase referrals from emergency departments so started to hold daily teleconference with the acute physicians at a local acute hospital. Patients with frailty, who have been admitted overnight or the day before, who are not medically fit but meet the criteria to be managed by the Frailty HAH are discussed and plans made. The pilot was expanded to another acute hospital after 6 weeks.

Results: The referral rate into the Frailty HAH has increased from an average of 9 acute referrals a month from ED to an average of more than 34 per month.

Conclusions: Those running Frailty HAH need to work hard to find appropriate referrals as this requires a change in clinical practice and culture from referring clinicians. We found having a daily call increased appropriate referrals as confidence in the service increased.

Disclosure: No significant relationships.

Keywords: Hospital at home, Frailty, Early Supported Discharge

P014 / #260

Poster Session: *AS01 CLINICAL INNOVATION IN HAH*

REDUCING ADMISSION TO HOSPITAL OF FRAIL PEOPLE, WITH ACUTE ILLNESS, FROM CARE HOMES: A QUALITY IMPROVEMENT PROJECT

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Background and Aims: Background: The East Kent Frailty Home Treatment Service (Frailty HTS) provides person-centred, hospital-level care for people living with frailty. The Frailty HTS can diagnose and treat acute medical illness at home or in care homes. The team philosophy is: we identify what you want and strive to make it happen. This project was underpinned by advance care planning for people living in care homes. Problem statement: Frailty is associated with increased healthcare costs and poor outcomes associated with hospitalisation. The acute hospitals were under extreme pressure. The Frailty HTS serves 360 care homes.

Methods: Approach: Carers and the ambulance service discuss all acutely unwell care home residents with the Frailty HTS prior to conveyance except in the case of a long bone fracture or acute cardiac/cardiovascular event (unless care plan is not for escalation). Action: Communications initiative to care homes and Ambulance Trust explaining referral process and eligibility. A dedicated frailty HTS clinician available to respond to calls.

Results: Average monthly numbers calculated over 6-months

Measure	Before project	After project
Attendance at ED	276	209
Admissions to hospital from care homes	203	191
Referrals to Frailty HTS from carers	15	21.5
Referrals to Frailty HTS from ambulance services	49	64

Conclusions: Conclusion: This project raised awareness of an alternative to acute hospital care for people living in care homes. Referrals to the Frailty HTS were increased and attendance at ED and admissions to hospital reduced.

Disclosure: No significant relationships.

Keywords: Admission avoidance, Frailty, Care Homes

P015 / #160

Poster Session: *AS01 CLINICAL INNOVATION IN HAH*

ED IN HOME: A NOVEL APPROACH TO IMPROVING ACCESS TO ACUTE CARE IN HOME

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Background and Aims: Emergency Departments (EDs) are experiencing historic overcrowding leading to delays in care, staff burnout and patient dissatisfaction. Primary care practices struggle to manage the surge of patients seeking acute care. High-risk elderly people with multiple co-morbid conditions lacked access to care during the Covid-19 pandemic. As a result, Medically Home's Hospital at Home model expanded its scope to deliver acute care to patients in their home.

Methods: ED in Home (EDinH) is driven by primary care and integrated into longitudinal care. This acute, episodic care program bridges gaps for people who are home-bound, with complex health conditions. EDinH provides patient-centered care with a multidisciplinary clinical care team with respect for patient goals of care. Mobile Integrated Health (MIH) providers are deployed to the home and tethered to a triage nurse and ED physician via virtual platform. Triage is essential for selecting patients who are safe to be managed at home and diverting those with highest risk conditions or advanced imaging needs to the hospital. MIH providers offer a range of diagnostic and therapeutic interventions: point of care lab testing, radiology, IV medications and fluids.

Results: EDinH reduced hospital admission by 45% with an estimated cost savings per visit of $1500. After evaluation, 83% of patients are able to remain at home without requiring transfer to hospital. Five percent are admitted for continued care in the home. Patient and provider satisfaction is high.

Conclusions: EDinH has managed over 3500 patients in the United States and has implications for acute care delivery around the world.

Disclosure: Meghan McGrath, Evan Berg, Gregory Snyder, and Pippa Shulman are all full-time employees of Medically Home Group Inc.

Keywords: patient-centered, Mobile Integrated Health, Acute care delivery, ED in Home

P016 / #206

Poster Session: *AS01 CLINICAL INNOVATION IN HAH*

A NOVEL APPROACH TO PRE- AND POST-OPERATIVE SURGICAL CARE IN THE HOME

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Background and Aims: The Hospital at Home care model has been uniquely applied to serve surgical patients. The implementation and operation of Virtual Home Hospital (VHH) programs for surgical patients is achieved by combining remote clinicians, who develop pre- and post-operative care plans, with in-home clinical services delivered to the home.

Methods: Medically Home has partnered with the University of North Carolina, Kaiser Permanente, and Mayo Clinic, to design programs that highlight: -The prioritization of certain surgical subspecialties for initial implementation of a surgical home hospital program -The clinical operational workflows that support collaboration between Virtual Home Hospital teams, Post-anesthesia Care Unit (PACU) clinicians, surgeons and in-home care providers -The unique in-home services and supplies required for coordination of surgical home hospital care To identify and address the challenges of providing surgical home hospital care through a VHH program, we are focused on the strategic implementation of the program for urologic surgery at University of North Caroline Advanced Care at Home.

Results: Lessons learned from Kaiser Permanente's at Home program have informed how we will prioritize addressable surgical conditions and collaborative management of surgical home hospital patient care plans. Finally, we address the difference between inpatient and ambulatory-sensitive surgical conditions through analysis of the Mayo Clinical Care Hotel program for substitution of overnight observation following outpatient surgical procedures for post-operative patients.

Conclusions: These three programs have demonstrated unique insights into remote versus in-home clinical services, operational coordination and technology enablement for surgical home hospitals.

Disclosure: Yes, I am a full-time employee of Medically Home Group Inc.

Keywords: Virtual Home Hospital, Clinical services, Surgical Home Hospital

P017 / #474

Poster Session: *AS01 CLINICAL INNOVATION IN HAH*

THE INDIANA UNIVERSITY HEALTH ACUTE HOSPITAL CARE AT HOME EXPERIENCE – A SUCCESS STORY

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Background and Aims: Indiana University Health (IUH) is a multi-hospital and clinic system providing care in central Indiana, USA. In 2019, IUH started an acute hospital care at-home program. (IUHHAHP) The initial pathway centered on admission avoidance by seeking to enroll emergency department patients. With the start of the COVID-19 pandemic in 2020, the IUHHAHP refocused on opening hospital beds throughout the IUH system by creating an early discharge pathway. As the number of COVID-19 hospitalizations decreased, the IUHHAHP refocused on patients with at least one 4 DRGs, cellulitis, CHF, pneumonia or UTI, through an early discharge pathway.

Methods: The IUHAH@HP is a statewide, multidisciplinary program consisting of pharmacy, providers, nursing, allied healthcare, social work, compliance/legal, information systems, home health care, and case management. Program RN care coordinators or providers identify potential patients using patient eligibility/ineligibility guidelines. COVID-19 patients have all their care delivered virtually. Non-COVID patients received three in-home nurse visits. Advanced provider visits are virtual. Staff hospitalists back up the advanced practice providers.

Results: The IUHHAHP served over 1870 patients with over 1700 COVID-19 patients. The average daily census is 8. The maximum daily census ws 61. The overall ED visit/rehospitalization rates are 4.9%/4.8%. Both rates are below the rehospitalization and unintended ED rates for case-matched non-acute hospital at-home patients. Patient enrollment into the program matches the demographics for IUH hospitalized patients

Conclusions: The IUH acute hospital at-home program has successfully delivered high-quality, safe care in the patient's home. In addition, the program has shown tremendous flexibility in changing focus depending on system needs.

Disclosure: No significant relationships.

Keywords: COVID-19, UTI, CHF, Pneumonia, In house development

P018 / #234

Poster Session: *AS01 CLINICAL INNOVATION IN HAH*

FEASIBILITY OF REMOTE MULTIDISCIPLINARY REHABILITATION DURING ACUTE CARE AT HOME

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Background and Aims: Home hospital traditionally provides rehabilitation services to acutely ill patients via in-home therapists. Timely access to therapy and sufficient frequency are challenges. We sought to deliver remote therapy during a home hospital admission.

Methods: We developed a remote rehabilitation therapy team to provide physical therapy (PT) and speech therapy (SLP) services to home hospital patients. Five physical therapists and one speech therapist, all ambulatory therapy staff with inpatient backgrounds, comprised the remote clinical team. The medical team applied standardized criteria to identify appropriate patents and placed an electronic referral. A warm multidisciplinary briefing occurred to identify evaluation/treatment goals and perform scheduling. During the scheduled visit, the therapist called the patient using the home hospital video communication system and provided treatment per individual patient presentation.

Results: A small percentage of patients admitted to home hospital required rehabilitation. The patient population referred for rehabilitation was appropriate for remote rehabilitation and no safety issues occurred during rehabilitation intervention. Communication with the medical team was efficient and performed with a secure messaging system. Some patients referred for remote rehabilitation required in-home rehabilitation, typically due to difficulty connecting virtually or requiring in-person physical assistance. Most patients required minimal follow up after evaluation and were discharged with home PT. Connecting with patients was the greatest challenge due to digital health literacy, sufficient bandwidth, camera positioning or cognition.

Conclusions: Remote therapy for home hospital patients was safe, feasible and effective at meeting the rehabilitation needs of our patients.

Disclosure: No significant relationships.

Keywords: Remote Therapy, virtual care, Rehabilitation

P019 / #91

Poster Session: *AS01 CLINICAL INNOVATION IN HAH*

PARAMEDICS AS THE PRIMARY IN HOME CLINICIANS FOR US BASED NATIONAL HOSPITAL AT HOME PROGRAMS - A LOOK AT 6 STATES.

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Background and Aims: In November 2020, CMS launched the Hospital at Home (HaH) program in the US. It allows for a registered nurse or paramedic to be the in-home clinician with telehealth oversight from a traditional care team. Global Medical Response (GMR) is the largest single employer of paramedics, with a traditional focus on providing out of hospital emergency care. Through a partnership with a HaH technology company, GMR has provided over 10,000 unique patient encounters utilizing paramedics as in home clinicians. The aim of this project is to evaluate the most common duties performed by the paramedic.

Methods: We conducted a retrospective evaluation of the EHR of HaH patients from 1/1/2022 - 8/31/2022 encompassing 6 states. We looked at the number of patients and unique visits, and the most performed skills.

Results: 2,041 unique patients with 8,478 unique encounters over 8 months.

Skill	Number Performed	Percent of Encounters
Blood Draw	756	8.9%
EKG	387	4.56%
Medication Admin	2,683	31.6%
Vascular Access	512	6.04%

Most common medications: Oxygen, Ceftriaxone, Furosemide, Enoxaparin, Piperacillin.

Conclusions: Based on PubMed search results, this may be the largest single, multi-state data set for HaH programs in the United States utilizing paramedics. Paramedics can perform a variety of procedures and help reduce hospital burden. More research needs to be done on the efficacy of paramedics in the HaH model, but we believe they may be the ideal bedside clinician given their unique acute lifesaving skill set, coupled with a traditional mobile working environment, while being adaptable to a diversity of situations.

Disclosure: GMR is a privately-owned, for-profit company, who also has an investment in Medically Home, another private for-profit company that GMR partners with for Hospital at Home programs. I am a full-time employee of GMR as the National Medical Director of Inno

Keywords: Mobile Integrated Health, Hospital at home, Paramedic

P020 / #321

Poster Session: *AS01 CLINICAL INNOVATION IN HAH*

AN INNOVATIVE BUSINESS MODEL OF INTEGRATING 5G NETWORK TO PROMOTE TELECONSULTATION WITH POINT-OF-CARE ULTRASOUND AT HOME IN RURAL TAIWAN

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Background and Aims: The COVID-19 Omicron variant pandemic has created a community outbreak and the need for telemedicine has surged. This study examines the key success factors driving the integrated 5G network for teleconsultation with point-of-care ultrasound (POCUS) at home.

Methods: Based on the theoretical analysis of the Four-box Business Model methodology, Home Clinic Dulan, a representative rural clinic engaged in hospital-at-home (H@H) program is the main study object to analyze the correlation of its success factors.

Results: From March 2020 to August 2022, 23 patients received teleconsultation with multi-target POCUS as doctor-to-doctor-to-patient (D2D2P) model. The main findings were as follows: 1. The services were executed 62% at home, 38% in roving medical services. The specialist's consultation types were 63% by cardiologist, 29% by hospitalist. Indication of PoCUS were mainly heart failure (71%) and acute kidney injury (8%). 2. Identify the correct customer value proposition: to execute the strategy of EQ-HAPPIER and create a specialist teleconsultation fee in the profit formula. 3. Use the teleconsultation platform with multi-source synchronous display and the on-spot physician performs multi-target ultrasound scanning in the prepare stage. 4. Adopt the regional medical cooperation, establishing a value network to repair the healthcare broken links, and provide differentiated PoCUS at home services.

Conclusions: Home Clinic Dulan aggressively achieves digital transformation, encouraging the team members to participate in relevant telemedicine education, inventorying of regulatory loosening according to the patient trajectory, and builds comprehensive POCUS at home program with disruptive innovation.

Disclosure: No significant relationships.

Keywords: point-of-care ultrasound, teleconsultation of ultrasound, business model, 5G telecommunications, Hospital-at-home

P021 / #251

Poster Session: *AS02 LESSONS LEARNED POST COVID – HAH PROGRESS RESULTS*

COVID EXPERIENCE IN OUR HOSPITAL AT HOME UNIT DURING THE FIRSTS 14 MONTHS OF PANDEMIC.

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Background and Aims: In March 2020 when COVID pandemic was declared some Hospital at Home Units closed and their staff was relocated according to the needs of the health situation. Our unit remained operational even during the most critical periods, caring for patients affected by coronavirus, expanding the usual services and assuming outpatient clinic activities. With this study we will describe the experience and activities performed during the first 14 months of pandemic.

Methods: We made a descriptive research of the patients admitted in our Unit from March 2020- June 2021.

Results: We assisted 144 COVID patients, 87.5% were admitted positive, the rest were admitted for other pathologies then diagnosed at home after presenting symptoms. Most patients (47,2%) came from traditional hospitalization and ER (27,8%). The others were sent from primary care/residences (23.6%) and another Hospitals (1,39%). Although the admission criteria established the patient should be stable, the evolution was variable; 65.3% were discharged without complications, 9.03% were readmitted due to bad clinical situation, 4.2% died at home, 21,5% required close follow-up. 105 (72.9%) were visited at home, 27.1% were evaluated in an outpatient area; radiological controls were performed in this same space. In relation to the Outpatient clinic treatments, we assumed the administration of intravenous iron in 51 patients, and began home transfusions, doing 16 transfusions during the period of study. Ever since, we continue home transfusions.

Conclusions: HAH adapted to COVID and health care needs during pandemic, expanding it services and accepting new challenges like home transfusions that continue to the present day.

Disclosure: No significant relationships.

Keywords: Experience, Covid, Hospital at home

P022 / #243

Poster Session: *AS02 LESSONS LEARNED POST COVID – HAH PROGRESS RESULTS*

MAYO CLINIC'S HOSPITAL AT HOME MANAGEMENT OF COVID-19 PATIENTS

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Background and Aims: Unprecedented hospital demand during the COVID-19 pandemic required health care systems across the world to be innovative in providing care to patients. As a result, alternative care models to traditional hospitalizations were implemented to accommodate this period of high utilization of health care resources. Mayo Clinic’s hospital at home program, known as Advanced Care at Home (ACH), developed a model early in the pandemic in which patients who met criteria could be transferred to complete an in-patient equivalent treatment in their homes.

Methods: From November 2020 to August 2022, ACH treated 173 COVID and 878 non-COVID patients in this model.

Results: Patient age was ≥60 years old in 72% of the COVID and 86% of the non-COVID group. Patients identifying as males comprised approximately 55% of each group. Escalation of care back to the brick-and-mortar hospital was required for 13 of 173 (7.5%) of ACH COVID patients compared to 74 of 878 (8.4%) for ACH non-COVID patients. The readmission rate was similar despite a higher mortality risk score for the ACH COVID patients compared to the non-COVID group (90% vs 58% high risk, respectively).

Conclusions: The ACH program appeared to be an effective and safe alternative to traditional hospitalizations for patients who qualified based on clinical condition and social stability guidelines to receive COVID treatment in the home. This is particularly noteworthy given the initial uncertainty of treatment standards of care and concern for acute decompensation of these patients at the time of the initial outbreak.

Disclosure: No significant relationships.

Keywords: Mayo Clinic, Effective and Safe, Advanced Care at Home, Hospital at home, COVID 19

P023 / #388

Poster Session: *AS02 LESSONS LEARNED POST COVID – HAH PROGRESS RESULTS*

TELEMEDICINE FOLLOW-UP FOR NON-SEVERE COVID-19. EXPERIENCE AND PREDICTORS OF HOSPITAL READMISSION IN A COUNTY HOSPITAL

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Background and Aims: COVID-19 pandemics has collapsed global health systems. Hospital at Home (HaH) became a fundamental support. Our objective was to identify predictors to Emergency Department (ED), Hospital and Intensive Care Unit (ICU) readmission.

Methods: We included all the patients admitted at HaH from ED (march 2020-august 2021) diagnosed with non-sever COVID-19 patients who didn't need oxygen support. All patients were given a pulse oximeter and followed up by telephone. Statistics: Bivariate analyses, logistic regression analysis.

Results: We studied 148 patients , age 54,6± 15.49 years, 55,5% males, 85% had £ 1 risk factor and 75% had pneumonia. 2 patients had received the complete vaccination. Of all the patients, 31,8% needed re-evaluation in the ED, 26,4% conventional ward hospital admission, 6,1% ICU admission and 2,7% died. Patients who were readmitted to the ED were older, had lower PaFi (PaO_2/FiO_2), more severe leukopenia and more risk factors compared to those who were not readmitted. After multivariate analysis PaFi (p=0,009) and leukopenia (p=0,039) remained significantly associated for readmission to the ED. Patients who were readmitted to the conventional ward hospital admission were older than those not readmitted. Patients who were readmitted in ICU had a lower PaFi, lower oxygen saturation and more risk factors, compared to those who were not readmitted. After multivariate analysis, no variable showed a significant association.

Conclusions: Lower PaFi and leukopenia were reliable predictors for readmission in ED. Telemedicine follow-up by HaH could be safe in appropriately selected patients and could help to save hospital beds in pandemics for those most seriously ill.

Disclosure: No significant relationships.

Keywords: COVID-19, Telemedicine, Risk factors, Readmission

P024 / #226

Poster Session: *AS02 LESSONS LEARNED POST COVID – HAH PROGRESS RESULTS*

MANAGEMENT OF PATIENTS REQUIRING THE ADMINISTRATION OF TREATMENT AGAINST SARS-COV2 IN HAH

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Background and Aims: Following hospital tensions, we are asked by hospitals and the authorities to take care of patients requiring the administration of treatment against SARS-COV2. These new treatments have prompted us to define a patient journey in close collaboration between the hospital and the HAH as well as between the various employees of our establishment. The goal was to provide optimal, efficient and safe care for patients at all stages of the care pathway.

Methods: Multidisciplinary meetings were held to define the modalities of patient management, the development of protocols for the administration of treatments for nurses and the supply chain to maintain the cold chain until the administration. The pharmacy contacted the authorities in order to hold a stock status of these products, to allow a greater reactivity in the provision of drugs.

Results: 15 patients were treated between March and August 2022. 6 patients received Evusheld preventive dose and 4 patients received curative dose. 5 patients received Xevudy. However, for patients with preventive doses, we faced difficulties in obtaining the treatments use agreements as well as the laboratory results necessary to the dispensing and administration.

Conclusions: In a context of hospital tensions, these new treatments have made it possible to strengthen the hospital-HAH links to allow continuity of care for these patients. This has also shown that HAH can be a privileged partner in the event of a health crisis.

Disclosure: No significant relationships.

Keywords: SARS-COV2, cooperation hospital-HAH, supply chain, health crisis

P025 / #27

Poster Session: *AS02 LESSONS LEARNED POST COVID – HAH PROGRESS RESULTS*

TRANSFORMING HEALTHCARE MODEL: COVID@HOME

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Background and Aims: As Covid-19 spread rapidly through the community, hospitalisation rates increased significantly. Simultaneously, many healthcare workers were down with Covid-19. To ease the high bed occupancy and manpower crunch, an innovative healthcare model, the virtual ward model of care, was implemented. This allowed COVID-19 patients with complex medical needs to continue appropriate care conveniently at home. The aim of this study is to describe and evaluate the safety and efficacy of the virtual ward model of care in a cohort of Covid-19 patients with complex medical needs in a Singapore hospital.

Methods: Retrospective clinical assessment and a patient satisfaction survey was performed for a group of Covid-19 positive patients with complex medical needs treated in a virtual ward in March-April 2022.

Results: 100% of patients treated in the virtual ward recovered without the need for escalation to hospital care. Retrospective calculation of costs incurred indicated total savings of 48 bed days (amounting to >SGD $20000) for the hospital. The patient satisfaction survey showed that 100% of the patients agreed to the virtual ward model of care should they require future hospitalisation for other medical conditions.

Conclusions: Our study showed that the virtual ward model of care has reduced inpatient length of stay and healthcare costs for Covid-19 patients, while maintaining their safety efficaciously at home. The patients involved were satisfied and would recommend this model of care for future hospital admissions if required. We are currently working on the implementation of this innovative care model to non-Covid-19 patients requiring admission and inpatient treatment.

Disclosure: No significant relationships.

Keywords: COVID-19, Coronavirus Disease, COVID@Home, Virtual Ward

P026 / #38

Poster Session: *AS02 LESSONS LEARNED POST COVID – HAH PROGRESS RESULTS*

WHAT'S NEEDED TO SCALE A HAH PROGRAM - LESSONS LEARNT FROM COVID VIRTUAL WARD

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Background and Aims: The hospital-at-home programme at the National University Health System of Singapore, NUHS@Home, had been running small 3-bed pilot for 1 year when the service pivoted to run a COVID Virtual Ward to assist with the Delta and Omicron waves. Over the last 10 months, more than 1800 COVID-19 patients over more than 11,000 bed days were cared for by the team. The bed capacity rapidly expanded to a peak of 120 beds at the peak of the Omicron wave. The team navigated rapid changes in healthcare policy, patient and provider opinion and evidence of new COVID-19 therapeutics to safely treat and monitor patients at home.

Methods: Retrospective observational study of all patient admitted to COVID-19 Virtual Ward since inception.

Results: 1792 patients were admitted to COVID-19 Virtual ward across from 20 September 2021 to 10 August 2022, across 4 key policy periods. This oral presentation will focus on lessons learnt from this experience and how it may apply to scaling hospital-at-home programs. In particular, 5 topics will be covered: 1) Patient and Provider Perspectives, 2) Resource Requirements and Scaling, 3) Team Structure and Expertise, 4) Healthcare Financing and 5) Technology - Equity and Access.

Conclusions: The COVID Virtual Ward fast-tracked the development of our hospital-at-home programme, and gave us a glimpse into what a future virtual hospital may look like. Key lessons learnt in this rapid evolution may be considered when developing future inpatient care substitution models for future pandemics.

Disclosure: No significant relationships.

Keywords: COVID Virtual Ward, Hospital-at-home

P027 / #191

Poster Session: *AS02 LESSONS LEARNED POST COVID – HAH PROGRESS RESULTS*

INCREASED HOME CARE NEEDS OF THE CHILDREN USING MECHANICAL VENTILATION DURING COVID-19 ERA IN TAIWAN

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Background and Aims: Children that need chronic mechanical ventilation support in Taiwan are increasing, and we review their home care needs and their change during COVID-19 era to help us providing better care.

Methods: We used a cross-sectional research design, and performed medical chart review from a home care agency that majorly cared children under 18 years old, and the statistical analysis of relevant data was carried out with purposive sampling.

Results: From January 2022 to September 2022, there were 113 cases of children with chronic mechanical ventilation support. The major diagnoses were rare diseases and multiple congenital anomalies with 44 cases (38.9%), followed by 24 cases (21.2%) as prematurity. The respiratory support had 72 cases (63.7%) using non-invasive ventilators, 41 cases (36.3%) using invasive ventilators through tracheostomies, and 50 cases (43.9%) combined the usage of oxygen therapy. Their respiratory home care needs were respiratory assessment and training (32.6%), ventilator setting adjustment (28.1%), respiratory rehabilitation (16.9%), and chest care and airway hygiene (13.5%). Besides that, more discussion with the physicians about swallowing and nutrition, growth and development, and others would needed. During the COVID-19 pandemic, caregivers and hospitals asked the home care agency to provide new services, like antibiotics treatment, home PEG replacement, and management of gastrointestinal bleeding. We also took care of the confirmed positive patients at home through telemedicine.

Conclusions: Children with chronic mechanical ventilation had special home care needs, and during the COVID-19 pandemic, caregivers and the home care medical team work together to provide more medical services at home.

Disclosure: No significant relationships.

Keywords: respiratory care, respiratory rehabilitation, children, home-based medical care

P028 / #192

Poster Session: *AS02 LESSONS LEARNED POST COVID – HAH PROGRESS RESULTS*

USE OF REMDESIVIR IN HOSPITAL AT HOME UNITS FOR THE TREATMENT OF COVID-19 PATIENTS.

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Background and Aims: Background: Remdesivir has shown some benefits in clinical recovery and is the treatment of choice for selected COVID-19 patients, both hospitalized and non-hospitalized. The use of remdesivir in alternatives to conventional hospitalization, such as Hospital at Home units (HaH), has not yet been fully explored. In this paper, we aim to describe the real-life experience of outpatient remdesivir infusion for COVID-19 in a Hospital at Home unit.

Methods: We selected all consecutive patients who received remdesivir from a prospective cohort of 507 patients with COVID-19 admitted to the HaH unit of Hospital Clínic de Barcelona. Admission criteria included a diagnosis of COVID-19 with a FiO2 requirement <0.35 and respiratory rate less than 22 rpm. During their admission to HaH, the patients were evaluated each day in person by a nurse and a doctor.

Results: Two hundred and thirty-six patients admitted to HaH received remdesivir, of which 52 (22%) received all treatment at home and 120 (50.8%) started treatment in the hospital (median 2 doses in the hospital, IQR 1-3) and completed it at home. Only 2% presented some adverse event related to the infusion, all of them mild. The HaH unit saved 10,080 stays, and only 5% of patients required hospital readmission. Only 1 patient died during admission. (Figure 1).

Conclusions: Remdesivir infusion in hospital-at-home units appears to be a safe and efficient alternative to conventional hospitalization for the treatment of patients with non-severe COVID-19.

Disclosure: No significant relationships.

Keywords: REMDESIVIR, COVID-19

P029 / #309

Poster Session: *AS02 LESSONS LEARNED POST COVID – HAH PROGRESS RESULTS*

COMPREHENSIVE GERIATRIC HOSPITAL AT HOME: ADAPTATION TO REFERRAL AND CASE-MIX CHANGES DURING THE COVID-19 PANDEMIC

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Background and Aims: The COVID-19 pandemic heightened awareness of the urgent need for innovative community-based solutions, representing a challenge for the Hospital at Home (HaH) model. We aimed to describe the evolution of a Hospital at Home (HAH) based on a comprehensive geriatric assessment (CGA), including its adaptability to changing case-mixes and pathways during the COVID-19 pandemic.

Methods: Observational study of consecutive admissions to a combined step-up (admissions from home) and step-down (hospital discharge) HAH during three periods: pre-pandemic (2018-Feb2020) vs. pandemic (March-Dec2020, and Jan-Dec2021). The intervention is based on CGA and incorporates geriatric rehabilitation. Patient case-mix, functional evolution (Barthel index) and mortality were compared across periods and between pathways.

Results: Capacity was triplicate and all together managed 688 consecutive patients (mean age(SD)=82.5(9.6) years; 59% women). Pandemic case-mix was slightly older (mean age=83.5 vs 82, $p=0.012$) than pre-pandemic, with greater mobility impairment. Across periods, step-up increased (26.1%, 40.9%, 48.2%, $p<0.01$) due to medical events, skin ulcers and post-acute stroke, whereas step-down decreased; multivariable models showed no differences in functional improvement or mortality. When comparing pathways, step-up featured older patients with higher comorbidity, worse functional status and lower absolute functional gain than step-down (5.6 vs 13 points of Barthel Index, $p<0.01$), remaining statistically significant after adjusting for covariates ($p=0.003$); no differences in mortality were observed.

Conclusions: While further quantitative and qualitative studies are needed to assess the impact of our model, our results suggest that harnessing the adaptability of HAH may help advance a paradigm shift toward more person-centered, cost-effective models of clinical care aimed at older adults.

Disclosure: No significant relationships.

Keywords: COVID-19 pandemic, Hospital at home, disability, Aging, geriatric rehabilitation

P030 / #156

Poster Session: *AS02 LESSONS LEARNED POST COVID – HAH PROGRESS RESULTS*

IMPACT OF HOSPITAL AT HOME SERVICES DURING COVID-19 PANDEMIC: A SCOPING REVIEW

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Background and Aims: Over the past two years the Covid-19 pandemic has resulted in an unprecedented global increase in the demand for acute care beds (Propper et al. 2020). Hospital at Home services have expanded exponentially in order to meet demand. This review will examine the international literature on adult HAH services and how they responded to the global pandemic. It will explore key themes that emerges from the literature and make recommendations for further research.

Methods: The databases were searched using agreed search terms, papers identified (n=31) were then explored for common themes that emerged from the literature. Arskey and O'Malley's (2005) scoping review framework was utilised to guide the author.

Results: Key themes emerged from the review: patient outcomes, expanding capacity, remote monitoring, reduction in transmission of infection, and cost. The studies included 14, 721 saved bed days over a mixture of the first and second wave of Covid-19. A further 1220 day cases were saved by introducing HAH services for oncology and womens health. Patient outcomes were similar to those in traditional hospital.

Conclusions: Hospital at home had positive outcomes for both patients with Covid-19 and other illnesses during the pandemic. These services also expanded capacity during a global healthcare crisis. Remote monitoring played a major role in the expansion of capacity and reduction of infection transmission. Some papers discussed reduction in costs, however more work is needed around a full cost analysis.

Disclosure: No significant relationships.

Keywords: COVID-19, Hospital at Home,, Healthcare Crisis

P031 / #217

Poster Session: *AS03 MEASURING HAH EFFECTIVENESS – CLINICAL OUTCOMES AND ECONOMIC EFFICIENCIES*

BENCHMARKINGOF THE HOME HOSPITALIZATION UNITS OF THE PORTUGUESE NATIONAL HEALTH SERVICE

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Background and Aims: The emergence of HaH units in Portugal is a recent event. Although, there are in the moment 32 units in operation in the public service, due to the governamental strategy. But we have a variety of organizational and management methods and a set of individual performance analyses,without a common analysis being made to conclude the efficiency, and effectiveness, and move towards a system with uniform practices. In this way, this work aims to make a benchmark of the production of these units to draw conclusions about the operation of these.

Methods: This study is an observational, retrospective, longitudinal study, based on the administrative data reported by units. All data reported between January 2020 and March 2021 were analyzed. It were considered 22 units, with a total of 5474 episodes.

Results: There was an expansion of available beds. However, there was a decrease in the number of patients treated. Raw mortality presents low values, with an average between 1.5% and 1.9%, but it is possible to find values well above these parameters. The same occurs for the indicators of average delay and direct costs that have irregular values.

Conclusions: There were many differences in the indicators presented, however, no information is collected to allow us to go deeper in the analysis, in order to understand the problems, but also the efficiency and effectiveness. It would therefore be fundamental to work on a more robust and uniform reporting system, so that better analyses can be carried out later and work can be done on the essential mechanisms for continuous quality improvement.

Disclosure: No significant relationships.

Keywords: Efficiency, Benchmarking, Qualitity of Care

P032 / #319

Poster Session: *AS03 MEASURING HAH EFFECTIVENESS – CLINICAL OUTCOMES AND ECONOMIC EFFICIENCIES*

ADVERSE EVENTS RELATED TO DRUGS ADMINISTERED BY ENTERAL ACCESS DEVICES

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Background and Aims: Introduction Enteral nutrition through tube feeding devices is a nutritional support method for patients who cannot be fed orally and a wide range of drugs are also often administered through these devices. Objective To evaluate drug-related adverse events (AE) in patients with an enteral feeding device, identify issues, and promote improvement.

Methods: Retrospective, descriptive study of AEs in patients who were administered drugs by an enteral feeding device from Jan-June 2022. Events were evaluated by a pharmacist, who analyzed the medical prescription and identified potential interventions.

Results: A total of 108 AEs were evaluated. In 15 patients, AEs were recurrent. Regarding the type of device, 65% occurred in patients with a gastrostomy tube; 30% in patients with a nasoenteral tube; and 5% in those with a jejunostomy. Regarding severity, 98% of AEs were mild and 2% were moderate. They involved 580 drugs, 12% of which were contraindicated for enteral tube administration; 87.8% were related to preparation and dilution technique, and 0.2% were related to tube flushing technique. Improvements such as revising the institutional manual for tube feeding preparation and administration techniques, setting administration routes in the electronic medical record, and adding automatic instructions on preparation and dilution techniques to the prescription workflow were implemented

Conclusions: Conclusion The successful administration of drugs through enteral feeding devices requires promoting guidelines, selecting appropriate pharmaceutical forms and dosages, and attention to proper preparation, administration, and care of the feeding tube.

Disclosure: No significant relationships.

Keywords: Home care services, Enteral nutrition, adverse events

P033 / #320

Poster Session: *AS03 MEASURING HAH EFFECTIVENESS – CLINICAL OUTCOMES AND ECONOMIC EFFICIENCIES*

HIGH FLOW THERAPY IN THE HOME ENVIRONMENT FOR OBSTRUCTIVE NIGHT APNEA IN PEDIATRIC PATIENTS - CASE REPORT

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Background and Aims: INTRODUCTION Obstructive sleep apnea (OSA) affects 2-5% of children and can cause nocturnal awakenings, changes in gas exchange, impairment in learning, cardiovascular function, and growth. High-flow nasal cannula is an alternative for pediatric OSA. OBJECTIVE: To report the home use of high-flow nasal cannula in OSA.

Methods: METHODS: Observational study.

Results: CASE REPORT 1: Female, 6 months old, returning from a 117-day hospitalization. Polysomnography revealed 212 obstructive and 249 central apneas. Continuous positive airway pressure was unsuccessful, and a high-flow nasal cannula (Precision Flow Hi-VNI system [Vapotherm]: 5 L/min flow; 2 L/min oxygen supply) was used as a second option. The patient tolerated therapy well, and it was indicated for home use. After 70 days of home use (Airvo 2 and Optiflow Jr. [Fisher & Paykel Healthcare]: 5 L/min flow at 34°C – no need for oxygen), she was stable and well adapted. CASE REPORT 2: Female, 9 months old, returning from hospitalization. Polysomnography revealed 23 central and 58 obstructive apneas. Treatment with continuous positive airway pressure was unsuccessful and high-flow nasal cannula (Precision Flow Hi-VNI: 10 L/min flow) was used as a second option. The patient tolerated therapy well, and it was indicated for home use. After 43 days of home use (Airvo and Optiflow Jr.: 15 L/min flow at 34°C), she was stable and well adapted.

Conclusions: CONCLUSION: Home high-flow nasal cannula is a safe and comfortable therapy for infants with OSA that is easy to handle by the healthcare team and family members.

Disclosure: No significant relationships.

Keywords: physical therapists, Home care services, HIGH FLOW THERAPY

P034 / #324

Poster Session: *AS03 MEASURING HAH EFFECTIVENESS – CLINICAL OUTCOMES AND ECONOMIC EFFICIENCIES*

MAPPING THE RISKS OF ADVERSE EVENTS IN HOME CARE

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Background and Aims: Introduction Patient safety seeks to reduce health care-related adverse events and for that is important to identify the risk patient profile. Objective To identify the risk of adverse events using structured instruments and describe prevention actions.

Methods: This is a descriptive and qualitative study with patients who received home visits by a nurse in July 2022. Structured instruments assessing the risk of falls, pressure injury and bronchoaspiration were applied. Variables were expressed as absolute and relative frequencies (%).

Results: The instruments were applied 1,623 times. The study population was composed mostly of women (52%) and older adults (58%), followed by adults (24%) and pediatric patients (18%). Among patients, 83% had risk of falls (33% high risk, 29% moderate risk, and 38% low risk), 77% had risk of pressure injury (36% high risk, 30% moderate risk, and 35% low risk), and 69% had risk of bronchoaspiration. The identified risks are indicated on a physical medical record with a label of specific color, as well as on the electronic medical record. The nurse prescribes preventive measures according to the prevention protocol of each risk, and a guidance form based on the identified risk is administered to the caregiver, patient, and nurse caring for the patient.

Conclusions: Conclusion The results show that patients receiving home care are at risk for the investigated adverse events, which reinforces the importance of identifying those at higher risk to target preventive measures and provide continuous education to everyone involved in patient care.

Disclosure: No significant relationships.

Keywords: Home care services, adverse events, Risks

P035 / #203

Poster Session: *AS03 MEASURING HAH EFFECTIVENESS – CLINICAL OUTCOMES AND ECONOMIC EFFICIENCIES*

DYING WITH WOUNDS IN HAH

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Background and Aims: In France, complex dressings represent a third of the days of care performed by hospital at home (HAH), but only a small proportion of the patients dies at home. We wanted to explore the profile of these patients and the quality of their end-of-life care.

Methods: Collection of data from the records of patients admitted for complex dressings, who died at home in our HAH in 2020.

Results: 175 patients (2.28%) died at home among the 7680 treated for complex wounds. We identified 4 large clusters.

	Median Age (years)	Median Karnofsky index	% in nursing home
Neurological bedridden	86	20	64 %
End-of-life cancers	77	30	10 %
Arteriopathy of the lower limbs	87	30	45 %
Other pathologies	85	30	32 %

Conclusions: The patients suffering from cancer are on average younger, living at home, with more varied types of wounds. Their end-of-life journey seems well supported, at the opposite of other pathologies. Patients from nursing homes are referred lately, when the duration or the complexity of the dressings put the staff in difficulty. The few requests for palliative care for arteriopathies are surprising, but often these patients have left specialized medical circuits, following a contraindication or refusal of amputation.
It was decided to strengthen the collaborations between our palliative care and "wounds and healing" teams.

Disclosure: No significant relationships.

Keywords: end-of-life, chronic wounds, diabetes, arteriopathy, pressure ulcer

P036 / #10

Poster Session: *AS03 MEASURING HAH EFFECTIVENESS – CLINICAL OUTCOMES AND ECONOMIC EFFICIENCIES*

HOSPITAL AT HOME: AVOIDING HOSPITAL INCOME ¿WHAT ARE WE TALKING ABOUT?

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Background and Aims: Should HAH depend on admissions coming from the hospital, shortening the average stay (SS), or should we be proactive in home care and avoid going through the hospital (admission avoidance)? Let's see what we're doing and how we're doing.

Methods: Observational study of all patients admitted to HAH in the period from January 2021 to June 2022. Assessment of patients who, having been admitted for a medical pathology, could have avoided admission if we had been proactive. Study of demographical items and average stay.

Results: Total number of admissions 1348. Mean age 68.3 (+/-5.6) years, 52% women. A total of 847 medical patients (62.8%) were admitted to HAH. 646 (76.2%) were admitted for heart failure (HF) or chronic obstructive pulmonary disease (COPD). 53% of the patients with heart failure were admitted due to admission avoidance, with a mean stay of 7.6 (+/-1.68) days, against 13.2 (+/-2.68) of those who they were admitted to HAH first passing through the hospital. In the case of patients admitted for COPD, the days of admission were 9.5 (+/-3.6) days against 19.2 (+/-3.8).
They presented similar readmission rates at 30 days (3% vs 2.8% in HF and 4.1% vs 4.7% in COPD).Mortality during HAH was 3 patients in admission avoidance and 5 patients in SS.

Conclusions: Trying to avoid hospital admission shortens the average hospital stay by almost 50%, without presenting higher rates of readmission or mortality. If the HAH network is well coordinated with Primary Care and decompensations are detected in time, avoiding hospital admission is feasible with good health outcomes.

Disclosure: No significant relationships.

Keywords: Heart Failure, COPD, Hospitalization at home, avoiding income

P037 / #237

Poster Session: *AS03 MEASURING HAH EFFECTIVENESS – CLINICAL OUTCOMES AND ECONOMIC EFFICIENCIES*

CONGESTIVE HEART FAILURE IN HOSPITAL AT HOME UNIT OF A THIRD LEVEL CARE HOSPITAL. OUTCOMES IN ONE YEAR OF STUDY

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Background and Aims: Heart failure (HF) is a worldwide significant health problem, with a prevalence of 4.7-6.8%. It represents more than 5% of cause of hospitalization in Spain with a readmission in one-year rate of 32.6%. One alternative to treat patients with congestive HF is through Hospital at Home (HAH), reducing costs and complications related to traditional hospitalization. The aim of this study was to describe the kind of patients treated and the outcomes obtained in our HAH service.

Methods: We made a descriptive research of the patients admitted in HAH during 2021 with diagnosis of congestive heart failure.

Results: During this period, there were 129 admissions, with a mean age of 82.28 years and average stay of 6.24 days. 66% were male patients. Most had normal EF (71.31%) and received treatment with continuous perfusion of diuretics (66.7%). More than half of the patients (56.6%) were admitted from the ER, 20% from Primary Care, 17.8% from the Heart Failure Unit, and the rest came from conventional hospitalization. Only 9 (6,9%) patients were readmitted to the hospital and 3 died (2.3%). After six months of discharge, 34.1% were readmitted and 27.3% died (decreased EF in 34% and 40% of patients, respectively).

Conclusions: Patients admitted to our HAH Unit have a similar rate of readmission and mortality to that of published studies with a shorter mean stay; so we can assume that it´s a valid alternative that avoids regular hospital admissions and the complications derivated from those.

Disclosure: No significant relationships.

Keywords: Readmission, Heart Failure, Hospital at home

P038 / #475

Poster Session: *AS03 MEASURING HAH EFFECTIVENESS – CLINICAL OUTCOMES AND ECONOMIC EFFICIENCIES*

ROLE OF HOSPITALIZATION AT HOME IN MANAGEMENT OF PATIENTS WITH UROLOGICAL PATHOLOGY IN A CATALAN REFERRAL CENTRE

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Background and Aims: Benefits of hospitalization at home (HAH) are well known, ranging from faster recovery rates to high perceived satisfaction by patients, offering equivalent results to conventional hospitalization (CH) in selected patients. We have revised all available data from patients derived to HAH with urological pathology from our referral centre aiming to define which patient's profiles benefit most from HAH.

Methods: A descriptive analysis of 57 patients attended in HAH with urological pathology between January 2021 and December 2022 in a referral centre (Badalona, Spain) was performed.

Results: A total of 57 patients were derived to HAH during the observation period, 38 (66%) from CH and 19 (33%) from emergency room (ER). Median age was 66,4 years, 68,4% of them were patients with high morbidity associated (GMA ≥4). Acute pyelonephritis (40%) was the most common pathology, followed by other UTIs (45% combined) and patients with wounds requiring complex care after recent surgery (8,7%). Median stay at CH or ER was 6,4 days and median stay at HAH was 14,8 days. Rehospitalization rate was 3,5%.

Conclusions: Among patients with urological pathology, those with complicated UTIs in a stable phase needing intravenous antibiotic treatment present an effective manage of their condition at home with a minor rehospitalization rate. Moreover, calculated median stay imply saving over a thousand days on CH. Gathering more data for comparative studies will be needed to establish the most favourable profiles of patients with urological pathology for HAH, especially those who underwent a recent surgery.

Disclosure: No significant relationships.

Keywords: Hospitalization at home, Urology, rehospitalization rate, pyelonephritis

P039 / #95

Poster Session: *AS03 MEASURING HAH EFFECTIVENESS – CLINICAL OUTCOMES AND ECONOMIC EFFICIENCIES*

IMPACT OF HOME HEALTHCARE ON SUBSEQUENT PALLIATIVE CARE IN PEOPLE WITH DEMENTIA: A NATIONWIDE PROPENSITY SCORE-MATCHED COHORT STUDY

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Background and Aims: Needs for Home healthcare (HHC) gradually increase with population aging. For people with dementia (PWD), HHC may provide better continuity of care. However, little was known about the effect of HHC on subsequent palliative care (PC) from populational study.

Methods: From Taiwan National Health Research Insurance Database, we included people with dementia during 2007–2016 and followed till the end of 2017. PWD receiving HHC (study group) were 1:1 matched to controls by propensity score, which is composed of age, gender, socio-economic status, index year (first HHC), and comorbidities. Poisson regression model was used to examine the association between HHC and subsequent PC.

Results: A total of 68,029 pairs of PWD with or without HHC were included for study. The rate of subsequent PC was 5.6% in PWD with HHC and 4% in PWD without HHC. The majority type of first subsequent PC is liaison PC (58.3%), followed by home-based PC (21.2%). After controlling for covariates (duration of dementia, interventional tube use, utilization of acute hospital care before first HHC), PWD with HHC was associated with higher odds of subsequent PC compared with PWD without HHC (aRR=1.35, 95%CI 1.25–1.46). The subgroup analysis showed a stronger association in PWD receiving the Integrated Home Medical Care program since 2016 (aRR=6.37, 95%CI 3.23-12.58) and in PWD having the first HHC during 2014-2017 (aRR=1.53, 95%CI 1.41-1.65).

Conclusions: HHC may facilitate the subsequent PC use in PWD. The ingredients such as case management and coordinated transition mechanism in the contemporary HHC program in Taiwan may benefit the PC referral for HHC recipients.

Disclosure: No significant relationships.

Keywords: dementia, cohort study, national health program, Palliative Care, home healthcare

P040 / #239

Poster Session: *AS03 MEASURING HAH EFFECTIVENESS – CLINICAL OUTCOMES AND ECONOMIC EFFICIENCIES*

TREND AND OUTCOMES OF PALLIATIVE HOME CARE AMONG CANCER AND NON-CANCER PATIENTS IN TAIWAN: EXPERIENCE FROM A TERTIARY MEDICAL CENTER

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Background and Aims: Palliative home care (PHC) is essential to patients and their families during end-of-life. Also, palliative home care is a portal for further hospital at home. Due to worldwide aging wave, the importance of PHC for non-cancer patients has been emphasized recently. However, the data regarding trend and outcome of PHC among non-cancer patients was scarce. This study aims to explore the trend and care outcome of PHC among cancer and non-cancer patients in a tertiary medical center of Taiwan, from 2016 to 2021.

Methods: This study was a retrospective observational study. Data were collected from the Hospice-Palliative Clinical Database (HPCD) of Taichung Veterans General Hospital (TCVGH). The inclusion criteria were every terminally ill cancer and non-cancer patient who received PHC during the period from 2016 to 2021. Multivariate logistic regression was used to assess determinants of number of unplanned emergency room (ER) visit during PHC period.

Results: 1069 cancer patients and 251 non-cancer patients received PHC from 2016 to 2021. The number of people who received PHC increased stably, both for cancer and non-cancer patients. The average duration of PHC for enrolled patients was 56.1 days. Determinants of unplanned visit to ER includes age (Estimate -0.009, 95% CI -0.016–-0.003), being male (Estimate 0.218, 95% CI 0.034–0.402), and length of PHC (Estimate 0.004, 95% CI 0.003–0.005).

Conclusions: This 6-year observational study showed that the trend of PHC among cancer and non-cancer patients had changed recently. Healthcare professionals should be familair with the determinants of quality of care, to achieve better care at home.

Disclosure: No significant relationships.

Keywords: Palliative home care, Non cancer, Trend, cancer

P041 / #291

Poster Session: *AS03 MEASURING HAH EFFECTIVENESS – CLINICAL OUTCOMES AND ECONOMIC EFFICIENCIES*

MORTALITY IN PATIENTS CARED FOR BY THE FRAILTY HOSPITAL AT HOME: QUANTITATIVE EVALUATION

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Background and Aims: The East Kent Frailty Home At Home (Frailty HAH) provides hospital-level diagnostics and treatment for people with frailty with acute illness in their own home. Patients with advanced frailty have an inpatient mortality rate of 11-31% and one-year mortality of 50%. We compare this with the mortality of patients admitted to the Frailty HAH.

Methods: An evaluation of mortality while admitted to Frailty HAH, and within 7, 14, 28 and more than 28 days of discharge. All patients admitted to Frailty HAH between July 2021-June 2022 were included. Data was from local electronic clinical records system. We also reviewed one-year mortality of patients admitted to Frailty HAH between March and May 2021.

Results: Frailty HAH saw 2600 patients between July 2021 and June 2022. 130 (5%) of patients admitted to Frailty HAH died during admission. 208 (8%) died within 7 days of discharge, 104 (4%) within 14 days, 156 (6%) within 28 days and 390 (15%) beyond 28 days. At one year, 47% patients admitted to Frailty HAH between March and May 2021 had died.

Conclusions: Our Frailty HAH service is managing patients who are commonly coming towards the end of their life. A quarter die within a month and almost 50% within the year which is similar to that seen in frail patients admitted to hospital. Without this service it is likely these patients would have died in hospital and we need to invest in community services to ensure that patients have access to all they need at this time.

Disclosure: No significant relationships.

Keywords: Hospital at home, Mortality, Frailty

P042 / #492

Poster Session: *AS03 MEASURING HAH EFFECTIVENESS – CLINICAL OUTCOMES AND ECONOMIC EFFICIENCIES*

WHAT VALUE CAN A PAEDIATRIC HOSPITAL AT HOME (H@H) SERVICE PROVIDE TO PARTNER ORGANISATIONS AND FAMILIES ACROSS OXFORDSHIRE? – AN EVALUATION OF A PAEDIATRIC H@H PILOT

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Background and Aims: A H@H pilot using a virtual ward model was delivered in partnership between the Children's Community Nursing (CCN) Service, (Oxford Health NHS Foundation Trust), Acute Paediatrics (Oxford University Hospitals NHS Foundation Trust), and Oxfordshire GP/ICB. The service hours were 8am-8pm, 7 days a week and provided triage, assessment and care for babies and children with bronchiolitis and viral pneumonitis, gastroenteritis (under 5's), and other conditions where monitoring and observation was required.

Methods: Data was collated from both Trust's during the 6-month pilot (September 2021-March 2022), including number and source of referrals, number and type of appointments, Emergency Department (ED) and Assessment Unit attendance avoidance, hospital admission avoidance/bed days saved. There were 170 referrals from acute wards, ED and GPs, with an average of 99 appointments per month. Patients had an average length of stay of 4 days, 15 patients avoided ED attendance and 54 patients avoided acute admission. Cost savings were identified, and the total estimated sum of bed days saved, and attendance and admission avoidance was £298,408.32, with an overall spend of £80,402.64 to deliver the pilot model.

Results: Service User feedback was received from 24 parent/carers, of which 96% stated the service helped them manage their child's illness with confidence at home, and 100% would recommend the service to family and friends.

Conclusions: Overall the pilot evidenced a value to partner organisations and service users in Oxfordshire, with scope to further develop pathways that will continue to enhance system flow, patient experience and generate cost savings.

Disclosure: No significant relationships.

Keyword: H@H

P043 / #199

Poster Session: *AS03 MEASURING HAH EFFECTIVENESS – CLINICAL OUTCOMES AND ECONOMIC EFFICIENCIES*

POSITION OF THE REFERRING PHYSICIAN IN THE MIDAZOLAM PRESCRIPTION PROCESS DURING END-OF-LIFE CARE IN THE HAH OF PARIS PUBLIC HOSPITAL ORGANISATION IN 2022

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Background and Aims: HAH plays an increasingly significant role in the management of palliative care at home. Midazolam is frequently used for anxiolytic or sedative purposes at the end-of-life stages. The aim of this study is to describe the position of the referring physician in the midazolam prescription process.

Methods: This is a descriptive and analytical retrospective quantitative study based on the computerized medical records of adult patients who died in HAH in the first half of 2022.

Results: Our analysis covers 450 dead patients with an average age of 80 years. In 54% of cases, the main diagnosis was cancer and in 24% a neurological disease. The referring physician is identified for 80% of patients. He prescribed HAH in 7% of cases and midazolam in 3% of situations. 48% of patients received midazolam. Its prescription follows medical concertation exchanges (between referring physician, palliative care network doctor, hospital doctor, coordinating doctor of the social health-care institution). It is traced in the patient record in 54% of cases. For 24% of them, when midazolam is prescribed, it is indicated as a sedative. In this situation, the attending physician participates to the consultation in 20% of cases.

Conclusions: If many patients receive midazolam in HAH at the end-of-life stage, their referring physician is rarely integrated into the medical concertation meetings, raising the question of his role during end-of-life care at home.

Disclosure: No significant relationships.

Keywords: Paris Public HAH, AP-HP, MIDAZOLAM, END-OF-LIFE CARE

P044 / #28

Poster Session: *AS03 MEASURING HAH EFFECTIVENESS – CLINICAL OUTCOMES AND ECONOMIC EFFICIENCIES*

OUR FIRST EXPERIENCE IN HOME CARE FOR CHILDREN WITH CANCER

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Background and Aims: Since 2019, our hospital has a pediatric home care unit for acute patients. In December 2021, a specific group for oncology patients was created. The aim of the study is to describe the first months of this Home Care Unit for acute patients or those with short chronic conditions.

Methods: Descriptive study of oncologic children who were hospitalized at home care unit from December 2021 to September 2022. Inclusion criteria for admission into the unit are: undergoing cancer treatment, living less than 40 minutes away from hospital, having acceptable infrastructure at home and telephone contact.

Results: There were 124 home admissions, with a mean age of 7.6 years(0.5-17.9). Most patients had acute lymphoblastic leukemia(55.6%, n=69). The mean duration was 4 days(2-54). The mean distance from home to hospital was 10 km. The main cause for admission were infectious processes(33.8%, n=42), followed by renal failure (16%, n=20). The main interventions were antibiotherapy(28%, n=35) and fluid therapy(45.9%, n=57). No allergic reactions were observed. Central venous access was used in the majority of patients(92.7%, n=115), with 7.3% (n=9) having at least one incident about it. A total of 8.9%(n=11) required hospital readmission, 63.6%(n=7) of them because of fever, none admitted to the ICU. Of the 23 with fever and neutropenia, two (8.7%) were readmitted for fever. Some of the patients(13.7%, n=17) required to go to Day Hospital without readmission, the main indication was the administration of blood products.

Conclusions: If patient selection is adequate, home hospitalization for children with cancer appears to be a safe practice.

Disclosure: No significant relationships.

Keywords: pediatric, acute disease, Home Care, clinical outcome, cancer

P045 / #174

Poster Session: *AS03 MEASURING HAH EFFECTIVENESS – CLINICAL OUTCOMES AND ECONOMIC EFFICIENCIES*

TREATMENT OF INFECTIVE ENDOCARDITIS IN HOSPITALIZATION AT HOME (HAH). EPIDEMIOLOGICAL CHARACTERISTICS AND CLINICAL RESULTS OF PATIENTS ADMITTED FOR 15 YEARS IN A REGIONAL HOSPITAL.

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Background and Aims: Infective endocarditis (IE) is a microbial infection affecting the endocardial surface and heart valves. It is characterized by high morbidity and mortality. Since 2015, European and American guidelines have included the possibility of completing Outpatient Parenteral Antimicrobial Therapy (OPAT) in HaH.

Methods: Retrospective observational study. Patients with a diagnosis of IE admitted to the HaH of a county hospital to complete OPAT from December 2017 to june 2022 were included.

Results: 17 patients. 12 (70,6%) men. 70,3±15,3 years (43-90). Most common clinic presentation: Fever 82,3%, heart failure 17,6% Risk factors in 64,7% of patients: Chronic renal failure 27,3%, Cardíac device 36,4%, Central venous catheter or phlebitis 18,2%, Previous bacterial endocarditis 9%, Septic mouth 9%, Immunotherapy 9% Valve affected: mitral 64,7%, aortic 23,5%, cardíac device 17,6%. Prosthetic 17,6%. Valvular vegetation on ultrasound 82,3% Origin: 33.3% third level hospital. Previous stay 18,6±8,9 (4-34) days. HaH stay 16,3±12 (5-41) days Place of care in HAH: 94,1% home, 5,9% (1) nursing home. Home caregivers: 58,3% women, 50% partner, 41,7% descendant Microorganism involved identified in all but one case: Streptococci 35,3%, Coagulase-negative Staphylococci 29,4%, Coagulase-positive staphylococci 23,5%, Listeria monocytogenes 5,9% (1) Antibiotic administered: daptomycin 41,2%, ceftriaxone 35,3%, cloxacillin 23,5%. OPAT protocol: Monotherapy 70,6%. Once a day 76,5%, twice daily 11,7%, intermittent infusion pump every 4 hours 29,4% 100% discharged at home. 2 emergency room attentions during admission to HaH. No emergency room consultation or death recorded in the 30 days following HAH discharge.

Conclusions: In our environment it is safe to complete EI assistance in HaH.

Disclosure: No significant relationships.

Keywords: #Infective Endocarditis, #OPAT, #regional hospital

P046 / #327

Poster Session: *AS03 MEASURING HAH EFFECTIVENESS – CLINICAL OUTCOMES AND ECONOMIC EFFICIENCIES*

THE EFFECTIVENESS OF EMERGENCY MEDICAL CENTERS IN HOME CARE

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Background and Aims: Introduction: Avoiding hospitalization by providing home emergency care is beneficial for both patients and the health system. A care model consisting of a medical regulation center with pre-hospital ambulance care can provide safe care at home for clinically decompensated patients. Objective: To evaluate the effectiveness of a home care Emergency Medical Center (EMC).

Methods: The EMC is responsible for patient care in the company's 25 units. Each unit has a pre-hospital ambulance care service that the EMC dispatches to patient residences. We collected data from January 2021 to July 2022 and analyzed the rates of resolution, hospitalization, and the main reasons for treatment.

Results: A total of 25,549 calls were made to the EMC during this 19-month period. The main reasons were: respiratory conditions, neurological changes, and problems with medical devices. Of these consultations, 17,570 (69%) were resolved through telephone medical advice. For cases unresolved through telephone medical advice, pre-hospital ambulance care was sent according to criticality: emergency (26%), urgent (45%), or non-emergency (29%). When a pre-hospital ambulance care team was sent to the patient's home, the patient successfully remained at home in 5,433 cases (22%). Only 2,546 patients (10%) were referred to hospitals.

Conclusions: Conclusion: Telephone support and early intervention (pre-hospital ambulance care) in potentially critical situations had a high rate of success, leading the resolution of clinical complications at home in 90% of the cases, which demonstrates that a structured EMC equipped with a pre-hospital ambulance care network is an important tool for safely keeping patients at home.

Disclosure: No significant relationships.

Keywords: Emergency Medical Centers, Home care services

P047 / #356

Poster Session: *AS03 MEASURING HAH EFFECTIVENESS – CLINICAL OUTCOMES AND ECONOMIC EFFICIENCIES*

ANALYSIS OF THE TYPE AND RESPONSE TIME OF THE CONTINUITY OF CARE AT HOME

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Background and Aims: Introduction: Continuity of care is necessary to meet the multiple needs of chronic and end-of-life patients. The nursing professionals of the Hospital at Home service of the Hospital Universitari Germans Trias i Pujol guarantee the continuity of care by sending a continuity of care report to Primary Care at the time of discharge. Objectives: To determine the type and response time of Primary Care to the continuity of care at home of patients under HaH.

Methods: Descriptive study of patients for whom continuity of care at home was requested by the HaH service of the Hospital Universitari Germans Trias i Pujol between January 1, 2022 and June 30, 2022. Patients who were readmitted less than 15 days after discharge were excluded.

Results: 75 patients were included. 97.33% received a telephone follow-up or home visit within 30 days after discharge with a mean time of 2.41 days. 88% were visited in the first 30 days with a mean delay time of 4.98 days after discharge. 57.3% received a telephone follow-up with a mean delay of 1.88 days.

Conclusions: Primary Care provides a good response to the continuity of care of patients under HaH. Knowing the response time allows designing interventions to improve continuity of care. A multicenter study should be carried out to determine the results in other areas.

Disclosure: No significant relationships.

Keywords: nursing, Continuity of patient care, Patient discharge

P048 / #127

Poster Session: *AS03 MEASURING HAH EFFECTIVENESS – CLINICAL OUTCOMES AND ECONOMIC EFFICIENCIES*

DEFINING A DEMAND AND CAPACITY MODEL FOR URGENT COMMUNITY RESPONSE PATHWAYS (HOSPITAL AT HOME) FOR A POPULATION OF 2M IN NORTH WEST LONDON

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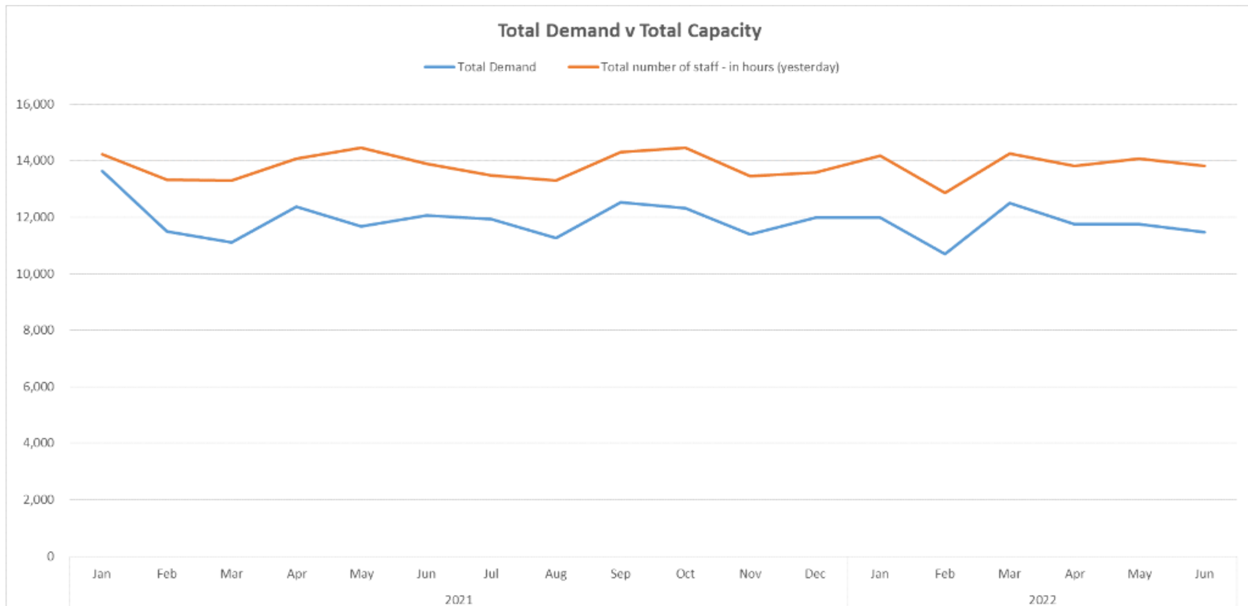
Background and Aims: In 2019, North West London's providers of "Rapid Response" services (RR) agreed to define a Core Minimum Specification in order to level-up services separately commissioned to a more consistent level, without requiring enhanced services to level-down. **Aims** At the start of the pandemic, all providers agreed to submit information daily, to provide a shared view of activity to allow early identification of risks impacting on Emergency Department attendances. In order to agree a consistent approach to reporting demand and capacity, the providers of RR had to agree a single approach.

Methods: For simple model, community providers collective assumptions included:

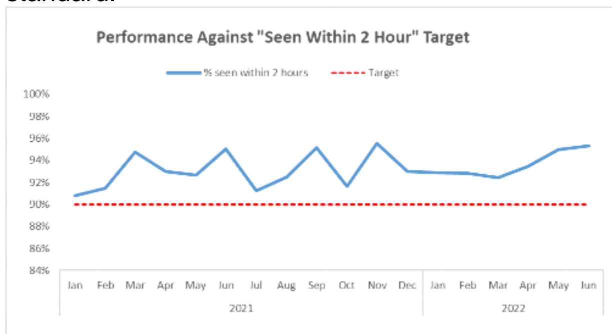
Visit	Time
Initial (2 staff)	2x2 hours = 4hours
Follow-up (1 staff)	1hour

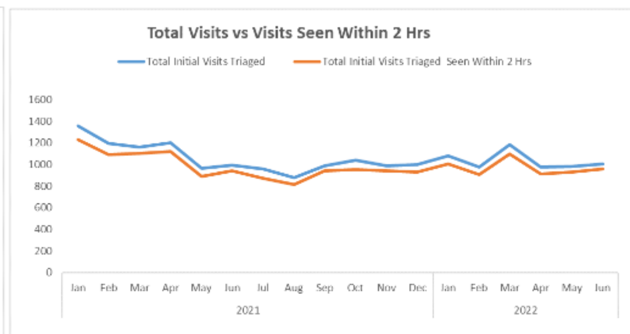
From this it was possible to calculate an estimate of **demand** on servicea each day (hours). Estimated **capacity** was calculated by (**the number of filled nursing, therapy and support worker shifts**) **x 11 hours x 66%** (allowing assumption that average time for clinical care is two-thirds of a shift across various staff groups).

Results: Results Using the above methodology, a collated view of performance of all teams was generated.



Teams also reported referrals triaged as requiring 2-hour-response, and where not achieved, to give unvalidated indication of performance against national standard.





Conclusions: The findings illustrated variation in capacity realted to staff leave. Demand mirrors capacity, suggesting teams vary clinical thresholds. 85% of capacity used may be a positive finding giving headroom to support 2-hour response. Post-covid, trusts continue to submit data weekly.

Disclosure: No significant relationships.

Keywords: Urgent, UCR, Capacity, Modelling, Workforce

P049 / #209

Poster Session: *AS03 MEASURING HAH EFFECTIVENESS – CLINICAL OUTCOMES AND ECONOMIC EFFICIENCIES*

ARE THERE DIFFERENCES IN OLDER ADULTS' FUNCTIONAL IMPROVEMENT ACCORDING TO THE ADMISSION MODEL TO A HOSPITAL AT HOME BASED ON A COMPREHENSIVE GERIATRIC ASSESSMENT?

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Background and Aims: To describe the differences in older adults' functional improvement), according to the model of admission to a Hospital at Home (HAH) based on comprehensivegeriatric assessment (CGA: admission avoidance (AA) or early support discharge (ESD).

Methods: Observational study of consecutive admissions from December 2017 to August 2022, to a CGA-based HAH,which combines AA and ESD models. HAH interventionis based on the CGA and includes geriatric rehabilitation. Functional improvement was compared between the two models of admission. We performed linear and logistic regression models (improvement v.s no improvement).The analyses were adjusted by main diagnosis at admission, previous and admission functional capacity and comorbidities.

Results: 934 patients were admitted, 56.2% women, mean age 82.4 years (SD9.7) and 32.3% in the AA model. Patients in the AA model were older [mean age 84.74 (SD 8.80), p<0.001]; had higher prevalence of heart failure (40.7%, p0.025) and dementia (23.5%, p <0.001), worse previous functional capacity [mean Barthel 66.38 (SD 28.37), p<0.001], were admitted mostly due to medical events (85.4%, p< 0.001). Patients from AA model presented lower functional improvement [2.9 (SD15.59) VS 10.9(SD15.59) points, difference: 8 points (IC95% 5.7–10.4), p<0,01). Patients admitted in the AA model had a lower chance of functional improvement (OR 0.53 IC95% 0.38-0.73).

Conclusions: In our sample, the functional improvement gain depends on the model of admission, where patients admitted by the AA had a lower likelihood of improvement. More studies are needed to analyze in deep and confirm our findings.

Disclosure: No significant relationships.

Keywords: Functional improvement, Model of admission, Comprehensive Geriatric assessment

P050 / #331

Poster Session: *AS03 MEASURING HAH EFFECTIVENESS – CLINICAL OUTCOMES AND ECONOMIC EFFICIENCIES*

CLINICAL AND ECONOMIC IMPACT ON PHARMACEUTICAL CARE IN A PEDIATRIC HOME HOSPITALIZATION UNIT

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Background and Aims: To evaluate the clinical and economic impact on pharmaceutical care in a pediatric home hospitalization unit: to analyze the pharmaceutical interventions (PIs) and to quantify the potentially avoided cost in hospital stays through the prevention of drug-related problems.

Methods: Observational, descriptive, longitudinal and retrospective study. The PIs performed in patients admitted to the unit from March 2021 to July 2022 were analyzed.

The analysis of avoided cost in hospital stays was performed using the Overhage classification, which relates the severity of the drug-related problems to the risk of increasing the length of stay.

Results: 195 PI were performed in 676 patients admitted (29%), with a high degree of acceptance (83%). The drugs in group J were the most implicated (45%), followed by group N (11%) and group A (10%).

62% were significant, 18% slightly significant and 9% very significant (mainly related to indication (47%) and posology (29%)).

The types of FI were:
- Effectiveness (42%): related to posology (60%) and indication (28%).
- Safety (15%): mainly due to prescription errors.
- Medication reconciliation (21%).
- Pharmacokinetic monitoring (14%).
- Health education (8%).

During the reconciliation process, there were 1.8 PI/patient reconciled, all of them related to effectiveness: 54% indication and 42% to dosage.

The avoided cost in hospital stays through the prevention of drug-related problems was €45,180. Although 36% of the FIs were not classified by Overhage.

Conclusions: Pharmaceutical care in hospitalization unit has a beneficial clinical and economic impact.

Disclosure: No significant relationships.

P051 / #332

Poster Session: *AS03 MEASURING HAH EFFECTIVENESS – CLINICAL OUTCOMES AND ECONOMIC EFFICIENCIES*

COST-SAVING AND SAFETY STRATEGIES IN HOME HOSPITALIZATION UNITS: CENTRALIZED ELABORATION OF INTRAVENOUS DRUGS IN THE PHARMACY DEPARTMENT

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Background and Aims: The elaboration of intravenous drugs in a controlled environment, such as laminar flow cabinet, increases the safety of patient administration, and prolongs the microbiological stability of them, if physicochemical stability allows it.

The prolongation of the stability of intravenous drugs avoids the unjustified daily displacement of nurses in patients clinically stable who do not require a daily health visit.

The aim is to quantify the cost-savings of centralizing the elaboration of intravenous drugs in the pharmacy department.

Methods: Observational, descriptive, longitudinal and retrospective study. The intravenous drugs elaborated in pharmacy department from March 2021 to July 2022 were analyzed.

Cost savings were calculated by analyzing direct costs (the cost of travel by taxi to the patient's home the days that do not require a daily health visit.) and indirect costs (the time saved in travel for nurses and the cost associated of it).

Results:

	2021	**2022**	**TOTAL**
N intravenous drugs	851	781	1632
Days avoided	208	129	337
Direct costs	10.803 €	4.524 €	15.328 €
Indirect costs	4.018 €	2.064 €	6.082 €
Total cost savings	**14.821 €**	**6.588 €**	**21.409 €**

Cefazolin (14%), vancomycin (14%) and ceftriaxone (14%) were the drugs most frequently elaborated in the Pharmacy Service.

Conclusions: The centralized preparation of intravenous drug in the pharmacy department has made it possible to: save costs due to unnecessary travel, optimize the management of nursing time, and ensure the safe administration to the patient.

Disclosure: No significant relationships.

P052 / #52

Poster Session: *AS03 MEASURING HAH EFFECTIVENESS – CLINICAL OUTCOMES AND ECONOMIC EFFICIENCIES*

NICE (NEW INTEGRATED CARE MODEL) TO BE HOME- ADAPTING HOSPITAL AT HOME TO THE NEEDS OF A MAJOR HOSPITAL IN SINGAPORE

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Background and Aims: The Departments of Internal Medicine (DIM) and Family Medicine piloted a HAH program in patients with exertional rhabdomyolysis (ER) admitted to Singapore General Hospital (SGH), the largest tertiary hospital in Singapore. The aim was to evaluate the safety, clinical outcomes, and cost savings.

Methods: All patients admitted to SGH DIM with ER since 11 May 2022 were enrolled into the HAH program. Patients' length of stay (LOS), volume of hydration received, and complications were compared against retrospective clinical data of ER patients in SGH. Cost comparison was based on ER patients who were eligible but declined enrollment into the HAH program, and remained as inpatients in SGH (controls).

Results: As of 22 August 2022, a total of 19 ER patients were enrolled. Compared to retrospective data, mean inpatient LOS for ER patients under HAH was 2.85 days (vs 4.4 days), mean IV hydration received was 0.86 liters/day (vs 2.2 liters/day), and total hydration received was 3.2 liters/day (vs 3.4 liters/day). There were no hospital readmissions or ER-related complications. Mean hospitalization bill per day was USD $383.85, compared to USD $493.14 for controls ($p=0.005$). Mean hospitalization bill overall was USD $2186.53, compared to USD $3005.48 for controls ($p=0.13$).

Conclusions: HAH for ER patients has demonstrated shorter inpatient LOS, cost savings, and a good safety profile. Our HAH program has since expanded to other conditions including Dengue fever (seasonal/endemic in Singapore), cellulitis, pyelonephritis, and hyperglycemia. The success is attributed to good patient selection, a well-trained healthcare team, robust workflow processes, and an open channel of communication between specialists.

Disclosure: No significant relationships.

Keyword: Rhabdomyolysis

P053 / #140

Poster Session: *AS03 MEASURING HAH EFFECTIVENESS – CLINICAL OUTCOMES AND ECONOMIC EFFICIENCIES*

THE EFFECTIVENESS AND SAFETY OF PAEDIATRIC HOSPITAL AT HOME CARE: RESULTS OF A SYSTEMATIC LITERATURE REVIEW

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Background and Aims: There is an international trend to shift paediatric care from the hospital to the home context. An important prerequisite for hospital at home is that it is a safe and effective alternative to inpatient care.

Methods: A systematic literature review was conducted to assess the effectiveness and safety of hospital at home care in upper-income and high-income countries. Outcomes of interest of the review were both hospital utilisation and patient reported outcomes. Four bibliographic databases (Medline, Embase, CINAHL and Cochrane Library) were searched for studies published between 2000 and May 2021.

Results: We identified 14 systematic reviews and 33 different (pseudo-)RCTs describing a wide variety of hospital at home interventions. Paediatric hospital at home care is not associated with more adverse events, a less favourable clinical course or more readmissions compared with standard hospital care. Furthermore, the literature was less clear on the effect on costs. For most outcomes, the level of evidence was low to very low according to the GRADE evaluation.

Conclusions: The available evidence suggests that paediatric hospital at home care is not associated with more adverse events, a less favourable clinical course or more readmissions than standard hospital care. However, the low level of evidence does not allow to formulate strong conclusions in favour of paediatric hospital at home care as a standard practice nor as an established alternative to standard hospital care. Further research is needed to explore its safety, effectiveness and cost impact under strict and well-monitored conditions.

Disclosure: No significant relationships.

Keywords: Paediatric, safety, effectiveness, adverse events, Readmission

P054 / #248

Poster Session: *AS03 MEASURING HAH EFFECTIVENESS – CLINICAL OUTCOMES AND ECONOMIC EFFICIENCIES*

CONSOLIDATION OF THE PROTOCOL FOR BLOOD TRANSFUSIONS AT HOME DUE TO THE COVID PANDEMIC IN CATALONIA (SPAIN)

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Background and Aims: Catalonia has 27 Hospital at Home Units. Before the SARS-CoV2 pandemic, only two were allowed to transfuse red blood cells at home. Due to the needs arisen from pandemic, we were allowed to carry them out, creating a circuit from scratch within a 2-week period of time.

Methods: Evaluate whether the new circuit has been useful and effective in order to find out if it´s convenient to maintain.

Results: We have carried out 73 blood transfusions at home to 26 different patients for 2 years (from June 2020 to June 2022). 10 women (38.46%), 16 men (61.54%). Average age 85.16 years old (60 - 94). Cause of transfusion: chronic hematologic disease 76.71%, congestive heart failure 20.54%, postoperative care 2.74%. After 2 years, 15 patients (57.7%) have perished as a result of their advanced disease. The patients were admitted from Primary Care (57.7%), Hematology outpatient facilities (30.77%) and traditional hospitalization (11.54%). The transfusions have been carried out regularly every 2-4 weeks in 71.23% of the cases, whereas they´ve been isolated actions in 28.77% of the cases. Only 1 patient suffered from a health complication during the treatment: fever, which was solved with intravenous antipyretic.

Conclusions: Transfusions at home have been proved to be safe. We have avoided 36 patient to come to the Emergency Department or to the outpatient service. We have obtained the indefinite authorisation to carry on with blood transfusions at home. Besides, in 2022 they will be extended to all the units in Catalonia.

Disclosure: No significant relationships.

Keywords: Blood transfusions covid pandemic, Blood transfusions at home

P055 / #61

Poster Session: *AS03 MEASURING HAH EFFECTIVENESS – CLINICAL OUTCOMES AND ECONOMIC EFFICIENCIES*

PALLIATIVE SEDATION AT THE END OF LIFE IN ADVANCED CANCER. BETTER AT HOME?

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Background and Aims: Background: The clinical practice of Palliative Sedation at the End of Life (PSEoL) is a procedure that can be performed at Hospital at Home (HaH) following clinical guidelines. **Aim**: To describe the profile of cancer patient receiving PSEoL, refractory symptoms and drugs used, comparing HaH and conventional hospitalization (CH).

Methods: Type of Study: Longitudinal, retrospective, comparative. Study population: Patients who died during admission in CH or HaH Unit in a cancer center, Fundacion Instituto Valenciano de Oncología, Valencia (Spain). Inclusion criteria: Patients who received PSEoL during the year 2021.

Results: 196 patients who received PSEoL during 2021 were included, 137 patients treated in hospital and 59 at home. The average age was 66 years. The most frequent primary tumors were digestive (48), genitourinary (43), breast (32) and lung (26). The refractory symptoms were delirium (37%); dyspnea (27%) and pain (35%). The most used drug was midazolam in 185 cases. 82% of the patients died within 48 hours after starting the PSEoL.

Conclusions: In our study we found no difference between evolution of PSEoL either in HaH or CH. An age difference was found between both groups, as well as differences in induction drug that can be explained by different clinical management of the situation. However, the results in both groups were similar in sociodemographic and pathological patient profile, with a slight variation in the time from the beginning of PSEoL to death. PSEoL at home should be an election were advanced palliative care in HaH resources are available.

Disclosure: No significant relationships.

Keywords: palliative sedation, end of life, cancer

P056 / #405

Poster Session: *AS03 MEASURING HAH EFFECTIVENESS – CLINICAL OUTCOMES AND ECONOMIC EFFICIENCIES*

EXTENDING HOSPITAL AT HOME TO INCLUDE SURVEILLANCE AND TREATMENT OF RECURRING ACUTE EPISODES IN HIGH RISK PATIENTS: THE RURAL HUNTSMAN AT HOME CANCER EXPERIENCE

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Background and Aims: While the hospital at home (HaH) model has primarily focused on individual acute episode treatment, some programs have added a subacute surveillance period in order to decrease future ED use or hospitalizations especially with diseases like cancer that are at high risk for recurring treatment and disease progression acute episodes.

Methods: We retrospectively evaluated acute episodes in cancer patients treated in our rural Huntsman at Home program to determine the frequency, characteristics of episodes, and site of treatment- ED, hospitalization or in-home, in order to determine the potential value of subacute surveillance.

Results: 53 patients received acute and/or subacute services, with 25 patients (47%) having a total of 73 acute episodes and, on average, a 57-day HaH length-of-stay. Sixteen episodes (22%) resulted in hospitalization, 19 (26%) resulted in an ED visit and 38 (52%) were treated at home. of the 35 acute episodes not treated in-home, most (25; 71.4%) were deemed necessary escalations; the remaining 10 (28.6%) could have had home treatment but there was either insufficient staff or staff were not notified of the problem. GI complications from pancreatic, colorectal and other GI cancers were the most common acute episode (48%). Acute hypoxia and failure-to-thrive were the second most common (8% each). Two of the 25 patients, both GI cancers, were outliers, accounting for 22% of acute episodes.

Conclusions: Combining acute episode care and subacute surveillance at home in rural communities, prevents half of acute episodes from escalating to the ED or hospitalization, adding value to cancer care.

Disclosure: Kathi Mooney is a paid consultant to Reimagine Care, a U.S. based virtual symptom management company. No one else has significant relationships to report.

Keywords: acute episode, subacute surveillance, prevention of escalations, cancer

P057 / #274

Poster Session: *AS03 MEASURING HAH EFFECTIVENESS – CLINICAL OUTCOMES AND ECONOMIC EFFICIENCIES*

HOSPITAL AT HOME: A VALUABLE OPTION FOR PATIENTS WITH RESPIRATORY INFECTIONS

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Background and Aims: Hospital at Home (HaH) is a safe and cost-effective alternative to conventional hospitalization. The aim of the study is to describe the experience in our centre from a historic cohort of patients with respiratory tract infections addmited to HaH.

Methods: Observational, retrospective study, carried out between January and September 2018, in an university hospital. All patients admitted to the HaH with a diagnosis of respiratory infection, pneumonia or exacerbation of COPD were included. Demographic, clinical, and analytical variables were collected by reviewing the electronic medical record.

Results: 100 patients with a mean age of 78 years (42-100) of which 58% were women were studied. A total of 20 pneumonias (14 with a PSI grade IV-V) were diagnosed by chest X-ray. The remaining patients were diagnosed with COPD exacerbations or infectious tracheobronchitis. 73% required oxygen therapy during their hospitalization. The average time elapsed between the visit to the emergency department and admission to the HaH was 1.68 days (0-15). The median length of stay in HaH was 7 days (1-24). In total, 32 sputum samples were collected, 7 urine antigens and 21 blood cultures, the microbiological isolation yield was 30%, with sputum being the most profitable diagnostic method. 5 patients were diagnosed with viral infections. The most widely used antibiotic therapy scheme was the combination of ceftriaxone and azithromycin in 39% of patients, followed by levofloxacin monotherapy (29%). Of the total number of patients, 15 required hospital readmission and only 2 died.

Conclusions: Hah is a useful hospitalization device for patients with moderate-severe respiratory infections.

Disclosure: No significant relationships.

Keyword: respiratory tract infections, hospital at home

P058 / #452

Poster Session: *AS03 MEASURING HAH EFFECTIVENESS – CLINICAL OUTCOMES AND ECONOMIC EFFICIENCIES*

A METHODOLOGY TO MODEL ECONOMIC BENEFITS OF A VIRTUAL HOSPITAL AT HOME SERVICE IN THE AUSTRALIAN PUBLIC HOSPITAL FUNDING ENVIRONMENT.

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Background and Aims: A provider of an Australian, publicly funded virtual hospital at home worked with McKinsey & Company to conduct a review May 2022 after 18 months of operation. The review aimed to develop a methodology to model the economic benefits or otherwise of the service.

Methods: A working group described and tested several models to quantify economic benefits using available service and opensource data. They applied methodologies to model near term unit cost savings of delivering care virtually compared with the physical setting, and longer-term savings relating to unlocked bed capacity and potentially decreased and/or delayed infrastructure expenditure.

Results: For unit cost, comparisons of serviced AR-DRGS, national and operational datasets were used, along with assumptions and definitions, to determine costs for both settings: medical labour, clinical expenditure, semi-fixed, fixed and ‘other’ costs. These were applied in two contexts. Firstly, if the virtual service had no impact on hospital occupancy (as direct savings) and secondly, if the virtual service relieved demand on hospital capacity allowing matched reduction in physical bed demand. Long-term benefits were modelled using similar data sources, agreed assumptions and definitions, to forecast annualised virtual bed days based on varying scenarios, resultant unlocked physical capacity, and applying a proxy over-head cost to maintain the equivalent infrastructure as predicted savings.

Conclusions: Modelling virtual hospital at home service economic benefit is complex, limited by accurate bottom-up unit cost data, and system factors. This review provides methodologies to quantify savings based on unit episode cost comparisons as direct savings, cost avoidance and potential longer-term infrastructure savings.

Disclosure: Both authors are employees of the private company who are operationally responsible for running the virtual hospital.

Keywords: Virtual hosiptal, Economic benefit, Cost avoidance, Infrastructure savings

P059 / #81

Poster Session: *AS03 MEASURING HAH EFFECTIVENESS – CLINICAL OUTCOMES AND ECONOMIC EFFICIENCIES*

URINARY TRACT INFECTIONS IN MEN: A THIRD-LEVEL HOSPITAL AT HOME (HAH): DESCRIPTIVE STUDY

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Background and Aims: Urinary Tract Infections (UTI) increases with age in men, as does the need for hospital admissions. HaH is an alternative for treatment. The objective of the study is to describe the characteristics of men admitted with UTI in HaH.

Methods: Descriptive, retrospective study of men with UTI in the HaH department of the Hospital Universitario Marqués de Valdecilla during 2020. Epidemiological, clinical, microbiological, and prognostic variables were analyzed.

Results: 188 men were analyzed, mean age=70 years [SD±15]. The mean length of stay was 12.3 days [SD ±7]. Patients came from: Emergency Department(65.4%), Internal Medicine(16.5%), Primary Care(5.9%), Urology (3.2%). 27.7% had Diabetes Mellitus, 27.7% chronic kidney disease. Diagnoses: Acute prostatitis(41%), UTI with bladder catheter(25.5%), UTI Bricker(13.8%), Nephrostomy UTI(5.3%), Pyelonephritis(3.7%), UTI in immunosuppression(7.4%). Isolated microorganisms: E.coli(31.9%), P.aeruginosa(10.1%), K.pneumoniae(6.9%), other(20.2%), multiple germs(8%), no isolation(22.9%). Having multiresistant microorganisms (19.7%) and a UTI with Bricker was associated with a longer length of stay (16 days) ($p=0.01$ and $p=0.02$ correspondingly). 6.9% were readmitted to the Hospital (6=complications/7=claudication). 14% required hospitalization again at 3 months, being nephrostomy and Bricker patients the ones who did so the most ($p=0.001$ & $p=0.06$ correspondingly). 2 patients died during admission (>90 years old and bladder cathether).

Conclusions: Men admitted were of advanced age. Prostatitis and E. coli were most frequent, but UTI associated with other risk factors such as catheters and Bricker represented half of the admitted men. This explains the length of stay and multirresistant microorganisms' prevalence. HaH has proof safety and effectiveness in the follow-up of these complex patients with low mortality.

Disclosure: No significant relationships.

Keywords: Hospital at home, risk factor, Urinary Tract Infection, safety

P060 / #82

Poster Session: *AS03 MEASURING HAH EFFECTIVENESS – CLINICAL OUTCOMES AND ECONOMIC EFFICIENCIES*

DIABETIC MALE PATIENTS WITH URINARY TRACT INFECTION ADMITTED TO HOSPITAL AT HOME (HAH) OF A THIRD-LEVEL HOSPITAL

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Background and Aims: Diabetes Mellitus (DM) is known to be a predisposing factor for infections. Urinary Tract Infections (UTI) are common in diabetic men and are associated with increased morbidity and mortality. The objective of the study is to describe the characteristics of diabetic men who are admitted with UTI in HaH.

Methods: Descriptive, retrospective study of men with UTI in the HAH Department of the Hospital Universitario Marqués de Valdecilla during 2020. Epidemiological, clinical, microbiological and prognostic variables were analyzed.

Results: 188 men with UTI were analyzed, of whom 52 were diabetic (27.7%). The mean age of 77 years [SD±11] in diabetic men was significantly higher than in non-diabetics ($p=0.0001$). The mean stay was 13.1 days [SD ±7]. Only one patient had type 1 DM. Diabetic men had a higher prevalence of chronic kidney disease and Bricker derivation compared to non-diabetics ($p=0.001$). Diagnoses were: acute prostatitis(26.9%), UTI in Bricker(26.9%), UTI with bladder catheter(23.1%). 30.8% of diabetic men had a multiresistant microorganism versus 15.4% in non-diabetics ($p=0.02$). Isolated microorganisms: E. coli(26.9%), P. aeruginosa(9.6%), K. pneumoniae(9.6%), other germs(28.8%), multiple germs(9.6%). When comparing the need for hospital readmission at 3 months, 23.1% of diabetic men did so versus 11.8% of non-diabetic men ($p=0.05$).

Conclusions: Men with DM and UTI are older, with more chronic kidney disease and more multiresistant microorganisms when compared with non-diabetic men. They are also more likely to be readmitted 3 months after discharge. Due to the added comorbidity in these patient special attention is required and HaH is an adequate and safe option.

Disclosure: No significant relationships.

Keywords: DM, safety, Comorbidity, Hospital at home, Urinary Tract Infection

P061 / #195

Poster Session: *AS03 MEASURING HAH EFFECTIVENESS – CLINICAL OUTCOMES AND ECONOMIC EFFICIENCIES*

FOLLOW-UP OF 300 PATIENTS ADMITTED FOR PALLIATIVE CARE IN HAH : DEATH AT HOME MANAGEABLE ; BIG BURDEN FOR FAMILY CAREGIVERS

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Background and Aims: Hospital at home (HAH) is often used in France for palliative care. Our objective was to study their care pathway on a large sample of patients.

Methods: 300 patients consecutively admitted to our HAH for palliative care were followed until death or 1 year.

Results: 40% die the first month and 75% within 3 months. 45% die at home and 55% in hospital. 34% of patients were never hospitalized again before their death at home and 34% only for their terminal hospitalization. The most frequent symptoms of the last week of life were: pain 44%, bronchial congestion 37%, dyspnoea 34%, anxiety 30%. 91% of families accepted the prospect of a death at home, but 60% clearly expressed their anxiety about facing the end of life at home.

Conclusions: Most of the patients admitted in our HAH suffer from cancer and is referred by an hospital, at a late stage, when the burden of care is high. Nearly half of the patients die at home, showing a positive trend. The vast majority of patients do not go back and forth between HAH and the hospital. When they go back to hospital, it is generally for uncontrolled symptoms or anguish of the family. The patients who died at home had massively expressed this choice, supported by those around them. However, this comes with a high cost in psychological terms for the family caregivers. The study led to the identification of avenues for progress for our HAH.

Disclosure: No significant relationships.

Keywords: Palliative Care, Patient experience, end-of-lif symptoms, family caregivers, patient preference

P062 / #447

Poster Session: *AS03 MEASURING HAH EFFECTIVENESS – CLINICAL OUTCOMES AND ECONOMIC EFFICIENCIES*

EXPERIENCE ON THE USE IN HOME HOSPITALIZATION OF INTRAVENOUS TREATMENT WITH PROSTAGLANDINS IN PATIENTS WITH LOWER LIMB ISCHEMIA

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Background and Aims: Synthetic analogues of prostacyclin, vasodilators and inhibitors of platelet aggregation, have been used successfully in the treatment of pulmonary arterial hypertension. They are also used in the treatment of limb ischemia, obliterans atherosclerosis, Raynaud's phenomenon, and congestive heart failure. Some Hospital At Home (HAH) units administer this treatment, with controversial results. We studied the effectiveness of prostacyclin analogues administered by our HAH unit to avoid revascularization/amputation in a group of patients with severe ischemia of the lower extremities.

Methods: Patients admitted to the HAH Dos de Maig during the period January 2019 - August 2022 with a diagnosis of severe arterial ischemia, treated at home with alprostadil for a maximum of four weeks. The medical history of the patients was reviewed (days of admission, need for hospital readmission, need and latency time for amputation, adverse effects/intolerance to treatment).

Results: Of 9 patients treated with alprostadil (3 women and 6 men, 67 years on average, range 38-85 years), 4 avoided the amputation (2 of them since 2019, 1 from 2021 and another at least since 2022). In 1 patient, the ischemia progressed but was not amputated due to the need of palliative care. The other 4 patients were amputated in an average of 3.5 weeks after treatment (range 2-6 weeks). Intolerance (headache) was only reported in 1 patient.

Conclusions: More clinical experience and larger samples are needed to determine the global effectiveness of this treatment to avoid amputations/revascularizations, but in our own experience we have realized that it may be successful in certain patients.

Disclosure: No significant relationships.

Keywords: Prostaglandins, Lower limb ischemia, Revascularization, Amputation

P063 / #51

Poster Session: *AS03 MEASURING HAH EFFECTIVENESS – CLINICAL OUTCOMES AND ECONOMIC EFFICIENCIES*

INTENSIVE PSYCHIATRIC HOME HOSPITALIZATION IN ISRAEL – A VIABLE ALTERNATIVE TO PSYCHIATRIC INSTITUTIONALIZATION

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Background and Aims: Sabar Health - Home Hospital developed the Psychiatric Hospital at Home to prevent hospitalization.

Methods: Methods: The service provides a comprehensive alternative to psychiatric hospitalization for patients coping with Severe Mental Illness (SMI), such as Schizophrenia, Schizoaffective Disorder, Major Depressive Disorder, Bipolar Disorder, Postpartum Depression. The team includes a psychiatrist, a psychiatric nurse, a psychiatric social worker, an occupational therapist and a nutritionist. The team conducts regular home visits and are available to the patients and families 24/7/365. The service is funded by Israel's HMO's (public funding) and requires no additional charges from the patients. Indications include men and women aged 18+, consent by the patient to be included in this service, willingness to adhere to the medical regimen and no risk behaviors. Contradictions include drug addiction, suicidal tendencies, violent behavior, lack of a documented diagnosis, the patient/family member's unwillingness to be included in the Home-Hospitalization service, a physical illness requiring round-the-clock care and/or monitoring.

Results: Data: Between Jan. 2020 and July 2022, 89 patients with SMI have been admitted to the service at Sabar Health, with a median hospitalization period of 80 days. 14 patients were admitted to a psychiatric hospital due to immediate risk; 75 patients were discharged at the end of the treatment with satisfactory mental conditions and referred only for further follow-up.

Conclusions: Conclusion: SMI patients can be treated successfully at home, as an alternative to psychiatric hospital. This can be achieved by providing required professional care, team availability and a tailored care program specifically suited for each patient.

Disclosure: No significant relationships.

Keywords: psychiatric hospital at home, psychiatry @ home, psychiatric hospital, mental health, mental institution

P064 / #18

Poster Session: *AS03 MEASURING HAH EFFECTIVENESS – CLINICAL OUTCOMES AND ECONOMIC EFFICIENCIES*

HOSPITAL AT HOME SERVICES - ONE YEAR EXPERIENCE

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Background and Aims: Hospital-at-home is a treatment model that aims to provide acute-level care in the setting of the patient's home as an alternative to the hospital medical ward.

Methods: Establishment of a home hospitalization unit, which includes a nurses and medical staff, together with general engineering support - which provides a response to patient within 4 hours. Distribution of iPad to each patient with Tito kit, sphygmomanometer,and thermometer. Daily home visit to the patient by the nursing staff and once every three days by the attending physician. A virtual daily visit of the nursing staff and the medical staff. Providing virtual consultations by medical and paramedical consultants (physiotherapy,dietitian).

Results: The main diagnosis is pneumonia in 46% of patients, followed by urinary tract infection - 20%, heart failure - 17%, cellulitis - 10%, etc. The average hospitalization days per unit is 4.7 days. The percentage returning to the unit 7 days after hospitalization is 1.8% vs.4.6% in the inpatient department. The percentage of those returning to hospital 7 after hospitalization at home is 6.6% vs.6.4% in the inpatient department. The percentage returning to the unit 30 days after hospitalization is 3% vs.10.3% in the inpatient department. The percentage of those returning to hospital 30 days after hospitalization at home is 17%vs.16.9% in the inpatient department. Mortality-1, Noscomial infections-0, Falls-5 patients(1%).

Conclusions: The advanced technology makes it possible to break through the boundaries of hospitals. the appropriate patients have possibility of hospitalization in a pleasant, supportive and familiar home environment Without detracting from the quality of medical care.

Disclosure: No significant relationships.

Keywords: hospital at home, Technology, hospitalization

P065 / #225

Poster Session: *AS03 MEASURING HAH EFFECTIVENESS – CLINICAL OUTCOMES AND ECONOMIC EFFICIENCIES*

ENABLING HEALING AT HOME FOR PATIENTS WITH EXACERBATION OF CHRONIC CONDITIONS BY SUBSTITUTING HOSPITAL ADMISSIONS WITH INPATIENT-LEVEL CARE AT HOME TO REDUCE COST OF CARE

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Background and Aims: The objectives of this study are to assess and evaluate methods to enable healing at home for patients with exacerbation of chronic conditions by substituting hospital admissions with inpatient-level care at home to reduce cost of care and support patients and physicians in the ambulatory setting.

Methods: An 84-year-old female with history of multiple sclerosis was referred to our HaH program with a UTI and MS exacerbation. She had already gone through several hospitalizations in previous months, and her family was looking for an alternative that would allow avoidance of hospital-acquired deconditioning and accumulation of insurance copayments. Her urine culture was positive for several resistant organisms, so Gentamicin IV 100mg was recommended. An in-home PICC line placement was arranged, with a cost of $595 and an additional $1200 for comprehensive 24/7 HaH services - the only out-of-pocket cost incurred. Her insurance covered 10 days' worth of in-home nursing, pharmacy, labs and physician fees. A repeat urine culture was negative, and the patient was transitioned into a 30-day post-acute episode for a seamless transition back to her PCP, urologist, and neurologist, who were receiving summary reports and communication via the HaH attending.

Results: The cost was less than a traditional hospital stay, as a similar hospital admission would have been 5-10 times more expensive, and her family was grateful for the quality of care afforded to her in the comfort of her own home.

Conclusions: This episode prevented functional deterioration and significantly cut medical expenses.

Disclosure: No significant relationships.

Keywords: Comfort, AgeInPlace, HealingAtHome

P066 / #93

Poster Session: *AS03 MEASURING HAH EFFECTIVENESS – CLINICAL OUTCOMES AND ECONOMIC EFFICIENCIES*

THE EXPLORATION OF A HOSPITAL AT HOME SERVICE MODEL BY HOME CLINIC DULAN: BASED ON INFECTION CASES

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Background and Aims: In Taiwan, there are 160,000 home care patients (HC), reimbursed by national health insurance (NHI). All NHI programs are confined to home-based primary care or palliative care level. Home acute condition is not expected to be treated at home.

Methods: From Feb 1st 2020 to Aug^{31th} 2022, inclusion criteria for participants enrolled was HC patients with infectious disease, indicated to hospital care but received HaH service. Initiation of our HaH service was admission avoidance, not early discahrge, and did not go through emergency department (ED). Advance care planning for acute condition (ACP-AC) was at the beginning of HC service. We provide hospital-level care, POCUS, and POCT, and 24/7 communication via ICT.

Results: A total of 189 home care patients, 87 male (46%) and 102 female (54%), 43(22.8%) of 189 patients developed infectious disease in a total of 62 HaH episodes, which equals 1.4 episode per person. As for the Charlson comorbidity index, each patient had an average of 2.8 chronic comorbidities. Diagnoses of patients that received HaH service were pneumonia, urinary treat infection, soft tissue infection and sepsis. Average HaH duration was 10.2 days, with a total cost of 311 USD per episode. 5 of the 62 HaH episodes (8.1%) required transfer to regular hospitalization. There was three within-30-days re-HaH episodes, including 2 UTIs and 1 sepsis. Overall successful rate of HaH was 77.4% (48/62).

Conclusions: Our preliminary study showed clinic-based HaH service without ED referral could provide promising hospital-at-home service for infectious disease. However, this finding is limited in rural area, still needs more investigation.

Disclosure: No significant relationships.

Keywords: Infectious disease, advance care planning, Clinic level, Home Death Rate, Acute condition

P067 / #165

Poster Session: *AS04 SOCIAL ASPECTS, PATIENT & CAREGIVER EXPERIENCE IN HAH*

FAMILY: CONTEXT OF INTERVENTION IN HOSPITAL AT HOME (HAH)

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Background and Aims: This work aims to understand the importance of evaluating the socio-family context and the sociodemographic characteristics of hospitalization at home (HAH). For this, we reviewed all patients proposed to our Unit for two consecutive years.

Methods: Quantitative, descriptive and exploratory approach. In the years 2020 and 2021, 1944 patients were evaluated, 664 and 1280: 325 and 504 were hospitalized, respectively. Parameters considered: age, gender, marital status, family typology and reasons for non-admission (clinical and social). Social indicators: the voluntariness and skills of the caregiver and patient in managing the disease at home.

Results: 829 patients (43%) were admitted and 1115 (57%) were not admitted, mainly for clinical reasons (55.4%). The profile of the patients evaluated is: elderly, married man and integrated in a nuclear biparental family without children. The socio-family context and its dynamics appear as protectors/enhancers or social risk for HAH, which is why its assessment is so relevant and integrative. The face-to-face psychosocial interview with the caregiver and patient and contact with the patient's real situation is especially advantageous. In the years evaluated, the pandemic situation was an important restriction, making it difficult for the Social Worker to act.

Conclusions: The analysis carried out allows us to conclude the importance of the family, as a privileged context of action, since caregivers are integral elements of the care team. The identification of social indicators that enhance HAH admission prevents hospital return (Rodríguez, 2018); it allows the improvement of health literacy and disease management by the patient/caregiver and the reduction of ED episodes.

Disclosure: No significant relationships.

Keyword: Social Work; Hospital at Home; family; caregiver; social indicators

P068 / #271

Poster Session: *AS04 SOCIAL ASPECTS, PATIENT & CAREGIVER EXPERIENCE IN HAH*

PATIENT AND CLINICIAN EXPERIENCE OF A NOVEL MODEL FOR COMMUNITY BASED ACUTE CARE DELIVERY IN METROPOLITAN MELBOURNE.

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Background and Aims: Increasing pressures on the healthcare system created by the pandemic and the urgency of deferred care has necessitated novel models of healthcare delivery. The Alfred Health Integrated Care Team (ICT) is a unique multidisciplinary team providing acute medical care to community patients in metropolitan Melbourne, Australia. The model allows extension of inpatient care into homes, reducing length of stay while continuing to meet patients' needs. It also creates opportunities for diversion from emergency department by direct escalation of patients from the community. Unlike bed-substitution models, the ICT cares for a broad range of complex care needs including heart failure, infection and malignancy in partnership with primary care.

Methods: To evaluate patient and clinician experience of this new model of care delivery, as well as ensure the perception of care meets the high standards expected by the community and set by Alfred Health, a validated Patient reported experience measures (PREMs) will be administered on a cohort of patients who have been discharged from the ICT. This is supported by surveys and semi-structured interviews of clinicians who were part of, or have interacted with the ICT, and shared patient care.

Results: Between February and August 2022 the team had 1813 patient contacts of which 19.7% were face-to-face, 35% of these taking place in patients homes. Surveys and semi-structured interviews are currently being conducted.

Conclusions: This evaluation provides feedback for further revision of the service and co-design with the aim of improving patient-centred, streamlined, community-based care in partnership with primary care providers.

Disclosure: No significant relationships.

Keywords: Integrated care, Model of Care, Clinician experience, Patient experience

P069 / #23

Poster Session: *AS04 SOCIAL ASPECTS, PATIENT & CAREGIVER EXPERIENCE IN HAH*

SHOOTING FOR THE STARS WITH HOSPITAL CARE AT HOME: LEARNING FROM PATIENT EXPERIENCES

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Background and Aims: Patients are increasingly treated with intravenous (IV) medications in non-hospital settings including Infusion Center (IC), Home Infusion (HI), and Hospital-at-Home (HaH). However, few studies have assessed how patients are being supported to manage this change. The objective of this study was to assess patient and caregiver experiences of IV medication use in non-hospital settings.

Methods: Ten adult patients and three caregivers age range 18 -76+ years were enrolled and telephone-interviewed between July and November 2021 by independent moderators. The main criteria for inclusion were hospitalization between January 2020 and time of interview and discharged on IV medications.

Results: The most common IV medications were anti-infectives and chemotherapeutic agents. All 10 patients stated a preference for treatment in a non-hospital setting, with 6 preferring in-home (4 HI, 2 HaH), 3 in IC, and 1 with no preference. HaH patients shared positive experiences, stating it met or exceeded expectations. HI patients shared mixed experiences, some indicating difficulty making appointments, inconsistencies in treatment provision, delays in medication training, and late medication delivery. Some IC patients reported dissatisfaction due to long travel/wait times. All participants highlighted the importance of training.

Conclusions: This study highlights patients’ preference for home-based treatments but also challenges of using IV medications in non-hospital settings. Opportunities for enhancement include improving patient and carer support, education, and re-thinking the medication-use processes, such as product presentations. As HaH becomes more widely adopted, patient and caregiver training, IV delivery systems and products tailored for the home setting will be vital to optimize patient care and experience.

Disclosure: RG, PS and JHH are employed by Pfizer the sponsor of this research; DD and JC are employed by DKI Health who provides paid consulting services to life sciences companies including Pfizer Inc.

Keywords: patient and carer experience, non-hospital setting, Hospital-at-home, IV medication

P070 / #256

Poster Session: *AS04 SOCIAL ASPECTS, PATIENT & CAREGIVER EXPERIENCE IN HAH*

MUSIC THERAPY : AN INNOVATIVE METHOD TO RELIEVE PAIN AND ANXIETY IN HOSPITAL AT HOME CARE FOR PATIENTS INSENSITIVE TO ANALGESICS

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Background and Aims: The public HAH of Paris is in charge of 900 patients a day, throughout the territory of Paris and suburbs. Patients in HAH are provided with care in the same quality and safety conditions as in a conventional hospital. Pain management is all the more a key aspect in our institution that palliative care part in our activity amplifies . Our care team had made the statement that some patients cannot be relieved by analgesics, whatever the dosage or the drugs class administrated. Searching how to relieve pain without drugs, the idea of music-therapy came along. The fact that some caregivers already practiced music-therapy gave as a solid basis to launch the project.

Methods: Qualitative study based on 3 interviews. Study of the expression of the pain felt by patients before the music therapy program and for 2 of them once they were treated with the music therapy program

Results: 3 patients were interested to have drug-free pain relief, but only 2 of them agreed to integrate the program. The person who refused to take part in the test expressed that she was not receptive to music. The other 2 patients expressed a true satisfaction of music therapy both on pain management but also on the anxiety they felt about the cure. That last parameter constitutes an added valued of music therapy compared to drug treatment of pain.

Conclusions: Music-therapy can be implemented in HAH and constitutes a major advantage to meet the needs of our patients during their care.

Disclosure: No significant relationships.

Keywords: Paris Public HAH, music-therapy, pain management

P071 / #15

Poster Session: *AS04 SOCIAL ASPECTS, PATIENT & CAREGIVER EXPERIENCE IN HAH*

FAMILY CAREGIVERS` INVOLVEMENT AND ROLE IN HOSPITAL AT HOME: THE PATIENTS AND FAMILY CAREGIVERS' PERSPECTIVE. A NORWEGIAN QUALITATIVE STUDY

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Background and Aims: Hospital at home (HaH) has developed into a global concept. Research indicates that this way of providing care is a sustainable solution and positive for the patients. At the same time, HaH may be challenging for family caregivers (FCs). There is limited data, and thus the aim of this study is to explore the FCs involvement and role in HaH.

Methods: A qualitative study was carried out among patients and FCs in Mid- Norway. Data was obtained from fifteen semi-structurered interviews; of wich fourteen interviews were performed individually and one duad. The analysis was inspired of phenomenology and hermeneutical thinking and performed according to Kvale and Brinkmann`s description of interpretation at three different levels:1) self-understanding, 2) general understanding and common sense, and 3) theoretical understanding.

Results: We identified three main categories regarding FC`s involvement and role in HaH. The categories presents a logical timeline, i.e.,1) the initial phase (preparing for something new and unfamiliar), 2) the intermediate phase (adjusting to a new everyday life at home), and 3) the final phase (not being a caregiver anymore; looking back). Thematic sub- categories present various aspects within the main categories.

Conclusions: FCs play an important role in HaH although theire involvement varied. The findings highlight the need to include FCs in the decision process of choosing HaH and reduce caregiver burden the first time after homecoming. The municipal healthcare professional`s support to the FCs thorough the HaH-period has important impact on caregiver burden.

Disclosure: No significant relationships.

Keywords: Hospital at home, Qualitative research, Family caregivers involvement, Family caregivers role

P072 / #208

Poster Session: *AS04 SOCIAL ASPECTS, PATIENT & CAREGIVER EXPERIENCE IN HAH*

CARE PATHWAY IN ONCOLOGY BETWEEN THE HOSPITAL AND HOME: THE IMPORTANCE OF REFERRAL NURSES AS THE TRUSTED PARTNER OF PATIENTS AND CAREGIVERS

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Background and Aims: For every patient, multiple healthcare providers deliver care. As a result, the quality and continuity of care is challenged. The coordination between providers becomes a burden, especially for complex and volatile patients such as oncology patients.

Methods: imad worked closely with Geneva University Hospital and relevant stakeholders to implement an oncology care pathway across inpatient, outpatient and homecare, led by imad oncology HAH team, centred on a referral nurse as the primary trusted contact for each patient and care coordinator. imad issued a satisfaction survey to 50 patients and analysed care and services delivered.

Results: The last 19 months confirmed that the referral nurse is critical to improve coordination and to facilitate the delivery of oncology homecare while managing the volatility and complexity of the patient's health situation, in close collaboration with the patient, caregiver, oncologist and other healthcare providers. According to interim results, 90% of the patients are extremely satisfied with the quality and relevance of care and the level of support provided by imad oncology HAH team. 80% are very satisfied with the exchange of information between providers. In addition to oncology nursing care, >50% also received occupational therapy, nutrition and social assistance, confirming the need for 360-degree integrated care. All patients were successfully referred to Geneva's healthcare and social network according to their needs.

Conclusions: Implementing an oncology care pathway led by a referral nurse, which integrates the hospital, specialised homecare, the patient-caregiver dyad, and the broader healthcare-social network, improves the quality and continuity of care to the full satisfaction of patients.

Disclosure: No significant relationships.

Keywords: patient satisfaction, Care coordination, Integrated care, oncology HAH, care pathway

P073 / #202

Poster Session: *AS04 SOCIAL ASPECTS, PATIENT & CAREGIVER EXPERIENCE IN HAH*

ATTENDING PEDIATRIC ACUTELY ILL PATIENTS AT HOME: FAMILIES' SOCIOECONOMIC CHARACTERIZATION, EXPECTATIONS, AND EXPERIENCE

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Background and Aims: To have a thorough understanding of an acute pediatric homecare program, it is essential to analyze all factors related to the matter: medical, social, economic, and families' experience. No studies have been found describing profusely this topic in such a complex program.

Methods: This is a prospective quantitative and qualitative study. 372/532 families answer two independent questionnaires (preadmission and postadmission), aimed to: understand their socioeconomic characteristics; assess families' expectations and experience; and identify factors influencing the homecare preference. Results are presented in frequencies and comparisons (Fisher's exact test).

Results: Principal findings: families have an adequate social network; workload is less than expected and most families would repeat the experience despite it; expectations regarding caregiver's well-being at home were better than the actual situation, as some experienced anxiety or fear; and rating is better in homecare compared with inpatient care.

Conclusions: This study offers the possibility of improving the service portfolio, focusing on vulnerable families' access to the program and caregiver's risk of burnout.

Disclosure: No significant relationships.

Keywords: Caregiver, Expectations, Survey, Home hospitalization

P074 / #154

Poster Session: *AS04 SOCIAL ASPECTS, PATIENT & CAREGIVER EXPERIENCE IN HAH*

SERVICE USERS AND CARERS EXPERIENCE OF ACUTE CARE AT HOME (AC@HT)

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Background and Aims: AC@HT is a Consultant led service taking care of acutely ill elderly adults in their own home environment. Patient and carer experience of the team is an important key performance indicator. The aim is to measure patient satisfaction and experience.

Methods: A validated questionnaire was sent out to all patients on the service in the time period between 8th and 29th August 2022. This was a mixed methods questionnaire with yes or no responses as well as an area to write about their experience in their own words.

Results: The questionnaires returned (n=50) showed 100% satisfaction with their care under AC@HT. All of the respondents would use the service again. The qualitative responses were positive with themes emerging such as being treated with respect,being allowed to remain in their own home surroundings during an acute illness and feeling part of the decision making process regarding their care

Conclusions: The service evaluation shows 100% satisfaction with the service and patients feeling involved in their care whilst being able to remain at home. This shows that person centred care is at the heart of AC@HT.

Disclosure: No significant relationships.

Keywords: Patient experience, person centred care, Hospital at home

P075 / #198

Poster Session: *AS04 SOCIAL ASPECTS, PATIENT & CAREGIVER EXPERIENCE IN HAH*

ART-THERAPY : AN INNOVATIVE TOOL TO SUPPORT PATIENTS AND CAREGIVERS

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Background and Aims: Art therapy is a non-medicinal aid, suitable for all audiences. Creativity invites itself in the patient, emotion is expressed in ways other than words. It offers patients moments of well-being, better self-confidence, relief from pain, and leads them to rediscover social and family ties, allowing them to reduce the anxieties linked to the disease. It allows caregivers to take time for themselves.

Methods: Our HAH has been offering art therapy since 2019. HAH staff is made aware of isolation and withdrawal and can offer art therapy sessions, after consultation in a multidisciplinary meeting.

Results: The requests are increasing: a first patient in 2019, 21 years old, in palliative care, managed to "escape from her daily life". 4 people in 2020, 8 in 2021, and already 9 in 2022. As with care, it is the professional who adapts to the environment. In order to improve the knowledge of art therapists on the disease, its consequences, and its impact on gestures and morale, specific training on metastatic breast cancer has been carried out. The next will deal with palliative care.

Conclusions: By opening up to the world of the home, art therapy responds to the conjunctural needs of society: keeping sick people at home, aging of the population, isolation, social ties. On the strength of this positive experience, and in order to objectify the results observed, our HAH decided to launch a study of the effect of art therapy on the pain and quality of life of patients suffering from metastatic breast cancer.

Disclosure: No significant relationships.

Keywords: patient well-being, pain management, breast cancer, art-therapy

P076 / #259

Poster Session: *AS04 SOCIAL ASPECTS, PATIENT & CAREGIVER EXPERIENCE IN HAH*

“CARTE BLANCHE” FOR INTRAPRENEURSHIP : EMPOWERING FIELD WORKERS WITH INNOVATION AND DESIGN METHODS.

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Background and Aims: Since 2021, ten HAH teams have embarked on the "Carte Blanche" adventure. During about a year, this support allows field practitioners to imagine and develop solutions to a problem encountered in their department. Each solution is financed up to 25k€ by a special APHP fund launched during the health crisis to support caregivers' projects.

Methods: The HAH Innovation Department (gathering a director, a doctor and a designer) guides the teams through the service design methodology : - understanding users needs (user-research) ; - ideating with brainstorming techniques; - rapid prototyping ; - tests and iterations

Results: Ten of the twenty applications received were selected. Eight of them came to operational solutions whereas one team carries out a prospective work on informal caregivers experience in tomorrow's HAH delivery. The projects focus on quality of work life, improving processes and relieving pain or anxiety during treatment. They meet several criteria assessed as part of the *HAS* (the French National Authority for Health) certification process . The solutions are currently in production and will be deployed from November in the different care units with an impact measurement protocol. The project holders average satisfaction with Carte Blanche is 8.6/10.

Conclusions: Carte Blanche's success is twofold. On the one hand, it brings smart improvements to patients and professionals' daily life. On the other hand, it empowers professionals by giving them the means (money, time and method) to tackle their work life irritants. The program thus sets out a pathway towards more agile and horizontal management models.

Disclosure: No significant relationships.

Keywords: Innovation, intrapreneurship, QWL, Co-design

P077 / #73

Poster Session: *AS04 SOCIAL ASPECTS, PATIENT & CAREGIVER EXPERIENCE IN HAH*

PATIENTS' AND FAMILY CAREGIVERS' EXPERIENCES WITH A NEWLY IMPLEMENTED HOSPITAL AT HOME PROGRAM IN BRITISH COLUMBIA, CANADA

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Background and Aims: The Hospital at Home (HaH) model of care, which enables the provision of acute-level care in the patient's own home, is an alternative to traditional hospital admission. Island Health developed a patient-centred Hospital at Home program by collaborating with patient partners and multidisciplinary stakeholders. The Alternatives to Traditional Hospital Care Offered in Monitored Environments (AT-HOME) research group aimed to apply a patient-oriented approach to evaluate the patients' and family care givers' (FCG) experiences with the program to inform program implementation and expansion in Canada.

Methods: To create a rapid-learning environment, AT-HOME implemented a prospective, observational approach to continuously capture patient and FCG experiences and feed results into the program to inform real-time program developments and improvements. Patients and FCGs were informed about the survey during their admission to the program; those who provided consent were contacted one week post-discharge to complete the experience survey.

Results: The first six months of results show that 100% of patients (n=75) and 95% of FCGs (n=57) had an overall positive experience with the program. 100% of these patients and 96% of these FCGs would recommend the program to their friends and family, and 97% of these patients and 96% of these FCGs would choose the program again if faced with the same situation. The full 12 months of data will be presented at WHAHC.

Conclusions: The quantitative experience survey data and direct quotes from participants indicate that the newly implemented HaH program in BC Canada is positively received by patients and FCGs.

Disclosure: No significant relationships.

Keywords: Hospital at home, family care giver, Patient, Experience Survey, Learning Health System

P078 / #252

Poster Session: *AS04 SOCIAL ASPECTS, PATIENT & CAREGIVER EXPERIENCE IN HAH*

HOSPITAL AT HOME: EXPERIENCES FOR BIPOLAR DISORDER CLIENTS

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Background and Aims: Bipolar disorder is a recurrent chronic disorder characterized by fluctuations in mood state and energy. The prevalence of dipolar disorder is increasing and is commonly diagnosed in younger adults who are going through significant life changes and social strain such as exploring new roles and relationships, and begin to be independent. Early discharge of clients with the hospital at home approach is supported to facilitate early recovery and integration in the society. The aim of this study is to explore the hospital at home experiences for dipolar disorder clients.

Methods: A descriptive qualitative design was adopted in this study. Participants were recruited by purposive sampling via social media networks. Semi-structured interviews were conducted and audio-taped. Data was transcribed and analyzed by content analysis.

Results: supported that positive management and strategies that participants employed facilitated the coping of mental health problems. Social support led to both positive and negative effects to the participants. Some hindering factors including stressful events and poor sleep quality led to participants' unstable mental condition and affected the recovery process. In addition, the participants self-defined the meaning of recovery from bipolar disorder as getting rid of medication and co-living with symptoms after experiencing the recovery process.

Conclusions: This study holds a key in providing advanced insight to the policy-makers for allocating more resources in community psychiatric service. Also, the findings provide clear direction for relevant organizations which assist the dipolar disorder clients in integrating into the community and enhancing their quality of life.

Disclosure: No significant relationships.

Keywords: Hospital at home, Bipolar disorder, Experience

P079 / #287

Poster Session: *AS05 EDUCATION, TRAINING AND ROLE DEFINTIONS IN HAH*

EMPOWERMENT OF FAMILIES FOR INTRAVENOUS THERAPY AT HOME IN ACUTE AND CHRONIC EXACERBATED PEDIATRIC PATIENTS

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Background and Aims: On April 2019, our centre initiated a program, The Hospital at Home, addressed to acute and exacerbated chronic paediatric patients. In this case, it is the family who provides care to the patient, helped and supervised by health personnel. There is a multidisciplinary team formed by nurses and paediatricians. The two main types of patients treated in the service are users with respiratory pathology and pathologies that require intravenous therapy (antibiotics and hydrations) The programme offers 24/7 service including daily in-person visit. Each family is provided with a tablet and a remote tele-monitoring dispositive. Home care nurses evaluate families' resources and capacities before the admission at the home care programme, in order to empower them in the procedures their children may need.

Methods: Descriptive method

Results: From 1st December 2020 to 10th September 2022, 513 patients with intravenous therapy were admitted to our program: 60 for hydrations and 469 for intravenous antibiotic therapy, 332 of which were self-given. 2 adverse evitable events were registered in relation to fluid therapies and 2 more in case of antibiotic therapy. There were 21 readmissions to hospital, 16 because of evolution of the disease, 5 because of lack of therapeutic compliance. 8 of them were transferred to home hospitalisation again once it was safe.

Conclusions: Paediatrics home hospitalisation is a good alternative to conventional hospitalisation. In our experience, the empowerment of the families and the possibility of 24-hour communication are essential to make families feel comfortable and safe on their own and for the succesfull of the programme

Disclosure: No significant relationships.

Keywords: Intravenous therapy, Empowerment

P080 / #283

Poster Session: *AS05 EDUCATION, TRAINING AND ROLE DEFINTIONS IN HAH*

DEVELOPING A SIMULATION-BASED TRAINING PROGRAM FOR FRENCH NURSES ON HOME CHEMOTHERAPY DELIVERY

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Background and Aims: In Paris area, AP-HP at-Home Hospital has a long experience in at home chemotherapy delivery. We administred last year, approximately 14000 chemotherapy, immunotherapy or targeted therapy for patients with solid tumor or hematological malignancy. Our activity increased considerably with the Covid pandemia and we work hand in hand with 22 hospitals. Nurses training in a at home Hospital is an issue as the nursing turnover rate averages 25% and lack of devoted time to specifics learning. Simulation training program offer an opportunity for health professionals to be in a realistic situation as a peer-to-peer learning.

Methods: We decided to create an innovative chemotherapy training software, in cooperation with a developing specialist. We split our program in 4 phases; the first one takes place in the care unit where the nurse checks the patient's file, the delivery of the chemotherapy... The second is located at the patient's home, summarizes the preparation and the clinical examination. The third describes administration including aseptic protocol,... The fourth details the surveillance and emergency (allergic reaction, fever, extravasation). It insists on the specificities related to the patient's home (lack of space, cleanliness). We tried to humanize the care relationship through realistic graphics, dialogues to focus on active listening, reassurance, therapeutic education.

Results: Our next step is to test our software with a large panel of nurses and to extended our knowledge to others specific at home hospital cares.

Conclusions: Conclusion will be made on the basis of the result of the experimentation once deployed.

Disclosure: No significant relationships.

Keywords: chemotherapy, Training, Paris Public HAH, Innovation

P081 / #119

Poster Session: *AS05 EDUCATION, TRAINING AND ROLE DEFINTIONS IN HAH*

ROLE OF HOSPITAL AT HOME AS AN INTEGRATING SERVICE OF CARE CIRCUITS

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Background and Aims: The unique characteristics of Hospital at home (HAH) give the teams the possibility of having a very complete view of health and personal situations of many complex patients who use the unit. We present a couple of illustrative clinical cases to show the integrative capabilities of HAH

Methods: 1.- A 56-year-old man with a squamous cell carcinoma of the cheek and a big skin ulcer superinfected by multiresistant Pseudomonas aeruginosa. During admission care circuits were discussed with the patient and his family for symptom management after discharge, as well as the possibility of admission to HAH in possible future exacerbations. Case 2: An 89-year-old woman admitted to HAH due to decompensated heart failure. During admission it was discussed with the patient and the family of the possibility of activating the Primary Care- HAH circuit for the management of exacerbations with the aim of avoiding visits to the emergency room.

Results: Both patients, throughout their history, asked their usual doctors to activate the proposed circuit during admissions to HAH, thus allowing direct admissions without going through the emergency. During a stay at home, the patient in case 2 required intensification of comfort measures and was able to die at home.

Conclusions: The intervention of HAH teams during home admissions allows the detection of social and health needs in the patients who are admitted. If during these admissions we take the opportunity to provide health information and care circuits, we can improve the management of possible exacerbations and the quality of life of complex patients.

Disclosure: No significant relationships.

Keywords: health education, alternative circuit, Hospital at home, care circuits, integrating service

P082 / #222

Poster Session: *AS05 EDUCATION, TRAINING AND ROLE DEFINTIONS IN HAH*

IMPROVING PAIN MANAGEMENT ON OPIOIDS IN MORPHINE TREATMENT SITUATIONS IN HAH

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Background and Aims: The public HAH of Paris is in charge of 900 patients a day Pain management is all the more a key aspect in our institution that palliative care part in our activity amplifies. The Committee for the pain management (CFAP) is a multidisciplinary institutional committee whom ambition is to facilitate HAH staff mission of care, support and relief for patients that suffer or end-of-life patients. Its members - doctors, nurses, caregivers, hospital pharmacists, childcare workers, psychologists and a representative of users- meet once a month to work on improving pain management in the adult service in HAH. Solutions that already exist help relieving 90% of pain. To go further, the Committee has designed in 2022 an innovative action program focused on pain management in morphine treatment situations.

Methods: The program consists into training, information, and document management such as protocols, procedures and evaluation of professional practices. The flyer “ How to relieve pain with morphine in HAH » is the first step of this program. It informs caregivers, patients and their caregivers on morphine treatment procedures. It intends to harmonize practices of pain management. It was already sent to all the craegiver staff. 2 satisfaction survey are being designed : 1 for caregiver staff and 1 for patients. A qualitative and quantitative analysis of the responses will be processed by the Committee by December 2022.

Results: No results for the moment ; pending

Conclusions: Conclusion will be available for the WHAHC, based on the results

Disclosure: No significant relationships.

Keywords: AP-HP, pain management, Committee for the pain management (CFAP), Opioids

P083 / #167

Poster Session: *AS05 EDUCATION, TRAINING AND ROLE DEFINTIONS IN HAH*

INVESTIGATION OF THE IMPACT OF A PHARMACIST IN A HOSPITAL AT HOME CARE TEAM (IN PHACT)

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Background and Aims: In November 2020, Island Health (IH), with the support of the British Columbia (BC) Ministry of Health, introduced Hospital at Home (HaH) at Victoria General Hospital (VGH) in Victoria, BC, Canada. Given the acuity of the patients anticipated to receive care through this model, questions arose about how the delivery of clinical pharmacy services that inpatients rely on could be included in the model. With limited supporting evidence for the inclusion of a clinical pharmacist, IH launched the HaH program with a clinical pharmacist who provides services 7 days a week during daytime hours. This study aimed to assess the impact of the clinical pharmacist on patient care, from the perspective of the HaH clinical pharmacist, patients, caregivers and program stakeholders.

Methods: This prospective, observational mixed methods study was conducted from December 2021 to March 2022. Data collection involved the HaH clinical pharmacists documenting daily clinical activities and resolved drug therapy problems, patient and caregivers completing a 4-question post-discharge phone survey, and program stakeholders (i.e. RNs, MDs, program leaders) completing a 9-question online survey and an optional 7-question interview.

Results: It was found that one of the most significant roles the pharmacist plays is in identifying indications for medication therapy and making recommendations to initiate therapy where there is an absence. There was high congruence between patient, caregiver, and stakeholder perceptions that the pharmacists positively impact patient care within the IH model.

Conclusions: This study highlights that a dedicated pharmacist is invaluable to the delivery of excellent patient care in the IH model.

Disclosure: No significant relationships.

Keywords: Hospital at home, HaH Care team, Clinical Pharmacist, Role of Pharmacy

P084 / #187

Poster Session: *AS05 EDUCATION, TRAINING AND ROLE DEFINTIONS IN HAH*

INTRODUCTION OF A CLINICAL SKILLS LAB BY THE ANP IN ACUTE CARE AT HOME

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Background and Aims: The ANP is a new role in the Acute Care at Home Team - A consultant geriatric led service managing acutely unwell older adults in their own home. The ANP wanted to improve the assessment skills within the nursing team and ensure completion of the Comprehensve Geriatric Assesment (CGA).

Methods: A survey was carried out to determine learning needs of staff. Nursing staff indicated several areas they would like teaching in, and areas they feel they lack confidence in. A clinical skills lab was commenced covering topics such as respiratory assessment, cardiology assessment, geriatric depression scoring, and visual acuity. Following class room teaching the ANP offered 1:1 teaching with the nursing team. Follow up survey carried out after teaching.

Results: The follow up survey showed that 98% of staff felt an increase in confidence and competence in carring out a physical assessment of a sick patient. While 100% of nursing staff felt the teaching sessions were helpful and the content appropriate. 100% of staff felt the ANP's knowledge and delivery was good, and the level of practical participation was useful. 100% would recommend the sessions. Staff reported better knowledge and understanding of the CGA.

Conclusions: The ANP clinical skills lab has proved to be a succsesful inservice for the nursing team. The intention is to extend this inservice out to include the whole team. The online surveys proved usefull as staff could share areas of practice they wanted teaching in, in confidence. A follow up audit will take place to measure fullfillment of CGA.

Disclosure: No significant relationships.

Keywords: teaching, clinical skills, ANP

P085 / #253

Poster Session: *AS05 EDUCATION, TRAINING AND ROLE DEFINTIONS IN HAH*

USE OF A SELF-ASSESSMENT TO ANALYSE THE LEVEL OF TRAINING AND WEAKNESSES IN HAH

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Background and Aims: At HAH-imad, an increase in quality/continuity defects in security of care and a reduction in updating of patient files was observed. We initiated a project “Quality and Safety of care" with the aim to reduce weaknesses. A self-assessment was one of the elements of the project. The goal was a self-analysis of nurses on the way of working, raise problems/solutions, highlight expertise among the team members. Based on the results of this study we proposed actions for improvement, training and support and organizational changes.

Methods: All nurses with >6-month experience in HAH were included. 27 questionnaires were analysed. 44 questions and 2 lists of technical and specific treatments composed the self-assessment. Each self-assessment was a subject of an individual exchange between the nurse and the chief of the HAH. We collected information about individual training/support and discussed proposals for actions to improve the customer care (communication/patient files/technical care).

Results: The results made it possible to develop two areas for improving the quality: Role of referent-nurses: follow-up and care objectives/update of the patient files/billing of nurses activities; vision 360° in care: network with establishment of a partnership patients/relatives/health network. Development of skills related to interdisciplinary/inter-professional coordination/assessment of needs and common objectives. Develop skills in therapeutic education/health prevention. Acquire/update technical skills

Conclusions: The study allowed nurses to question their professional practice in HAH and to target areas for improvement. The results made it possible to show the strengths/weaknesses in the care of our patients and provide an opportunity in the further development of nursing practice.

Disclosure: No significant relationships.

Keywords: Hospital at home, Development of nursing practice, Quality and safety, Self-assessment

P086 / #190

Poster Session: *AS06 TECHNOLOGY SOLUTIONS FOR HAH*

OPTIMIZING DOOR-TO-DOOR VISITS FOR A PEDIATRIC HOME-HOSPITALIZATION PROGRAM

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Background and Aims: Daily scheduling was a time-consuming task in our pediatric acute homecare program. Home-hospitalization planning is a vehicle routing problem that can be solved with a technological solution. It was decided to evaluate the efficacy and necessity of the SmartMonkey.io planner. Aims: To compare traditional manual route planning with a route optimizer, and to evaluate the technical feasibility of the implementation of the technology into a homecare program.

Methods: 8 participants (experienced homecare staff and inexperienced hospital staff) were included. Personal interviews were performed to assess their eagerness to try a route planner. Objective benefits including reduced travel time (time planning, distance traveled, and time traveled) were evaluated. Paired *t*-test, *t*-test, and Pearson's correlation were used to compare manual and route planner scheduling. Participants then answered a questionnaire to assess planning difficulty and the acceptance of the technology.

Results: Homecare staff were initially reluctant to use the technology. Significant differences in 3 variables were found between manual planning and the route planner. All route planner schedules saved time and distance. It was noted that it was easy to create plans with the route planner, while difficulty with manual planning increased as more locations were added. All participants evaluated the route planner favorably.

Conclusions: Route-planning technology saved planning time and generated better plans than manual planning. The route planner's learning curve was fast and results were obtained in the same amount of time regardless of difficulty and expertise. SmartMonkey.io also has the potential to reduce internal and environmental costs and increase staff productivity.

Disclosure: No significant relationships.

Keywords: home-hospitalization, door-to-door, vehicle-routing-problem (VRP), route planner application, environmental costs

P087 / #445

Poster Session: *AS06 TECHNOLOGY SOLUTIONS FOR HAH*

HOSPITAL AT HOME OF TURIN: INSERTION AND MANAGEMENT OF MEDIUM AND LONG-TERM VENOUS LINES AT HOME

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Background and Aims: The Hospital at Home of Turin provides hospital-level care at home 365 days a year from 8 am to 8 pm, with a team of doctors and nurses who treat patients who otherwise would be hospitalised in traditional hospital regimen. Patients often need multi-daily parenteral therapy which requires a stable vascular access according to national and international guidelines.

Methods: Since 2008 two skilled nurses are available to implant Peripherally Inserted Central Catheters (PICC) or Midline catheters with ultrasound guidance, according to the same modalities used in hospital. A X-ray confirmation at home is feasible when PICC lines are inserted. The management of these devices is entrusted to the entire nursing team who also teach family members/caregivers how to supervise and manage the infusion therapy.

Results: During the year 2022 n=161 ultrasound-guided devices were placed at home (mean age of the patients: 85.2 ± 8.2), with an insertion success rate of 98,7%. 98,2% of the caregivers proved to be able to learn and apply the indications on the management of venous lines correctly. No significant complications was registred during the insertion procedure. The rate of complications (infections, thrombotic and non-thrombotic partial or complete occlusion, unexpected removal) was not higher than reported in the literature.

Conclusions: The insertion and management of ultrasound-guided venous line is feasible and safe at home if the procedure respects the rules of sterility with a surgical disinfection and an insertion according to the guideline. Moreover, a venous line home insertion can favour the optimisation of nursing and economic resources.

Disclosure: No significant relationships.

Keywords: Caregiver, Vascular Access, Ultrasound Guidance, Management

P088 / #210

Poster Session: *AS06 TECHNOLOGY SOLUTIONS FOR HAH*

DEVELOPING A PROCESS TO ASSIST UKRAINE WITH INFUSION THERAPY DURING THE RUSSIAN INVASION: PROJECT UKRAINE

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Background and Aims: Since the February 2022 conflict, massive destruction of buildings has left many homeless, without electricity, or access to healthcare. The Insignis™ Syringe Infusion System delivers the critical intravenous and subcutaneous infusion of medications without the use of electricity and is portable, rugged, and reliant.

Methods: Knowing that patients who most required treatment may not have electricity, even if they have medical supplies, was a clear indication that the Insignis™ system was desperately needed. It was essential to find dedicated medical professionals willing to ensure that patients received the products. The process included vetting medical professionals who demonstrated a thorough understanding of the system, as well as appointing a contact for receipt and disbursement, shipping, education, and follow-through.

Results: A mutual contact recommended Ukrainian physicians to demo the infusion system at the International Primary Immunodeficiency Conference (IPIC). The physicians agreed that an infusion system that operates without electricity or costly ancillaries was indispensable in Ukraine. Infusion supplies were delivered to the mutual contact in Poland and a virtual visit with eight Ukrainian physicians provided essential education as well as a live demonstration of a subcutaneous Immunoglobulin infusion.

Conclusions: The first patient to use the Insignis system was a pediatric Primary Immunodeficiency patient. The caregiver (patient's mother) was trained in a clinic and then provided supplies and medication to perform the infusion with her son at home. As more patients use the Insignis system, it is crucial to provide continual training to ascertain sustainability, safety, and quality care for patients.

Disclosure: No significant relationships.

Keywords: Intravenous, Patient Education, Ukraine, Subcutaneous Immunoglobulin Infusion, Selectable Rate Flow Control

P089 / #355

Poster Session: *AS06 TECHNOLOGY SOLUTIONS FOR HAH*

A COMPARATIVE STUDY OF CONSTANT FLOW ELECTRONIC AND CONSTANT PRESSURE MECHANICAL INFUSION PUMPS

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Background and Aims: A standardized procedure from the Association of the Advancement of Medical Instrumentation (Technical Information Report), AAMI TIR101: 2021 *Fluid delivery performance testing for infusion pumps*, was applied to compare the differences in subcutaneous immunoglobulin (SCIg) infusions between two infusion pump technologies – Electronic (constant flowrate) and Mechanical (constant pressure). The comparison was to evaluate infusion outcomes between the two technologies without clinical, pharmaceutical, and biomedical professional support.

Methods: TIR101:2021 highlights infusion flowrate reduction caused by inline resistance as a performance metric, which concerns flowrate degradation as a result of infusion backpressure, therfore causing the patient to under-infuse. To simulate increasing backpressure, flowrate-restrictive tubing was used to create occlusions within the fluidic path for both infusion pumps. 18 – 90% occlusions were modeled; these values were based on the maximum occlusion-pressure alarm from high performance electric pumps. Pressure and flowrate were measured; flowrate was measured gravimetrically using mass accumulation over time and density.

Results: The electric pumps maintained a constant flowrate as backpressure increased. The mechanical pump's flowrate decreased as backpressure increased. The mechanical pump (constant pressure) maintained a constant pressure while the electric pump increased in pressure as backpressure increased.

Conclusions: For home infusions, where increasing pressure can cause harmful adverse reactions, low-constant pressure mechanical pumps that decrease the infusion flowrate as backpressure increases are safer for protecting users against harm (i.e. adverse events, including site reactions and/or infiltration) when compared to electronic pumps that deliver the programmed constant flowrate but at high delivery pressures.

Disclosure: No significant relationships.

Keywords: mechanical infusion pump, home infusion, hospital infusion, safety and effectiveness, constant pressure

P090 / #171

Poster Session: *AS06 TECHNOLOGY SOLUTIONS FOR HAH*

LUNG ULTRASOUND REMOTE FOLLOW UP IN A HEALTHCARE WORKER INFECTED BY COVID19 - A CASE REPORT

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Background and Aims: During the first SARS-CoV-2 surge, Italy was initially and heavily involved. At that time, no guidelines for management of infected healthcare workers were available. We tested the possibility of a remote follow-up in an emergency department (ED) nurse.

Methods: In March of 2020, a 26-year-old female nurse, already trained in lung ultrasound (LUS), was likely infected during her ED shift. Infection was confirmed using a RT-PCR test. At the beginning of quarantine, she was asymptomatic. She performed remote delayed and real-time teleguidance evaluations of LUS using a chip-based handheld ultrasound device with proprietary teleguidance software (Butterfly iQ, Butterfly Network Inc). On day 16 a chest radiography (CXR) was performed. She was released after remission and negative swab test. The quality of the LUS scans was blindly evaluated by an expert physician based on a 3-point scale.

Results: Five days after the contact, the ED nurse felt the first symptoms (i.e., myalgia and headache). A week later, she experienced dyspnea on moderate exertion, diarrhea, and atypical chest pain. The LUS showed some not confluent B-lines and small subpleural consolidations that disappeared in the second week of follow up (CXR was negative). A cardiac evaluation ruled out a pericardial effusion. The quality of unsupervised LUS scan was lower than that of real-time teleguided scans ($p<0.01$) but of good quality in both cases (2 vs 3 median score).

Conclusions: This LUS follow-up of a COVID19 patient including LUS and focus cardiac evaluation was effective and real-time was superior than the delayed follow-up.

Disclosure: I have received Butterfly iQs and Apple iPhone for reaserch purpose from Butterfly Network Inc.

Keywords: nursing, covid19, lung ultrasound

P091 / #155

Poster Session: *AS06 TECHNOLOGY SOLUTIONS FOR HAH*

HOMECONNECT: HOME CARE PLATFORM FOR REAL TIME INTERCHANGE AND INTEGRATION OF DATA FROM PATIENT AND PROFESSIONALS

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Background and Aims: mHealht offers support and tools to health professionals in the field of Home Care, to develop a clinical practice of the highest quality 1) Design and develop an mHealth platform for health Home Care professionals, which allows the integration and exchange of data in real time 2) Evaluate the implementation of the HomeConnect (HC) platform in the Home Hospitalization units

Methods: 1) With a structured and sequenced approach focused on the end user, a platform HC has been designed and developed. 2) A focus group was held with end users/patients; a prototype pilot test was carried out for 4 weeks with patients; the computer system usability questionnaire was used.

Results: The perceptions of the use and applicability of HomeConnect have been positive on the part of the end users, complemented by concrete improvements such as simplifying the application interface as much as possible. In the pilot test, data was recorded from a total of 14 patients, 133 values of temperature, 124 of HR and oxygen saturation, 98 of BP and 13 of weight were entered, all correctly incorporated in the HomeConnect platform and the Corporate HIS. Professionals have found the HC platform to be simple, convenient and pleasant to use and to provide them with the tools they need for clinical practice.

Conclusions: It is possible to design and implement a work platform (HC) for the professionals of the hospitalization home care units, which integrates in real time clinical data from the corporate HIS, from healthcare professionals at the bedside, and from users/patients.

Disclosure: No significant relationships.

Keywords: digital health, mhealth, professional practice, Home Care, electronic health records

P092 / #276

Poster Session: *AS06 TECHNOLOGY SOLUTIONS FOR HAH*

NORTHAMPTON GENERAL HOSPITAL TECH-ENABLED ASTHMA HOME MONITORING SERVICE

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Background and Aims: The COVID pandemic presented significant difficulties for patients with asthma who were either shielding or unable to gain access to their General practitioner. A resulting surge of patients presenting to acute services with asthma exacerbations enabled us to identify an opportunity to develop a virtual ward. In May 2021 Northampton General Hospital partnered with Doccla Ltd to implement a tech-enabled Home Monitoring Service (HMS) into their Asthma Care Pathways. The aim was to improve patient care, support early discharge from hospital or avoid admission and support recovery at the patients' home.

Methods: Clinical assessment and PEFR criterion of <75% was used to determine if hospital admission was avoided or if patients were supported to discharge early, and thematic analysis of patient surveys and testimonials was conducted.

Results: A total of 190 patients were admitted onto the service between May 2021 and January 2022. 74% patients avoided admission, 26% were discharged early from hospital. Audit results as of June 2021 showed that 100% of Best Practice targets were being met; up from previously 50%. Analysis of patient feedback show high patient satisfaction. Themes identified were "*Increase in Access to specialist advice"* with sub-themes "*Aids Self-management"* and "*Feeling supported/Reassured/Safe", "Appreciation for being able to recover at home/avoiding hospital/minimal impact on daily living",* and *"Importance of service/General Praise"*.

Conclusions: Ongoing success of the service has led to expansion in hours covered and new opportunities including a pilot in primary care to avoid admissions. The service is also being expanded to cover other respiratory conditions.

Disclosure: Rebecca Ashworth worked with the other authors to collect and analyse the data. She is Lead Research Nurse, primary author of the abstract, and an employee of Doccla Ltd UK.

Keywords: Asthma, remote monitoring, Hospital at home, Respiratory, Virtual wards

P093 / #467

Poster Session: *AS06 TECHNOLOGY SOLUTIONS FOR HAH*

ACTIVITY IN 2022 OF AN AT-HOME MECHANICAL VENTILATION PROGRAM CONDUCTED FROM A TERTIARY HOSPITAL'S HOME HOSPITALIZATION

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Background and Aims: In 2004, an at-home mechanical ventilation program was created in our HH unit. The program is headed by a pneumologyst in a HH team. Are especially monitored patients with neuromuscular diseases but also with obstructive ventilatory alteration and chronic hypercapnia. Patients indicated for the application of Mechanical Ventilation, were adapted to it in their home. All the patients were subsequently followed up at outpatient respiratory medicine visits. Whenever patients require more complex ventilation (for more than 13 hours per day) or tracheostomy , or when they are at their disease's end, all controls are performed at their homes. Acute exacerbations that aren't severe are also handled with at-home hospitalization, avoiding conventional hospitalization.

Methods: We analyzed the results of registries of clinical histories of 2022

Results: In 2022, at-home ventilation has been adapted or adjusted for 41 patients, and 24 patients have been hospitalized due to acute exacerbations. These interventions have entailed 280 nurse visits and 233 medical visits from a pneumologist. 5 patients died, all of them at home with palliative care.

Conclusions: The adaptation at home for mechanical ventilation is feasible and a line that will be implemented in next year for the more Units of Hospital at home in the Valencia Comunity

Disclosure: No significant relationships.

Keywords: Chronic patients, Home mechanical ventilation

P094 / #101

Poster Session: *AS06 TECHNOLOGY SOLUTIONS FOR HAH*

HEART FAILURE NURSES AND IMPROVEMENT OF HEART FAILURE TREATMENT WITH TECHNOLOGIES IN COOPERATION WITH PATIENT AND CAREGIVERS IN HOSPITAL@HOME

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Background and Aims: Congestive Heart Failure is a chronic progressive condition. In Israel, heart disease is the 2nd cause of all deaths, 14.6%. In Israel, in the over 85 group, the first cause of death is heart disease. It is expected that the elderly population will double in the foreseeable future, the 75+ year old's are 5% of the population and their utilization of hospitalization is 30%. Does the use of technologies and dash boards inHospital@home improves care, support patients, families, caregivers and teams whilst providing valuable education and information alongside prevention of unnecessary admissions to hospital. All patients with a smart phone and who gave consent were connected to, **Catai smartphone app**: Remote monitoring by photo: Blood Pressure, Pulse, Weight & Glucose levels, 24/7, enabling teams to intervene in seconds by phone or visit. They were also given a **Smart Medication Dispenser**: tracking and alerting patients/ caregiver/nurses when medication is not taken as prescribed.

Methods: 100 patients with a smart phone and withconsent were connected to the two apps and a Heart Failure nurse monitered the dash boards

Results: Since October 2021,100 pts have been connected. We have 10 Weekly alerts pertaining: blood pressure, pulse, weight, and medications. On average 50% of the alerts are resolved by phone call, and 50% are resolved by a visit and administration of IV furosemide. Patients report a enhanced sense of involvement & control .

Conclusions: The use of these technologies, improved all parameters monitored and improved satisfaction of care, compliance and adherence.

Disclosure: No significant relationships.

Keywords: Hospital at home, technologies, nurses, Heart Failure

P095 / #162

Poster Session: *AS06 TECHNOLOGY SOLUTIONS FOR HAH*

RETROSPECTIVE ANALYSIS OF COMMUNICATION PATTERNS FOR CARE TEAMS AND PATIENTS IN AHCAH PROGRAMS

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Background and Aims: Operating an AHCAH program requires delivering essential elements of inpatient hospital care to qualified patients in their home. Technology is a key to helping with the expansion of hospital at home programs. Understanding how digital communication tools are being utilized will improve adoption and access to care for patients.

Methods: Retrospective analysis of utilization of digital communication between patients receiving acute care in the home and their remote care teams. Communication data from multiple AHCAH programs across the country over a four-month period was analyzed for the following metrics: call initiation, call duration, call type, and use of digital communication.

Results: 51% of total patients (N=238) had a digital communication encounter. There was a total of 462 digital encounters of which 59% were initiated by the care provider and 41% were initiated by the patient. 79% of the encounters were via video and 21% of the encounters were via audio. Average duration of patient-initiated video encounter was 5.1 minutes, and audio encounter was 3.8 minutes. Average duration of care provider-initiated video encounter was 4.0 minutes, and audio encounter was 2.2 minutes.

Conclusions: During the four-month observation period, 51% of patients had a digital communication encounter with the remote care team. On average, patient-initiated video encounters were 27.5% longer than clinician-initiated video communications. Similarly, we found the patient-initiated audio encounters were 72.7% longer than when initiated by the care team. The data indicates proactive, clinician-initiated encounters may enable a more efficient engagement with AHCAH patients.

Disclosure: Sandeep Pulim and Adam Dansby are both employed by Biofourmis. The data originates from patients and clinicians using a Biofourmis solution.

Keywords: Telehealth, AHCAH, communication, Technology, adoption

P096 / #407

Poster Session: *AS06 TECHNOLOGY SOLUTIONS FOR HAH*

THE FEASIBILITY AND ACCEPTABILITY OF WEARABLE AUDIOVISUAL STREAMING TECHNOLOGY IN AUGMENTING HOSPITAL AT HOME CONSULTS

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Background and Aims: Use of Wearable Audiovisual Streaming Devices (WASDs) such as Google Glass, has been explored for medical applications including surgery and tele-dermatology. We studied the feasibility and acceptability of using WASDs as a communication tool between clinicians for assessment of patients under Hospital-at-Home.

Methods: A retrospective study by convenience sampling of clinicians who conducted home reviews of patients, while using Google Glass(EE2). Residents conducted reviews of patients wearing Google Glass while consultants communicated and directed residents remotely to assess patients. Post-review, residents and consultants were surveyed regarding diagnostic accuracy, quality and satisfaction of the experience.

Results: 9 residents and 9 consultants, who conducted 9 home reviews in December 2022 were surveyed. All reviews were conducted to assess a patient’s progress for a known condition (n= 9, 100%). Majority of patients were managed for Cellulitis(n= 5, 55.6%). Mean number of disconnections per review was 0.44 for video and 0.56 for audio. All reviews were completed. All residents felt the device was comfortable to wear and easy to use. All residents and consultants surveyed felt that using WASDs improved their patients’ clinical management, was helpful in guiding management and were likely to use it again. All residents reported more confidence with their assessment with real-time support from a consultant. Limitations identified included patient privacy concerns, reduced comfort for spectacle wearers and fluctuating video quality.

Conclusions: This study demonstrated that WASDs may be a viable communication platform for Hospital-at-Home, particularly for patients with Cellulitis. It may increase manpower efficiency while preserving presence of expert medical opinion.

Disclosure: No significant relationships.

Keywords: Wearable Devices, Technology, Google Glass

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Poster Session: *AS06 TECHNOLOGY SOLUTIONS FOR HAH*

REHOME: AN ICT SOLUTION FOR NEUROPSYCHOLOGICAL REHABILITATION AT HOME

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Background and Aims: With the ageing of the population in Western countries, the number of people affected by neurological diseases leading to very severe disabilities such as strokes and neurodegenerative diseases is increasing. In this area, telemedicine and related applications can improve not only the neuropsychological condition of those affected but also help reduce direct and indirect healthcare costs.

Methods: The ReHome platform was developed to provide gamification-based cognitive exercises to patients via a mobile tablet application. The exercises train selective and divided attention, reasoning and planning, long-term memory, and learning by simulating typical everyday contexts. Ecological exercises have also been developed to recreate realistic situations and train multiple cognitive functions simultaneously. A pilot study will be conducted with patients with mild cognitive impairment or post-stroke to evaluate usability, appreciation, and user experience.

Results: The results of the study may provide baseline information to optimize the platform, both by uncovering deficiencies at the IT level and by assessing the usability, appreciation, and experience of the patients and their caregivers. These outcomes will provide the basis for a further efficacy study.

Conclusions: The development of an ICT platform for the rehabilitation of patients with cognitive impairment or post-stroke will allow them to be treated in their familiar living environment under the constant supervision of physicians and neuropsychologists. This will potentially lead to better utilization of healthcare services and economic resources.

Disclosure: No significant relationships.

Keywords: Cognitive rehabilitation, Cognitive stimulation, Stroke, Mild Cognitive Impairment, Home-based rehabilitation

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Poster Session: *AS06 TECHNOLOGY SOLUTIONS FOR HAH*

CHRONIC PATIENTS AUTOMATED TELEPHONE FOLLOW-UP THROUGH A VIRTUAL ARTIFICIAL INTELLIGENCE VOICE ASSISTANT: A PILOT CASE.

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Background and Aims: Telephone follow-up (TFU) has been widely used for having an impact on health education, managing symptoms, anticipating relapses and providing quality aftercare service with patients. Worldwide Hospital at home units use TFU as one of the main day to day communication tools to remotely follow up patients. With LOLA, the Software As A Medical Device (SaMD) virtual assistant from Tucuvi Care SL. TFU is automated through Artificial Intelligence technology and Natural Language Processing.
To evaluate the impact of implementing automated TFU through voice AI with chronic patients in one of the biggest Spanish Hospital at Home units from La Fe University Hospital (Valencia - Spain).

Methods: Patients with COPD, Heart Failure, Respiratory Failure were selected to be followed by LOLA for 5 months. Customer effort score, patient satisfaction and technology acceptance model were used to analyse feedback from patients and HCPs involved in the pilot. Nurses and physicians from the unit configured follow-up protocols.

Results: Monthly, more than 23 hours of HCPs time was freed up considering the time invested by LOLA performing follow-up calls (call reattempts not included). Only 7-10 % of the calls required an intervention from HCPs. Patient effort to talk with Lola was considered as easy and HCPs areas where this technology mostly helped them was performance and productivity, data availability and patient attention prioritisation.

Conclusions: Automated medical TFU has a high impact in managing chronic patients at home. It allows HAH units to implement a highly scalable solution to optimise clinical workflows and improve patient continuity of care.

Disclosure: María González, Marcos Rubio and Jorge Riquelme are part of Tucuvi team. The software used in this pilot case.

Keywords: Chronic Disease, case management, Delivery of Health Care, Telemedicine, Home Care

P099 / #292

Poster Session: *AS07 POLICY, REGULATION AND FINANCIAL ASPECTS OF HAH*

ASSOCIATION OF THE DIFFUSION OF ACUTE HOSPITAL CARE AT HOME WITH CMS PAYMENT REFORM

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Background and Aims: In November 2020, U.S. Centers for Medicare and Medicaid introduced Acute Hospital Care at Home (AHCaH) to pay for Hospital-at-Home during the Covid-19 pandemic. However, little is known about what drives hospitals' adoption of the program. This study examines factors influencing the adoption of the AHCaH and whether hospitals' experience in a prior CMS payment innovation (BPCI) incentivizing care coordination outside hospitals is associated with the decision.

Methods: The list of hospitals approved for AHCaH until August 2022, BPCI participation files, Medicare claims, Medicare Cost Report and AHA survey data are used. Hospitals' experiences with BPCI were identified. Hospitals' bed occupancy rates and critical care staffing shortages data were obtained. Multilevel logistic regressions were performed.

Results: Among 3,248 hospitals eligible for BPCI, about 7% adopted AHCaH. Hospitals with direct care coordination experience under BPCI have the highest adoption rate (17.7%) followed by indirect participation after dropout (11.8%). Hospitals are more likely adopt AHCaH when more hospitals in the community participate in the program (10.8% vs. 0%). In the adjusted regressions, the association of the adoption of AHCaH with indirect participation after dropout was as strong as with early BPCI adopter hospitals (Odds Ratio 3.55 vs. 3.50, $p<0.001$). However, the indirect participation only or dropout only was not a significant predictor. Covid-19-related hospital capacity variables were not significant predictors.

Conclusions: Hospitals' decision and readiness to adopt the CMS AHCaH was strongly associated with hospitals' care coordination experience gained through their participation or physicians participating in the episode-based bundled payment program.

Disclosure: No significant relationships.

Keywords: Hospital-at-home, CMS payment innovation, Bundled Payment, Payment, Diffusion of HaH

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Poster Session: *AS07 POLICY, REGULATION AND FINANCIAL ASPECTS OF HAH*

SOUTHERN TRUST ACUTE CARE AT HOME TEAM'S RESPONSE TO COVID- 19 AND THE IMPACT ON POLICY

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Background and Aims: The Acute Care at Home Service (AC@H) for older, frail people in the Community was established in 2014. This is a consultant led multidisciplinary service which delivers hospital level care for patients at home. Faced with COVID-19 we established an Community Rapid Response Team - a partnership between a number of existing community based teams within our directorate. We provided acute care and palliative care to patients with Covid- 19. The team also established a virtual ward to monitor patients who were Covid positive in Nursing homes

Methods: The number of patients treated by AC@H during the first wave of COVID-19 was retrospectively analysed including place of residence, mortality, hospital admission rates. The same data was analysed for our Virtual Monitoring

Results: 112 patients who were acutely ill with Covid- 19 were treated. 80% of these patients were in nursing homes. 19.6% died within being Covid positive. 4.5% were admitted to hospital. 433 patients were virtually monitored . 61 were escalated to AC@H, 12 required hospital admission and 33 died. The team received very positive feedback from service users

Conclusions: AC@H was well placed to provde care to frail older people at home during COVID-19. . The Northern Ireland (NI) Health Care Committee is recommending that the Enhanced Clinical Care Framework for Nursing homes should embed the principles of Acute Care at Home within care homes in collaboration with general practitioners. The NI regional board has recommended that acute care at home services should be established throughout Northern Ireland

Disclosure: No significant relationships.

Keywords: Policy, Community, Collaboration, virtual, COVID-19

P101 / #17

Poster Session: *AS07 POLICY, REGULATION AND FINANCIAL ASPECTS OF HAH*

COST ANALYSIS OF HOSPITAL AT HOME SERVICES VERSUS IN-PATIENT MEDICAL WARDS

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Background and Aims: Hospital-at-home schemes have been widely adopted as an alternative to in-hospital treatment for acutely ill patients. However, their impact on hospital costs remains unclear.

Methods: We calculated the costs during the index admission and 30 days later of 131 randomly selected acutely ill patients attending a tertiary medical center in 2011-2021 who met the inclusion criteria for hospital-at-home care.

Results: Findings were compared to a simulation of the same cohort based on assumptions of potential costs and outcomes under a hospital-at-home program. Overall, hospital-at-home care was found to incur higher costs during the index admission (+30%) and 30 days after (+14%). It remained costlier on most subpopulation and sensitivity analyses, except when patients were readmitted within 30 days of the index admission (-27%), owing to 30% lower hospital-at-home labor costs, and if the predicted index admission days were decreased by 10% in the hospital-at-home scheme (-11%).

Conclusions: Despite the limitations and potential biases of the study design, under the assumptions made, there may not be a clear and robust cost reduction to hospitals by the mere application of a hospital-at-home scheme.

Disclosure: No significant relationships.

Keywords: hospital costs, Cost analysis, hospital at home

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Poster Session: *AS07 POLICY, REGULATION AND FINANCIAL ASPECTS OF HAH*

PLANNING HOSPITAL AT HOME CARE SERVICES FOR OLDER PEOPLE IN CANADA, THOSE WHO ARE CURRENTLY RECEIVING CARE IN HOSPITALS

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Background and Aims: A recent review of online and published population-based hospital utilization reports for high income developed countries revealed people aged 65+ currently account for 27.3% (Canada) to 51.3% (Sweden) of total annual hospital admissions (also identified as discharges or separations). With the exception of Sweden, older people were not found to be the predominant hospital patient, but it is possible that options such as hospital at home services could prevent their need for hospital-based illness or injury care. Following this review, two years of complete inpatient hospital utilization data for Canada was obtained in the fall of 2022 to gain evidentiary insight into the use of hospitals by older people.

Methods: The statistical findings from this analysis of hospital data will be featured to highlight specific hospital at home development needs.

Results: The findings from this analysis of hospital data will be featured to highlight specific hospital at home development needs. This evidence is critical as older people typically have longer hospital stays than younger people, and long hospitalizations are often detrimental to the health and wellbeing of older people.

Conclusions: This evidence is critical as older people typically have longer hospital stays than younger people, and long hospitalizations are often detrimental to the health and wellbeing of older people.

Disclosure: No significant relationships.

Keywords: older people, hospital utilization, evidence-informed HAH services planning

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Poster Session: *AS07 POLICY, REGULATION AND FINANCIAL ASPECTS OF HAH*

HOSPITAL AT HOME IN TAIWAN

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Background and Aims: Taiwan is well-recognized for its National Health Insurance (NHI), a single-payer healthcare scheme with universal coverage. Several home healthcare (HHC) programs including skilled nursing and palliative care have been established in NHI since 1995, and in 2016, the Integrated home medical care program was designed to merge all programs. Despite some providers have initiated hospital-at-home (HAH) services since 2020, however, the HAH model remains uncertain in policy-making.

Methods: We investigated outcomes and the cost of HaH provided by the Taiwan society of home health care (TSOHHC) members' clinic in 2021. Meanwhile, we surveyed the hospitalization utilization within 30 days before death in HHC recipients using the NHI database.

Results: From 2006 to 2017, 64% of 367,442 HHC recipients died. Among decedents, 43% died at home/care homes, and 67% had hospitalization in the last 30 days of life. The mean hospitalization length is 16 days and cost is 283 USD/day. In the investigation of HAH clinics, the majority of HAH is for admission avoidance but not for early discharge. Among patients with pneumonia, the mean HAH duration is 12.3 days and cost is 20 USD/day. New technologies such as POCUS, AI/IoT, and telemedicine play a key role in HAH.

Conclusions: The preliminary survey of HAH services in Taiwan showed potential cost-saving effects compared to regular hospitalization. Gaps remain in the transitional care from hospital to home and the healthcare policy-making. Scalable HaH requires three factors, an affordable insurance payment, a better transitional care system, and more clinical training with technical support.

Disclosure: Investigation of TOSHHC study is supported by Ministry of Health and welfare

Keywords: Taiwan, Cost-effectiveness, National health insurance, HaH, Integrated care

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Poster Session: *AS08 ORGANIZATIONAL ASPECTS OF HAH*

STREAMLINE CARE PATHWAYS THANKS TO HOSPITAL AT HOME; EVALUATION OF A REGIONAL PUBLIC POLICY WITH A VIEW TO ITS GENERALIZATION

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Background and Aims: BACKGRAOUND In 2020, Covid-19 crisis severely disrupted hospital activity. The actors of the French health system have mobilized to organize the care sectors and limit tension beds, Hospital at home has demonstrated its effectiveness with +15.8% of stays. The HAH operated 3 levers - Avoid hospitalizations by medicalizing retirement homes - Shorten the length of hospitalization by early identification of hospitalized patients to treat them at home - Set up a By-pass to avoid hospitalizations of patients coming to the emergency departement It is this lever that Occitanie has chosen to finance (July 2021) by positioning HAH cordinator Nurse in 15 emergency department . In addition to the system, strategic management , dashboards and harmonized documents has been put in place. **AIMS :** The regional health agency has joined forces with the national performance agency (ANAP) to evaluate this public policy after 1 year of experimentation with the aim of identifying good practices, national conditions for transferability and avenues for financing medium term.

Methods: METHOD : - Quantitative analysis of the activity of 15 HAH funded (national DATA Base) - Visits to 7 establishments (50% of Hospital at home funded) September to November 2022 Focus Groupe and interview - Study of the transferability conditions of the device and the means of financing by method of Capitalization of Experiences in Health Promotion (CAPS).

Results: 20 candidate/ 8 operational/ 4 nonfuctional More results will be consolidated in December 2022

Conclusions: The position of emergency coordination nurse makes it possible to avoid approximately 10% of hospitalizations

Disclosure: No significant relationships.

Keywords: Coordinating HAH nurse, organizational innovation, hospitalization avoid

P105 / #100

Poster Session: *AS08 ORGANIZATIONAL ASPECTS OF HAH*

HOW TO INCREASE REFERRALS TO HOSPITAL AT HOME – PHYSIOTHERAPISTS' PERSPECTIVES

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Background and Aims: As Hospital at Home (HaH) services develop and expand, it is important that they are used effectively, so care can be provided to as many appropriate patients as possible. One key to achieving this goal is encouraging appropriate referrals. Providing care at home to acutely unwell patients who require hospital-level care may appear risky to those determining their optimal location of care. Therefore, it is important that effective strategies are employed to ensure that appropriate referrals are made, and these were explored with physiotherapists making and receiving such referrals.

Methods: Within a larger project, one-to-one, semi-structured interviews were undertaken with physiotherapists working in front-door and Ambulatory Care services, including HaH. The interviews explored their decision-making process about location of care, including factors that encourage or discourage them from referring patients to HaH services. The interviews were transcribed and analysed using Thematic Analysis.

Results: Interviews were conducted with 14 physiotherapists, of all levels of seniority, with experience from less than two to more than 20 years. A range of themes were identified surrounding physiotherapists' considerations for referrals, including examples of successful strategies. Themes centred around knowledge sharing about services' existence and scope, communication, and patient-specific factors, such as safety, medical stability and risk of deterioration, and patient views of HaH.

Conclusions: The elements identified by physiotherapists involved in making and receiving HaH referrals could be used to design and enhance strategies for HaH teams to increase appropriate referrals to their services, by identifying the factors that are important to referrers.

Disclosure: No significant relationships.

Keywords: Location of Care, Decision-making, Physiotherapy, Hospital at home

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Poster Session: *AS08 ORGANIZATIONAL ASPECTS OF HAH*

DESCRIPTION OF THE INTERVENTION OF ADVANCED PRACTICE NURSE OF HOSPITAL AT HOME IN POST-DISCHARGE FOLLOW-UP

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Background and Aims: In our Hospital, one of main roles of Advance Practice Nurse (APN) in HaH is to ensure post-discharge follow-up in order to optimise transitions and prevent readmissions. A comprehensive patient assessment is carried out. In selected patients, contact and coordination with the most appropriate healthcare resource is essential. AIMS To describe the characteristics of patients that need the intervention of APN and actions made by APN to ensure the process of follow-up after the discharge of HaH.

Methods: From July 2021 to January 2022 all patients who need the APN intervention were selected. After a careful evaluation, a contact via email with primary care or palliative care was made. Sociodemographic variables, clinical characteristics, follow-up and the result of the intervention were collected

Results: 960 patients were discharged from HaH. 93 patients (9.7%) required the APN intervention. 53% patients were men, mean age was 84 years ±11. Mean modified Charlson Index by age was 5±3 and Bartel Index 62±32. The main reason for admission was infectious disease (40%). The mean length of HaH stay was 17±25 days. The main reasons for follow-up were evolutionary control (48%).In 83% of the contacts, the recipients of the email from HaH and the subsequent intervention were recorded at different healthcare levels.

Conclusions: The main reason for the intervention of the APN from the HaH was to monitor the evolution of the patient. Sending a contact email is an appropriate tool to ensure continuity of care. Studies with a larger sample to evaluate the patient's experience are needed.

Disclosure: No significant relationships.

Keywords: Primary Care, e-mail contact, Advance practice nurse, Palliative Care, transtions

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Poster Session: *AS08 ORGANIZATIONAL ASPECTS OF HAH*

THE DIFFERENCES BETWEEN HITH AND OPAT

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Background and Aims: Doctors, authors, funders and hospital managers should take care to distinguish the important differences between hospital in the home (HIH) and outpatient parenteral antimicrobial therapy (OPAT) services.

Methods: Review of published reviews and primary studies of OPAT and HIH.

Results: HIH is an inpatient service delivered at home usually by (or on behalf of) hospitals, which aims to substitute for a traditional inpatient stay, by delivering a wide range of hospital treatments to patients at home, using hospital medical and nursing staff, delivery technologies and venous access, pharmacy, radiology and pathology, and a structured system of on call and governance. OPAT is an outpatient service, usually run through infectious diseases physicians' offices or departments, delivered in infusion centres, generally without after-hours support. HIH is accessible from hospital emergency departments or directly from residential aged care facilities. Inpatient capacity has been expanded during the COVID-19 pandemic. There is evidence that both HIH and OPAT can successfully treat their selected patient groups. There are no head-to-head studies, but in observational comparisons there might be more adverse drug events in OPAT. OPAT places a greater onus of care, supervision and travel needs on the patient and family.

Conclusions: HIH has distinct advantages over traditional OPAT programmes in areas of clinical governance, technologies able to be delivered, inclusivity of patient profiles and breadth of clinical interventions provided. HIH programs should be clearly distinguishable from OPAT programs. OPAT may remain an alternative of care for patients in health systems where HIH is not yet available.

Disclosure: No significant relationships.

Keywords: Hospital-in-the-home, Outpatient Parenteral Antibiotic Therapy

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Poster Session: *AS08 ORGANIZATIONAL ASPECTS OF HAH*

EVALUATION OF THE HOME HOSPITAL EARLY ADOPTERS ACCELERATOR PROGRAM

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Background and Aims: Operating acute hospital care at home is a complex endeavor. To address this problem, we launched the Home Hospital Early Adopters Accelerator (HHEAA). The goal was to rapidly design and test Knowledge Products (KPs) that can drive home hospital growth at participating sites. In this study, we evaluated completion of KPs and participant experience.

Methods: We utilized a modified Scrum framework for HHEAA to organize participants and develop new tools and resources for home hospital. Sixteen U.S based hospitals and health systems, one health system based in South Africa, and one U.S home health agency fully participated in the HHEAA. In this descriptive study, participant feedback was collected after the development of each KP utilizing an electronic survey.

Results: Over the course of 37 weeks, a total of 20 KPs were created, and 100% of KPs were created on time. One example is the Urgent Response Workflow, which is a workflow and protocol of how to respond to and provide care to a home hospital patient who has an urgent medical need. Overall participants felt that the HHEAA was a positive experience and felt that they developed useful KPs which would improve patient care at their site.

Conclusions: The HHEAA successfully created a network of hospitals and health systems that utilized the Scrum framework to collaborate and rapidly develop KPs to advance home hospital. Hospitals and health systems should consider utilizing the Scrum framework and other agile methodologies to incubate new ideas, create tools, and implement interventions rapidly.

Disclosure: No significant relationships.

Keywords: Agile, Home Hospital, Scrum, Acute care at home, Knowledge products

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Poster Session: *AS08 ORGANIZATIONAL ASPECTS OF HAH*

AN EVALUATION OF A FRAILTY HOSPITAL AT HOME SERVICE IN THE UK: ORGANISATIONAL PROCESSES AND LESSONS FOR SUSTAINABILITY, SCALE AND SPREAD

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Background and Aims: Hospital at Home provides acute clinical care in a patient's own home or usual place of residence as a safe alternative to inpatient hospital stay. In the UK, the COVID-19 pandemic resulted in rapid implementation of such services to avoid hospital admissions in those most vulnerable. The East Kent Frailty Home Treatment Service provides active treatment by healthcare professionals and offers a community-based alternative to hospital, with investigations and treatments for people living with frailty during a crisis. This Hospital at Home model provides pro-active monitoring to enable early detection of deterioration in health and access to a multidisciplinary care team including speciality doctors, nurses and therapists. This paper presents the findings of a service evaluation which aimed to explore the organisational processes and 'success factors' for implementation as well as reporting patient outcomes.

Methods: An implementation science approach using qualitative methods of focus groups and interviews was used. Participants consisted of the service delivery team (n=7), external stakeholders including service commissioners (n=7) and patients and carers (n=12).

Results: Findings highlight the importance of managing referrals and transitions between settings and organisations, effective leadership, care co-ordination, information sharing and staff skill-mix, training and support.

Conclusions: In conclusion we present a number of key recommendations for organisations and health and care system leaders to deliver a high quality, frailty Hospital at Home service which is both sustainable and can be scaled -up.

Disclosure: No significant relationships.

Keywords: Implementation science, Frailty, Hospital at home

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Poster Session: *AS08 ORGANIZATIONAL ASPECTS OF HAH*

ANTICANCER CHEMOTHERAPY ADMINISTRATION AT HOME : PATIENTS AND ONCOLOGISTS HAPPY !

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Background and Aims: Our hospital at home has built expertise in administering chemotherapy by organizing the process, training nurses performing administration at home, and securing reconstitution in a dedicated pharmacy unit. The COVID-19 pandemic has greatly accelerated the transfer of the administration of cancer chemotherapy from the traditional hospital to hospitalization at home. Oncologists then needed to free up hospital beds quickly and wanted to protect their immunocompromised patients from contamination by the virus. However, two years after the start of the crisis, this activity, which has reached very high levels, continues to progress.

Methods: 40 different drugs are administered, from the oldest to the most recent.
The main pathologies are breast cancer and haematology.
The majority of administrations are made subcutaneously.

Results: From 9375 administrations to 1036 patients in 2019, we carried out 14883 administrations to 1930 patients in 2021 (+ 58 %). We performed three satisfaction studies during the past years. In all, more than 80 % of patients were satisfied with an administration at home. Most patients are reluctant to return to hospital administration when they have once experienced administration at residence.
From the hospital side, the administration at home frees up time, allowing to perform other more complex treatments.

Conclusions: Our experience demonstrates the safety of the process and the satisfaction of patients and prescribers. Our next step will be to strengthen patient follow-up between administrations, in order to increase their quality of life by early detection of symptoms and side effects of treatment, using a smartphone application.

Disclosure: No significant relationships.

Keywords: cancer chemotherapy at home, Patient experience, healthcare organization

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Poster Session: *AS08 ORGANIZATIONAL ASPECTS OF HAH*

HOW TO IMPLEMENT A DEPARTMENT OF HAH FOR FOREIGN PATIENTS ?

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Background and Aims: Since 2021, we implemented a new department for patients coming from foreign countries in HAH, to receive high-tech care (surgery, cancer chemotherapy, etc.) in hospitals in Paris region. Hospital accommodation is not always possible for organizational and economic reasons.

Methods: Our partner hospitals organize the coming and stay in France (family, hotel, rental). We provide care by private nurses speaking the patient's language, or by our nurse employees for the most technical care. A coordination team interfaces the structures.

Results: Between September 2021 and April 2022, we managed 45 patients (18 to 91 years old), for 103 admissions, referred by Cancer Centers and the American Hospital of Paris. The most demanding countries are Kuwait, Algeria and Morocco. The average length of stay was 13 days (max 99 days). 50% were treated for oncology, 22% for post-surgery, 16% for complex dressing, 4% for palliative care, 8% for other. Patients, families and partners have provided positive feedback on our home care and support. The main difficulties encountered were the language barrier, relations with the payers, sometimes insufficient communication from the hospital department.

Conclusions: The establishment of this deprtment has made it possible to offer foreign patients the services of a HAH. With equal quality of care and monitoring, this allows the patient and his companions to live in a more pleasant environment than the hospital, to reduce costs, and to relieve the tension of hospital services.

Disclosure: No significant relationships.

Keywords: foreign patients, organizational innovation

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Poster Session: *AS08 ORGANIZATIONAL ASPECTS OF HAH*

CHEMOTHERAPY AT HOME: EFFICIENCY OF ANTICIPATED TREATMENT PREPARATION

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Background and Aims: Sante Service Foundation (SSF) is specialized in home care for patients in Ile-de-France, France. Chemotherapy administration is an important part of the SSF's care services. The main treatments administrated at patient's home are bortezomib, trastuzumab or daratumumab. To make more efficient the process between pharmacy and patient's home, treatments are prepared in advance the day before the administration. When a prepared treatment was not administrated, we call that an incident. The study's objective is to evaluate the efficiency of the anticipated process for chemotherapy.

Methods: We collate all preparation, administration and incident. We sort administration incident in seven categories: treatment's cessation, disturbed biology, deteriorated health condition (DHC), patient hospitalized, cold chain issue (CCI), general organization issue, and others. We compare data between 2020 and 2021.

Results: In 2020, we did 17228 preparations vs 19816 in 2021 (+15%). In total, we had 716 incidents (4.1%) in 2020 vs 1114 (5.5%). As follow the distribution between incident's categories is: 6% in 2020 vs 4% in 2021 for treatment's cessation, 10% vs 13% for disturbed biology, 18% vs 15% for DHC, 23% vs 15% for patient hospitalized, 17% in 2020 and 2021 for CCI, 20% vs 18% for general organization issue, and 6% vs 18% for others.

Conclusions: Anticipated treatment preparation is a necessary choice because of treatment's transfer between SSF's pharmacy ant patient's home. It makes the process easier for everyone. Actions are in progress to reduce the numbers, especially for CCI with a better temperature monitoring sensor, or optimize communication between all actors.

Disclosure: No significant relationships.

Keywords: chemotherapy, HomeCare, preparation, efficency

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Poster Session: *AS08 ORGANIZATIONAL ASPECTS OF HAH*

FIRST HOSPITAL AT HOME IN SWITZERLAND: OUR EXPERIENCES

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Background and Aims: Hospital at home concepts have proven across the world the benefits of an integrated patient journey close to patient's surroundings improving patient safety and satisfaction. As a project team at Hospital Zollikerberg, a mid-sized institution, we launched the first hospital at home concept called "Visit – Spital Zollikerberg Zuhause" in Switzerland to prove its practicability for this specific healthcare system.

Methods: Our concept has the following key process steps: emergency room assessment, transfer home, multiple daily visits by doctors, nurses and physiotherapy, accompanied by (tele-)medical devices and a well-designed transfer to follow up organizations like homecare treatments.

Results: Our project confirms the advantages for patient safety and satisfaction proven in other global settings. Particularly, we experienced how patient's specific context of life can be better integrated into the cure process e.g. integrating their existing medication, experience of relatives or adapting physiotherapy to their home. Furthermore, we find that a hospital at home concept in Switzerland is feasible from an organizational and processual perspective. In contrast, the limitations of such concepts in Switzerland lie in the non-existing financing models for new concepts of inpatient care. In the short term, we succeeded in concluding contracts with some insurers that ensure partial financing, while our foundation as the parent company cross-finances the residual costs. However, long-term success of hospital at home concepts in Switzerland requires legislative changes to support the financing of new models of inpatient care.

Conclusions: In conclusion, the Swiss healthcare system is ready for hospital at home concepts but must ensure financing models.

Disclosure: No significant relationships.

Keywords: Switzerland, First project, Process, Financing

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Poster Session: *AS08 ORGANIZATIONAL ASPECTS OF HAH*

HOME ADMINISTRATION OF INJECTABLE ANTI-CANCER DRUGS: THE OUTCOMES OF A FRENCH LONG-TERM EXPERIENCE.

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Background and Aims: Hospital At Home of University Hospitals of Paris (HAH AP-HP) is the oldest structure of HAH in France. One of its main mission is to support cancer treatments for patients in some 30 hospitals. It requires a complex network organization from patients admissions to the administration of injectable drugs at home, inside which the Cancer treatment Liaison Unit (CLU) of HAH AP-HP plays a key role. The aim of this study is to describe CLU's activity over the last 10 years.

Methods: A retrospective study was conducted from January 2011 to December 2021. We collected the eligible molecules for home administration. The injectable drugs were considered eligible according to the drug tolerance, the preparation stability and the injection duration. Data were collected from the cancer drug prescription software Chimio®.

Results: During 10 years, the CLU managed the anti-cancer drugs process for 4131 patients, ensuring home treatment scheduling, prescription validation based on clinical-biological criteria, pharmaceutical release of finished preparations and home supply conditions securing. The median age was 69.6 years [1-99] and 7% were under 18. A total of 89462 injectable anti-cancer preparations were administered, for an average of 20.1 (SD, 3.2 – 37.1) preparations by patient. Among the 64 eligible molecules, the most prescribed were azacitidine (n=47944), bortezomib (n=20398), cytarabine (n=5895), carfilzomib (n=2112), rituximab (n=983), trastuzumab (n=855), arsenic trioxyde (n=848), daratumumab (n=813).

Conclusions: These long-term results show that home administration of anticancer drugs is a well-established process in HAH AP-HP. High-performance tools, humans and logistics, contribute to the success of this activity.

Disclosure: No significant relationships.

Keywords: cancer, injectable drugs, AP-HP Paris Public Hospital, pharmacy

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Poster Session: *AS10 QUALITY & SAFETY IN HAH*

CENTRAL-LINE–ASSOCIATED BLOODSTREAM INFECTIONS IN A PEDIATRIC ONCOLOGY AND HEMATOLOGY HOSPITAL AT HOME PROGRAM

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Background and Aims: Central-line–associated bloodstream infections (CLABSIs) are associated with significant morbidity among pediatric oncologyhematology patients, and risk factors remain largely unknown in the setting of hospital at home (HAH). Children in HAH receive intensive treatment (eg, chemotherapy and parenteral nutrition), with frequent central-line handling; thus, they may be at higher risk for CLABSI.

Methods: We conducted a monocentric retrospective study of patients with a central line included in our HAH program from January 1 to December 31, 2016. HAH patient characteristics for children developing CLABSIs were compared to those who did not, based on blood cultures positive for infection and clinical data of all patients included.

Results: Overall, 492 HAH stays were analyzed, with 144 patients. The overall CLABSI rate in these patients was 2.6 per 1,000 central-line days. Children who developed CLABSIs were younger (median age, 2.5 vs 8.8 years; $P < .001$), suffered more from hematological pathologies (malignant or nonmalignant, 75% vs 52%; $P = .02$), and had more frequently undergone hematopoietic stem-cell transplantation (30.8% vs 6.5%; $P = .01$). In addition, these patients often had a tunneled externalized catheter as the central line and were more frequently given parenteral nutrition at home (46% vs 8%; $P < .001$).

Conclusions: CLABSI rates for children in HAH were more similar to those of inpatients than to rates previously reported for ambulatory patients. The factors associated with infection identified herein should be further validated in multicentric studies and considered to improve HAH practices, parallel to prevention measures used in the inpatient setting

Disclosure: No significant relationships.

Keywords: central-line associated bloodstream infections, Pediatric cancer care, Hospital at home

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Poster Session: *AS10 QUALITY & SAFETY IN HAH*

QUALITY AND SAFETY IN HOSPITAL AT HOME – AN APPROACH TO LOW VOLUME QUALITY PROGRAMS

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Background and Aims: Hospital at Home (HaH) programs need to ensure both the safety of patients and high quality of care in this voluntary and innovative approach to acute hospital care. The combination of low volume and acuity within HaH contribute to rare patient safety incidents. Heavy reliance upon these data points can falsely reassure patients, providers, and administrators that the absence of harm is the presence of safety. The Measurement and Monitoring Framework (MMSF), developed on behalf of the National Health Fund by Professor Charles Vincent, Ms Susan Burnett, and Dr Jane Carthey, proposes five broad domains of safety through which healthcare leaders, providers, patients, and their care partners can use to answer the question “how safe is our care?” This holistic safety approach allows low volume programs to embed safety and quality into daily work and decision making, as well as stimulate improvement within HaH programs to meet patient and population needs.

Methods: A collaborative multidisciplinary HaH team, utilized the MMSF to discuss and identify measures and information that balance past harm with the other four MMSF domains: reliability, sensitivity to operations, anticipation and preparedness, and integration and learning.

Results: A quality and safety dashboard of measures innovate and improve the HaH program.

Conclusions: Through learning and reflecting on how patient safety is defined and measured, core quality teams moved away from past harm focussed measures, less valuable in low volume settings, and developed a holistic multidimensional dashboard of quality measures for assessing and evaluating safety in low volume HaH settings.

Disclosure: No significant relationships.

Keywords: Quality, low volume, interdisciplinary, learning organization, safety

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Poster Session: *AS10 QUALITY & SAFETY IN HAH*

HOME CARE PROGRAM FOR INTEGRAL, TRANSVERSAL AND MULTIDISCIPLINARY MANAGEMENT OF AORTIC VALVE STENOSIS (MITMEVA)

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Background and Aims: Our institution has implemented a comprehensive, transversal and multidisciplinary care model in severe Aortic stenosis (MITMEVA) patients within a continuous and patient-centred process. Patients non-tributary to valve replacement or Percutaneous Aortic Valve Implantation are included in the follow-up in the Day Hospital at Home (DHaH). AIMS To Know MITMEVA's impact on patients in their pharmacological treatment related to QoL and satisfaction.

Methods: From March 2021 to the present, Cardiology process manager selected patients with severe Aortic Stenosis (AS) not siutable for intervention, receiving palliative medical therapy.. Socio-demographic data and validated questionnaires are collected at the beginning and at two months.

Results: From March 2021 to March 2022, 13 patients were included . Only 11 have completed the 2-month follow-up 67% were women; the mean age was 87 ± 3 years, 7 ± 2 age-modified Charlson index, 9 ± 3 tablets, 90 ± 15 Barthel index, NYHA mean 2 ± 1, family Apgar 17 ± 3, anxiety 5 ± 3 and depression 5 ± 3. About QoL, it is observed that at admission, it was 59 ± 22 and at 2 months 77 ± 24; Kansas City in the inclusion was 59 ± 25 and at 2 months 69 ± 2. Respect for patient satisfaction index at 2 months was 30 ± 1 and the caregiver 30 ± 2.

Conclusions: Patients included in MITMEVA ‘s follow up in DHaH have increased their quality of life 2 months after inclusion. High rate of satisfaction with MITMEVA is observed.

Disclosure: No significant relationships.

Keywords: patient satisfaction, Day hospital at home, multidiscplinary care model, caregiver satisfaction, quality of life

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Poster Session: *AS10 QUALITY & SAFETY IN HAH*

DAY HOSPITAL AT HOME: INTRAVENOUS IRON AND PATIENT WITH CHRONIC KIDNEY DISEASE

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Background and Aims: The prevalence of anemia in patients with chronic kidney disease (CKD) is high and it is associated with the severity of CKD and the frailty of the patient. Anemia in CKD is multifactorial and it can be considered as undertreated. The treatment of choice is replacement with oral iron or intravenous iron (IVI) AIMS To demonstrate that the administration of IVI in patients with CKD in day hospital at home (DHaH) is a safe procedure.

Methods: Descriptive study that included patients proposed by Nephrology to be administered IVI in DHaH. The candidates had to live in the hospital area, be accompanied during administration and have mobility problems. This procedure was performed according to protocol. Sociodemographic variables and clinical characteristics were collected

Results: From October 2021 to August 2022, 62 patients were proposed. 55 were included. 60% were men with a mean age of 85±6 years. 64% had stage 4 CKD, Charlson Index of 7±2 and Barthel Index of 74±22. 40% had intermediate frailty and 49% used a cane or walker. Regarding the analytical parameters analyzed, serum iron was 52±24 µg/dl, ferritin 126 ng/ml ±107, transferrin 3 ±5 g/l, transferrin saturation 18±8% and hemoglobin 11.2±1.9 mg. /dl. 30% had not previously received IVI, 11% presented arterial hypertension during the administration of IVI and 2% bradycardia. Of these, 13% required symptoms control 2-4 hours after administration.

Conclusions: During the administration of IVI in DHaH non serious adverse events were recorded. DHaH is a safe option to administrate IVI in patients with fragile CKD

Disclosure: No significant relationships.

Keywords: intravenous iron, safety, chronic kidney disease, Day hospital at home, anemia

P119 / #129

Poster Session: *AS10 QUALITY & SAFETY IN HAH*

SAFE ADMINISTRATION OF HIGH RISK MEDICINES IN ACUTE HOSPITAL AT HOME

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Background and Aims: The H@H team at OUH treats acutely unwell adults who would otherwise have required hospital admission. Many of these patients need injectable medications administering to support their recovery, that are usually restricted to hospital use for example intravenous iron, high dose intravenous diuretics and monoclonal antibodies.

Methods: Data was extracted from the electronic prescribing system for all 2952 patients admitted to H@H between 1st April 2020-31st March 2022. All prescriptions and administrations of medicines were evaluated.

Results: A total of 2925 prescriptions for 129 different medicines were prescribed during this time. All prescriptions were written and documented using an electronic prescribing system. The most common prescriptions were for intravenous antibiotics or fluids. 748 prescriptions for intravenous furosemide were written, 70% (527) prescriptions were for doses above 100mg which required administering with a syringe pump, the maximum dose administered was 300mg. 41 doses of intravenous iron were also administered with facilities available for treatment of allergy or anaphylaxis. Other higher risk neutralising covid monoclonal antibodies and IL-6 antagonist monoclonal antibodies have also been successfully administered in the home setting using gravity or electronic pumps. No adverse or infusion related reactions were reported.

Conclusions: A wide range of injectable medicines can be safely administered in the H@H setting. These data evidence the essential role of the clinical pharmacist in delivering high acuity and broad capability H@H to address ever increasing demand in the acute care pathway

Disclosure: No significant relationships.

Keywords: Hospital@Home, Medication, Medicines administration, Medication safety

P120 / #194

Poster Session: *AS10 QUALITY & SAFETY IN HAH*

ADPATION OF NATIONAL EARLY WARNING SCORES CLINICAL RESPONSE IN ACUTE CARE AT HOME

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Background and Aims: Acute Care at Home Team (AC@HT) uses the regional National Early Warning Score (NEWS2) as a way to monitor clinical observations and identify possible deterioration. Some elements of the NEWS2 clinical response have been challanging to implement within AC@HT, due to the the nature of the service. Therefore a Quality Improvement project was carried out to adapt the document including agreed clinical responses. The aim was to ensure adherence to the regional guidelines when caring for an acutely unwell deteriorating adult.

Methods: Clinical responses were adapted in agreement with medical governence, including setting individual triggers for patients following assessment. These triggers guided nursing staff when to appropriately escalate to senior nurse or medics. A survey was then carried out to determine if staff felt the adapted document improved the escalation process and patient safety.

Results: Survey results indicated 90% of staff had excellent knowledge and awareness of the adapted NEWS2. 100% of respondents felt that setting triggers on the NEWS2 ensured safe and appropriate escalation of care to senior nurse or medic. 90% of respondants were aware who was able to set the triggers. 100% felt the setting of triggers helped to ensure clarification and provided consistency.

Conclusions: The adaption of NEWS2 clinical response and the inclusion of the trigger for individual patients has provided clarification and supported the delivery of consistent best practice.

Disclosure: No significant relationships.

Keywords: NEWS2, clinical escalation, safety

P121 / #371

Poster Session: *AS10 QUALITY & SAFETY IN HAH*

RETROSPECTIVE REVIEW OF PATIENT BIOMETRICS FOLLOWING TRANSITION FROM INTERMITTENT DOSED VANCOMYCIN IN HOSPITAL TO CONTINUOUS ELASTOMERIC INFUSION IN HOSPITAL IN THE HOME

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Background and Aims: Hospital in the home (HITH) in Wollongong Hospital manages patients on long-term antibiotics using elastomeric infusers. Patients are transitioned from an intermittent dosing regime in the hospital setting to continuous infusion in Hospital in the home. A review of pharmaceutical costs with HITH and Wollongong Hospital pharmacy found that there is considerable waste of elastomeric products in the order of $30,000 per year. An internal review highlighted that a significant issue was the transition from intermittent vancomycin dosing to continuous vancomycin dosing. In particular, on first testing patients would have high therapeutic drug levels resulting in a reduction in dose. As a result any elastomeric containing the previous dose would be discarded if no other use was found for them. **Aims** This study aimed to determine if there were patient biometrics that could predisposed them to a decrease in dose of Vancomycin when switched to continuous infusion.

Methods: A review of pharmacy and patient data was collected between 2013-2021. Patients excluded include any with worsening renal function. The resultant groups were divided into those who required a decrease in vancomycin dose and those who did not following their transition from intermittent administration to continuous elastomeric infusion. Parameters studied were sex, age, weight, serum creatinine, eGFR and initial vancomycin dose.

Results: The findings of the study demonstrated that initial vancomycin dose was a statistically significant result.

Conclusions: The initial dose of Vancomycin can predict a reduction in dose when changed from intermittent to continuous infusion in HITH.

Disclosure: No significant relationships.

Keywords: vancomycin, Elastomeric infuser, HITH

P122 / #299

Poster Session: *AS10 QUALITY & SAFETY IN HAH*

RETURNING TO THE HOSPITAL: THE REALITY OF A PORTUGUESE HOSPITAL AT HOME

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Background and Aims: Hospital at Home (HaH) has revolutionized the hospital admissions policy in Portugal; however, the safety of the patients and their families is central to its success.

Methods: Data analyzed with Microsoft Office Excel 2019.

Results: Between February 2020 and August 2022, 395 patients were admitted in HaH of Centro Hospitalar de Lisboa Ocidental, with a total of 44 (11%) readmissions (71% were males; mean age of 72 years). The average length of stay in HaH prior to readmission was 7.5 days. Most of these patients (55%) came from clinical wards, followed by the emergency department (36%) and the outpatient clinic (9%). The admissions were in the context of infectious diseases (82%), followed by cardiovascular diseases (11%) and other pathologies (7%). We found that 75% of patients were initially admitted due to medical pathologies. The majority returned due to worsening of admission cause (32%), followed by social reasons (25%), complications unrelated to underlying pathologies (20%), aggravation of comorbidities (14%), need for continued care in a hospital environment (7%) and of their own will (2%). It is also noteworthy that 5 patients initially hospitalized in a surgical context returned for medical reasons. Only one patient was readmitted for surgical reason (initial admission for medical reason).

Conclusions: From our experience, HaH proved out to be a safe and valid alternative to conventional hospitalization, since there were only 11% of readmissions and, of those, 25% were due to social issues, despite a favorable social evaluation prior to admission.

Disclosure: No significant relationships.

Keywords: safety, HaH, readmissions

P123 / #168

Poster Session: *AS10 QUALITY & SAFETY IN HAH*

INFUSION RATE ACCURACY IN ELASTOMERIC DISPOSABLE INFUSION PUMPS USED FOR HOME TREATMENT

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Background and Aims: Outpatient parenteral antimicrobial therapy is increasingly used for stabile patients using elastomeric disposable pumps or electronic reusable pumps. Advantages of elastomeric pumps include e.g. ease of operation, lightweight, and no external power supply. However, in contrast to electronic pumps, infusion rate may vary according to e.g. temperature, pump position, and storage conditions. A flow accuracy of up to +/- 15% of the labelled flow rate is expected under nominal conditions. We aimed to investigate infusion rate accuracy in elastomeric portable infusion pumps prior to deciding to offer this treatment at home.

Methods: Six health care professionals from Department of Paediatric and Adolescent Medicine at Rigshospitalet, Copenhagen, Denmark participated. Three Easypump® B/Braun and three Baxter Infusor® pumps were filled with 100 or 240 ml of NaCl 0.9% or glucose 5%, respectively, and given continuously through a peripheral venous catheter over 24 hours. The volunteers were instructed how to manage the pumps. The pumps were weighted at least six times during the period of infusion.

Results: Total infusion time ranged from 21 to 25 hours (mean 23 hours). Infusion rate ranged from 1.5 to 7 ml/h (36%-168%) for the 100 ml Easypumps and 2 to 16.5 ml/h (20%-165%) for the 240 ml Baxter Infusor.

Conclusions: Although flow rate variations of up to +/- 70% were registered, mean infusion time was close to the expected 24 hours. When using elastomeric devices for continuous infusions, health care providers must consider acceptable flow rate accuracy to ensure patient safety and benefit.

Disclosure: No significant relationships.

Keywords: infusion rate, elastomeric, accuracy, flow rate, safety

P124 / #466

Poster Session: *AS10 QUALITY & SAFETY IN HAH*

STANDARDISING MEDICAL REVIEWS IN VIRTUAL REHABILITATION WARD: REDUCING UP-TRANSFERS BACK TO ACUTE WARD

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Background and Aims: Virtual Rehabilitation Ward (VRW) is a home-based rehabilitation service which commenced in January 2022. It provides a 7-day multi-disciplinary rehabilitation in the home for patients with high clinical care needs (or high LACE index). Thus, these patients need to be reviewed to ensure that they are medically stable to participate in therapy. One of the key performance indicators for VRW is the number of up transfers back to the acute ward. In the early stages of VRW, patients were reviewed on an ad hoc basis, and this was later changed from August 2022 to a regular scheduled review of at least once a week to daily review with early rehabilitation medical consultant input. The aim of this study is to review the impact of regular scheduled medical reviews in VRW and number of up transfers.

Methods: The electronic medical record of VRW patients was used to review number of up transfers and number of medical reviews performed.

Results: The average percentage of up transfers was 29.3% between January to July 2022, and this improved to 13.7% between August to October 2022 following the change in medical review pattern. The average number of scheduled reviews per week increased from 0.85 to 1.24 and ad hoc reviews reduced from 1.40 to 1.26 per week.

Conclusions: The regular scheduled medical review model allows early detection of changes in medical condition and interventions to be put in place to reduce the need of patients being up transfers to the acute ward and reducing emergency department presentations.

Disclosure: No significant relationships.

Keywords: medical review, virtual rehabilitation

P125 / #264

Poster Session: *AS10 QUALITY & SAFETY IN HAH*

PEDIATRIC INTRAVENOUS CANCER TREATMENT AT HOME: A TEN-YEAR REAL-WORLD RETROSPECTIVE STUDY

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Background and Aims: Contributions of hospital at home (HAH) are multiple and well demonstrated in pediatric care especially in terms of quality of life. However, the sensitivity and the specificity of cancer care could represent a restraint to their management at home, whereas the gainful is noteworthy for patients, parents and caregivers. In this perspective, the University Hospitals of Paris (AP-HP) HAH has decided to handle administration of pediatric intravenous (IV) cancer treatment since 2012.

Methods: A retrospective study was conducted from August 2012 to August 2022 to describe the pediatric IV cancer treatment activity on a ten-year period. All the pediatric cancer patients treated in HAH with an IV drug were included. Data were extracted from the chemotherapy software.

Results: During the study period, 258 children were managed by the AP-HP HAH for their IV cancer treatment (119 females and 139 males; median age = 6). Pediatric protocols used included 8 different IV anticancer drugs (dacarbazine, vinblastine, vinorelbine, blinatumomab, etoposide phosphate, temozolomide, bevacizumab and cytarabine). Diagnosis were acute leukemia (83.7%), Hodgkin lymphoma (12.8%), brain cancer (2.3%) and other cancers (1.1%). At least, AP-HP HAH provided 3685 administrations at home (3.7% dacarbazine, 5.7% vinblastine, 0.5% vinorelbine, 0.3% blinatumomab, 7.9% etoposide phosphate, 0.2% temozolomide, 0.4% bevacizumab and 81.2% cytarabine), included 694 by 6 vesicant/irritant molecules (18.8 %). No extravasation or other major administration event was reported.

Conclusions: With this ten-year experience description, we demonstrated that management of pediatric chemotherapy at home is feasible with the same requirements of quality and security as in conventional hospital.

Disclosure: No significant relationships.

Keywords: Intravenous, pediatric cancer

P126 / #114

Poster Session: *AS11 HEALTHCARE EQUITY AND HAH*

PLANNING END-OF-LIFE HOSPITAL AT HOME SERVICES IN CANADA, BASED ON EVIDENCE ABOUT THOSE WHO ARE CURRENTLY RECEIVING THIS CARE IN HOSPITALS

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Background and Aims: Most developed countries have noticed a substantial shift of death and dying out of hospital in recent decades. A published report using Canadian hospital data revealed 43.7% of deaths in Canada in 2014-15 took place in hospital, and 95.2% of those who died were only admitted once or twice in their last year of life. Moreover, 79.0% of hospital deaths followed an ER visit, with 70.5% arriving by ambulance. The care provided in this last hospital stay was largely noninterventionist, indicating home-based care would have been appropriate for most. Out of concern for family caregivers, complete pre-COVID inpatient hospital utilization data for Canada were obtained in 2022 for a replication study to gain more current evidentiary insight into the use of hospitals by dying people.

Methods: Advanced statistical analysis of data were conducted to reveal current findings and allow a comparison with past findings.

Results: The findings will reveal what percentage of deaths in Canada took place in hospital, how often these people were admitted to hospital in their last 365 days of life, what percentage followed an unplanned admission through an emergency department, what percentage arriving by ambulance, and what type of care was provided in the last hospital stay.

Conclusions: Specific hospital at home end-of-life service development needs will be highlighted. This evidence is critical as dying people are increasingly indicating that they want to stay at home to the end but hospital at home support should be provided so family caregivers are agreeable to planning and enabling home deaths.

Disclosure: No significant relationships.

Keywords: evidence-informed HAH services planning, death and dying, hospital utilization

P127 / #399

Poster Session: *AS12 OTHER*

EVALUATION OF PATIENTS ADMITTED UNDER GERIATRICS FROM SEPTEMBER TO NOVEMBER 2020: A GUIDE TO ESTABLISHING A HOSPITAL AT HOME SERVICE

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Background and Aims: Studies have shown that home hospital care is as effective as hospital management. Up-To-Date recommends that patients who do not require care uniquely proved in hospitals should be treated at home when possible. We aim to assess the need for a new Hospital At Home (HAH) with Comprehensive Geriatric Assessment (CGA) pathway under Integrated Care Programme for Older People (ICPOP).

Methods: We conducted a retrospective medical chart review of all patients admitted under Geriatrics from September 2020 to November 2020. Demographic data and admission notes were used to assess the patient's eligibility. Information on dementia and delirium, length of stay, discharge destination, readmission rates, number of previous admissions, length of time at home prior to readmission, use of multidisciplinary team members during admission was also collected.

Results: 358 patients were admitted during these 3 months; 36 patients met the inclusion criteria. The average age is 84.9 years, 33% were males. 10 patients had a diagnosis of Mild Cognitive Impairment and 5 with Dementia. No patients were delirious on admission, but 7 developed delirium as an inpatient. The average length of stay was 14.8 days, with a total of 534 bed days. Discharge destination was home for 91.7%, 1 patient passed away and 2 were discharged to Long Term Care. 22 patients were readmitted. The average time to readmission was 55 days, with a median of 35 days.

Conclusions: We will provide a holistic service to our patients, focused on medical care, reduction in delirium, continued home living and reduced carer stress.

Disclosure: No significant relationships.

Keywords: Integrated care, Carer stress, patient satisfaction, Delirium, Service development

P128 / #449

Poster Session: *AS12 OTHER*

HOSPITALIZATION AT HOME, AN ALTERNATIVE OPTION FOR PRIMARY CARE AND EMERGENCY DEPARTMENTS

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Background and Aims: The prioritization of outpatient management of patients with acute pathology has motivated the creation of hospitalization at home (HAH). Considering itself as an alternative care option to hospital admission in patients treated both in hospital emergency department (ED) and those with exacerbations that require admission from primary care centers (PCC). Our objetctive is to analyse the characteristics of patients admitted to HAH from both ED and PCC.

Methods: Retrospective single-center descriptive study with patients admitted to HAH from January to December 2021 from ED and PCC, collecting
sociodemographic, clinical, and evolutionary variables.

Results: 460 patients with a median age of 81 years were collected, 363 (78.91%) from the ED and 97 (21.09%) from PCC, with older patients referred from PCC (median 87 years). The main reasons for admission from the ED were stroke 32%, urinary tract infection (UTI) 21%, heart failure (HF) 11% and chronic obstructive pulmonary disease 9%. In comparison with those admitted from PCC, the main reasons being UTI 31%,
ulcer cure 30% and HF 16.30%. Only 4.6% of the patients were referred to the ED due to clinical worsening, with only 2 coming from primary centers. In total, 3 deaths were recorded at home, those were under palliative care.

Conclusions: The HAH turns out to be a valid and safe option for both ambulatory patients and those admitted to the emergency services, representing an alternative to conventional hospitalization, allowing integral management of the subacute patient.

Disclosure: No significant relationships.

Keywords: Primary Care, Hospitalization at home

P129 / #157

Poster Session: *AS12 OTHER*

ENABLERS AND BARRIERS IN UPSCALING TELEMONITORING ACROSS GEOGRAPHIC BOUNDARIES

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Background and Aims: Telemonitoring is a method to monitor a person's vital functions via their physiological data at distance, using technology. While pilot studies on the proposed benefits of telemonitoring show promising results, it appears challenging to implement telemonitoring on a larger scale. The aim of this scoping review is to identify the enablers and barriers for upscaling of telemonitoring across different settings and geographical boundaries in healthcare.

Methods: PubMed, Embase, Cinahl, Web of Science, ProQuest and IEEE databases were searched. Resulting outcomes were assessed by two independent reviewers. Studies were considered eligible if they focused on remote monitoring of patients' vital functions and data was transmitted digitally. Using scoping review methodology, selected studies were systematically assessed on their factors of influence on upscaling of telemonitoring.

Results: A total of 2298 titles and abstracts were screened, and 19 articles were included for final analysis. This analysis revealed 89 relevant factors of influence: 26 were reported as enabler, 18 were reported as barrier and 45 factors were reported being both. The actual utilisation of telemonitoring varied widely across studies. The most frequently mentioned factors of influence are: resources such as costs or reimbursement, access or interface with electronic medical record and knowledge of frontline staff.

Conclusions: Successful upscaling of telemonitoring requires insight into its critical success factors, especially at an overarching national level. A wide programme on change management, nationally or regionally coordinated, is key. Clear regulatory conditions and professional guidelines may further facilitate widespread adoption and use of telemonitoring.

Disclosure: No significant relationships.

Keywords: telemonitoring, upscaling, implementation, remote health monitoring, digital health

P130 / #427

Poster Session: *AS12 OTHER*

MOVING THE HOSPITAL TO THE PATIENT'S HOME. INTRODUCING HOSPITAL AT HOME IN SWEDEN

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Background and Aims: Advanced care in the patient's home is common in Sweden, in palliative and cancer care, but the concept of Hospital at Home was not yet established anywhere until Mobile Hospital Team, Malmö, (MST) started for patients in need of acute specialized care. Hospitals are struggling with the equation of increasing need of care in an older population and lack of possibilities to give that care. New ways and ideas are needed. We decided to try out if the concept of Hospital at Home is suitable in the Swedish health care system.

Methods: Staff at the hospital identifies suitable patients. The patient must agree and feel safe with the care. Patients can contact the team, 24 hours a day, and be admitted directly to a ward if needed. The team visit each patient 1 – 3 times a day. The patients measure their vital signs and report the result on a tablet, also useable for communication. Frequent diagnoses are infectious diseases, heart failure and diabetes.

Results: Result (June 2021 to November 2022): 536 patients 5240 visits 5,4 days average time of care Cost approx. 30 % lower than regular hospital care 98,4 % of the patients would recommend MST to another 98,8 % of family members will do the same and felt safe with the care

Conclusions: We have proven that specialist medicine care can be performed in patient's homes in Sweden, with high quality and satisfied patients. We now start up more teams in the region. Hospital at Home is here to stay.

Disclosure: No significant relationships.

Keywords: Acute care, infectious diseases, Telemedicine, Hospital at home, internal medicine

P131 / #284

Poster Session: *AS12 OTHER*

ARTICULATING AND TESTING A HOSPITAL AT HOME PROGRAMME THEORY: ORGANIZATION, UTILIZATION, AND IMPACT.

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Background and Aims: The underlying assumptions about how H@H services are presumed to accomplish their purposes have not been fully articulated. The aim of this research was to 1) unearth the tacit theory from international evidence and 2) test the soundness of the theory by studying UK H@H services.

Methods: We conducted a rapid systematic review of 29 articles (from eight countries) adopting a realist review approach and examined 11 UK-based H@H services by interviewing up to 3 staff members (e.g. doctors, nurses, service leads, therapists) from each service. The review and interview data were analyzed using framework analysis and purposive text analysis.

Results: An overarching H@H Programme Theory was extracted, consisting of three interrelated components: Organizational Theory, Utilization Theory, and Impact theory. The theory was found to be feasible in the UK context.

Conclusions: The theory's direct utility lies in its potential to be a basis for formulating and prioritizing evaluation questions, designing evaluation research, and interpreting evaluation findings in future H@H service evaluations. Our findings help inform how services can organize resources and design processes of care to optimize patient satisfaction and outcomes; provide policymakers with convincing evidence on patient and carer benefits of H@H to justify investment into H@H; and add substantially to the evidence base that policymakers need to make critical decisions regarding the commissioning and regulation of H@H services and set out guiding principles or framework to assist in local and regional planning for acute and specialist services to support people to receive treatment in their homes.

Disclosure: No significant relationships.

Keywords: Organizational theory, Rapid systematic review, Impact theory, Qualitative interviews, Service utilization theory

P132 / #454

Poster Session: *AS12 OTHER*

OUTPATIENT PARENTERAL ANTIBIOTIC TREATMENT (OPAT) : ASSESSMENT OF 341 EPISODES OF INFECTIONS UNDER TREATMENT WITH ERTAPENEM ATTENDED BY A HOSPITAL-AT-HOME UNIT (HAHU

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Background and Aims: Background: Ertapenem is a carbapenemic antibiotic indicated for the treatment of infections due to bacteria such as ESBLs Gram Negative. **Objective:** Assessement of patients under treatment with ertapenem attended by a Hospital-at-Home Unit from a university tertiary hospital

Methods: Material and Methods: Reviewing of patients treated with ertapenem. Description of gender, age, diagnosis, microorganism isolated, patient's procedence and destination at discharge. Period: 2007-2022. Readmissions to hospital under 15% were regarded as acceptable.

Results: Results: From 767 episodes under OPAT, 315 patients had 341 episodes treated with ertapenem (44,4%), 218 men (63,9%) and 123 women (35,1%). Average age : 67,8 y (R = 21- 97y). Average stay HaHU: 11,4d (R= 2-36d). Diagnosis: Urogenital tract infections (UTI)(76,4%); intraabdominal infections, 45 (13,2%); pneumonia, 10 (2,9%); other, 26 (7,5%). Microbiology: ESBLs gramnegative: 296 (86,8%); anaerobic, 10 (2,9%); not documented, 35 (10,2%). Origin: Infectious Department, 73 (21,4%); Urology, 47 (13,8%); Emergency Room and Short Stay Unit, 78 (22,9%); From other hospitals, 29 (8,5%); Surgery, 23 (6,7%); Other, 91 (26,6%) Discharge: 314 at home (92%); 27 patients were readmitted to hospital (7.9%) , 21 due to impaired course and 6 because of programmed readmission.

Conclusions: Conclusions: 1. Ertapenem is the main antibiotic of single daily dose used by HaHU. 2. Most of patients presented UTI (76,4%). 3. The majority of cases came from from ER or SSU services (22,9%). 4. HaHU regim saved 3908 days of inpatient treatment. 5. The majority of patients were discharged at home (92%), and percentage of readmissions (7,9%) were regarded as acceptable

Disclosure: No significant relationships.

Keyword: outpatient parenteral antibiotic treatment, ertapenem

P133 / #456

Poster Session: *AS12 OTHER*

OUTPATIENT PARENTERAL ANTIBIOTIC TREATMENT (OPAT) : ASSESSMENT OF 113 EPISODES OF BACTEREMIA ATTENDED AT HOME BY A HOSPITAL-AT-HOME UNIT (HAHU)

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Background and Aims: Background: The incidence of bacteremia has progressively increased, and the urinary tract is its most frequent source.. **Objective**: Assessment of patients with bacteremia under OPAT, attended by a hospital-at-home unit from a university tertiary hospital.

Methods: Material and Methods: Reviewing of all cases of positive blood cultures of patients under OPAT attended by HaHU, from 2002 to 2022. Description of gender, age, diagnosis, microorganism isolated, antibiotic administered, patient's procedence, and destination after HaHU's discharge. Readmissions to hospital under 15% were regarded as acceptable.

Results: Results: there were 113 cases of bacteremia (77 men, 36 women) Average age; 76,4y (R= 25-97y). Average stay: HaHU: 12,9d (R=4-37d); Origin Service: 8,76d (R= 1 -30d). Diagnosis: Urogenital tract infection (UTI), 57 (50,4%); intraabdominal infection, 33 (29,1%); Other , 13 (11,5%). Microbiology: ESBLs gramnegative, 55 (48,6%); Streptococci, 16 (14,1%); E.coli S, 14 (12,4%); P.aeruginosa R, 5 (4,4%); Other, 23 (20,3%). Antibiotic: Ertapenem 60 (53,1%); Ceftriaxone , 32 (28,3%); Other , 21 (18,5%). Origin: Infectious Department, 64 (56,6%); Onco /Haematology, 14 (12,4%); ER/SSU, 14 (12,4%); Other services, 21 (18,5%): Discharge: 6 patients were readmitted to hospital due to impaired course (5,3%), and 14 before 30 days after HaHU's discharge (12,3%).

Conclusions: Conclusions: 1. UTI infection was the first source of bacteremia (50,4%), mainly due to ESBLs gramnegative (48,6%). 2. Ertapenem was the antibiotic most administered (53,1%). 4. The length of stay as HaH regim doubled the in-hospital stay and saved 958 days of inpatient treatment. 5. The different percentages of readmission to hospital were acceptable

Disclosure: No significant relationships.

Keyword: Bacteremia, outpatient parenteral antibiotic treatment

P134 / #232

Poster Session: *AS12 OTHER*

ACUTE HOSPITAL AT HOME EPISODE OF AN IMMUNOCOMPROMISED PATIENT

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Background and Aims: The objectives of this case are to recognize and assess the relevance, effectiveness and benefits/drawbacks of hospital at home for an immunocompromised patient, and to assess the effect of efficient, fast, precise and seamless coordination of care services in the home to prevent complications, avoid hospitalization and heal safely and successfully at home.

Methods: A 55-year-old woman with a history of Crohn’s disease of both small and large intestines with fistula (HCC), overweight, fatigue due to treatment, and abdominal fistula, was referred to our services for sepsis secondary to a tooth abscess.The patient was seen by her dentist and was diagnosed with and treated for a severe tooth abscess. He recommended that she goes to the emergency room for treatment with IV antibiotics, but she adamantly refused. She was then referred to us for acute care at home services, and within four hours she had monitoring devices, IV antibiotics, IV fluids, a nurse at her home, and an inperson visit from her attending physician. Treatment at home began for the acute phase of the patient’s episode of care.

Results: The team worked swiftly to coordinate her services at home. This alleviated her fear of being hospitalized, allowed her to feel safe and calm, and empowered her to focus on healing. She appeared to embrace her independence and contentedly performed the infusions herself after instruction.

Conclusions: We noted no drawbacks for this patient to heal at home. It was effective, beneficial, and prevented a hospitalization that would have been emotionally traumatic and therefore physically impactful.

Disclosure: No significant relationships.

Keywords: Comfort, CareCoordinator, Acute, HealingAtHome, ImmunocompromisedPatient

P135 / #197

Poster Session: *BEST POSTERS*

PRELIMINARY RESULTS FROM A QUASI-EXPERIMENTAL STUDY OF PATIENTS UNDER MEDICAL HOME – A HOSPITAL-AT-HOME SERVICE MODEL IN SINGAPORE

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Background and Aims: Medical Home (MH) is a Hospital-at-Home (HAH) service model by Yishun Health delivering multi-disciplinary care for patients requiring acute medical care in their homes.

Methods: A mixed-method quasi-experimental study designed to recruit 125 eligible patients under MH, and 125 eligible patients who underwent usual hospital care under control group (CG) is currently ongoing. A preliminary analysis of the Clinical, Functional and Cost outcomes measured at admission, discharge, and 90-days post-discharge from MH or the hospital was conducted for 125 MH patients and 97 controls. Clinical outcomes were surrogated using average length of stay (ALOS) during the MH or usual hospital episode and 90-days re-admission rate measures. Functional outcomes such as activities of daily living and self-rated health-related quality-of-life (HRQoL) measured using Modified Barthel Index (MBI) and EQ-5D-5L respectively were analysed.

Results: Patients in both groups had similar demographic and clinical frailty scores. MH patients had shorter ALOS (MH:5.5 days vs CG:6.9 days;$p<0.05$) and lower proportion of patients with 90-days readmission (MH:28.9% vs CG:35.2%; $p<0.05$) with significantly lower average bill size (MH: \$480.40 ± \$682.54 vs CG: \$5,074.10 ± \$2,691.69; $p<0.05$) compared to CG. Mean MBI (MH:68.65 vs CG: 71.01; $p=0.969$) and EQ-5D values (MH: 0.48012 vs CG: 0.50536; $p=0.694$) at discharge were comparable. MH patients enjoyed greater improvement in EQ-5D value (MH: 0.05478 vs CG: -0.08506; $p<0.05$) at 90-days post-discharge compared to controls.

Conclusions: MH service model is a value-driven HAH alternative to Inpatient Care with significantly better clinical outcomes, comparable functional outcomes and better improvement in HRQoL at significantly lower costs-to-patients.

Disclosure: No significant relationships.

Keywords: Cost outcome, Quasi-experimental study, Hospital-at-home, Clinical outcomes, Functional outcomes

P136 / #468

Poster Session: *BEST POSTERS*

ROBOTIC SURGERY (RS) FOLLOWED BY HOSPITAL AT HOME (HAH)

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Background and Aims: There are surgical procedures that, thanks to RS can be performed with short hospital admission (24-72 hours). With support of HAH, hospital stay could be avoided. Objective: To define the subgroup of patients undergoing RS in whom conventional hospitalization (CH) can be avoided by means of HAH and to initiate the implementation of these circuits, guaranteeing patient safety.

Methods: Protocolisation: Radical prostatectomy (RP), Bariatric surgery (BS) Inclusion criteria: young patient, no comorbidity, low-complexity surgery, low anaesthetic risk, no complications during RS. Day of RS: surgery + HAH team visit before patient is transferred home. At home: Telematic visit the same day. The following two days the patient is visited by HAH team . Surgeon can make telematic visit. HAH doctors are on call 24 hours a day and in direct contact with the surgical team who will respond to any eventuality. Patients are provided with a telemedicine platform,and receive analgesic perfusion with elastomer, and the possibility of rescue intravenous analgesia.

Results: nº patients included: thirteen BS , one RP. Three BS patients had to stay in hospital due to post-surgical complications. Rest of patients were able to be transferred home 6 hours after surgery.- All patients presented good clinical evolution and good pain control, and showed satisfaction with this type of admission. The avoidance of hospital stays through HAH implies an overall reduction in the cost of the process.

Conclusions: The protocolisation of a low-risk subgroup of patients operated by RS will allow avoiding hospital admission, guaranteeing quality, safety and minimising costs.

Disclosure: No significant relationships.

Keywords: Robotic Surgery, Admission avoidance, telemonitoring

P137 / #450

Poster Session: *BEST POSTERS*

STUDY OF COST AND EFFECTIVENESS AT HOSPITAL AT HOME (HAH) IN GERMANS TRIAS I PUJOL HOSPITAL, AT 2019

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Background and Aims: Several studies show the lower cost of HAH. We have analysed the cost of our unit in 2019. **Objective:** To analyse and validate the cost accounting of admissions in the HAH in 2019 based on the activity carried out a) Analysis of HAH activity (AHAH) b) Analysis of direct costs (DC) and indirect costs (IC) c) Cost of one admission (CA) and one day of stay in HAH. d) Comparison of CA in HAH with Internal Medicine (IM).

Methods: Analysis of AHAH (no. discharges, % avoidance admission -AA, % discharges home/returns). Extraction of economic results: financial SAP and pharmacy. Accounting analysis with automatic extraction of results after parametrising, DC and IC. The HAH cost was compared with IM plant.

Results: HAH: 1020 discharges. AA: 360 (35.29%). MS 12.82 days. Home discharge: 93.60% Return hospital: 6.34%. IM: Median Stay (MS) 10.31 days. **Comparison of costs (€) IM/HAH ward (admission/days of stay):**

	HAH	IM	DIFFERENCE
DC	1.177.732,13 / 90,07	2.418.840,28 / 144,28	1.241.108,15 / 54,21
IC	400.198,77 /30,61	2.569.217,49 /153,25	2.169.018,72 /122,64
TOTAL	**1.577.930,90/120,67**	**4.988.057,77/ 297,53**	**3.410.126,87 /176,85**

Cost per discharge (2019) taking into account MS: IM 3067,53€ , HAH 1546,98€.

Conclusions: - HAH is a safe and effective alternative to conventional hospitalisation. - Cost per day of stay HAH is lower than IM - Cost per discharge of HAH is cheaper than IM - AA is the most efficient - Patients with elevated MS are candidates for admission to HAH as early as possible, it's necessary to have a good step to primary care.

Disclosure: No significant relationships.

Keywords: cost, cost admission, cost day stay

P138 / #460

Poster Session: *BEST POSTERS*

ANALYSIS OF VASCULAR ACCESS DEVICES AT HOME HOSPITALIZATION (MIDLINE AND PICC)

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Background and Aims: The use of MidLine catheters and peripherally inserted central catheter (PICC) for prolonged antimicrobial treatment have increased at Hospital at Home (HAH) units. There is controversy among the professionals about the efficacy of these catheters due to the need of replacement during the course of the treatment Aims: To describe cannulated venous catheters in HAH according to the therapy related factors (TRF); PH, osmolality and duration of treatment. to identify the best kind of venous access for each patient according to the prescribed treatment.

Methods: Retrospective descriptive observational study. We included 31 patients admitted to the HAH for antimicrobial treatment between 09/24/2021 and 04/04/2022. Variables collected were: type of venous access, catheters inserted taking and without into account the TRFs, number of catheters replaced and catheters that persisted until the end of the prescribed treatment.

Results: Among the 18 patients which the venous access was chosen according to the TRF only 1 patient required catheter replacement (94% successful). In contrast, among the 13 patients in which the TRF were not taken into account, 5 patients required catheter replacement (62% successful).

Conclusions: The TRF should be considered when the vascular access device is chosen in order to optimize resources, save time and preserve patient venous capital.

Disclosure: No significant relationships.

Keywords: catheters, related therapy factors, venous acces, PICC, Midline

P139 / #48

Poster Session: *BEST POSTERS*

EXPERIENCES OF PATIENTS AND THEIR CAREGIVERS ADMITTED TO A HOSPITAL-AT-HOME PROGRAM IN SINGAPORE

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Background and Aims: Hospital at Home (HaH) programs have been shown to improve clinical outcomes, quality of care, and patient satisfaction. However, Asian patients' experience at HaH remained underexplored. The aim of this study was to explore the perceptions and experiences of patients and caregivers admitted to a hospital-at-home program in Singapore.

Methods: Descriptive qualitative study design. Purposive sampling was used to conduct 36 interviews with 13 patients, nine Legally Acceptable Representatives (LARs), and 14 caregivers until data saturation was achieved. NUHS@Home is a HaH program providing care through a multi-disciplinary team, enabled by remote vital signs monitoring through a tablet and wireless blood pressure and oxygen meter. This study used in-depth semi-structured individual interviews. Interviews were transcribed and thematically analyzed using Braun and Clark's six-step inductive approach.

Results: The overarching theme identified was "Enablers, difficulties, and improvements to the HaH experiences" which was supported by three key themes: (1) Perceived better care at home, (2) Importance of social support, and (3) Organizational structures required to support HaH. Participants described overall HaH experiences around factors contributing to their impeding engagement, overall satisfaction, and quality of care.

Conclusions: Although HaH is unfamiliar to the Singapore population, most of the participants in this study had an overall positive experience. Key challenges found in this paper were the stress and inconvenience caused to caregivers. The enablers for positive HaH experiences were (1) consideration of patient's family members as key participants in the patients' therapeutic alliance; (2) the HaH care; and (3) financing strategies.

Disclosure: No significant relationships.

Keywords: Telehealth, Hospital at home, Hospital-at-home, Qualitative interviews

P140 / #42

Poster Session: *BEST POSTERS*

STAKEHOLDERS' PERCEPTIONS AND ATTITUDES TOWARDS VIRTUAL HOSPITALS TO AUGMENT ACUTE BEDS' SUPPLY IN FUTURE PANDEMICS: A QUALITATIVE STUDY.

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Background and Aims: The COVID-19 pandemic has disrupted the traditional healthcare system globally by overwhelming hospital bed capacity and scarce resources. This huge resource strain threatens the safety and quality of healthcare delivery.

Methods: This qualitative study is being conducted between Aug 2022 and Nov 2022. Semi-structured in-depth interviews are conducted among healthcare providers from Singapore who had first-hand experience running COVID Virtual Wards. Data will be analysed using thematic analysis.

Results: Preliminary findings indicated that the shortage of physical hospital beds and resource crunch, especially during the current pandemic, rapidly accelerated the use of innovative interventions. Many healthcare systems in Singapore had undergone digital transformation and expanded healthcare services beyond the hospital by using virtual hospitals or beds. Healthcare providers could remotely gather clinical information, treat and monitor patients. This virtual care model is useful especially during current and future pandemics where there might be a need for social distancing and minimal physical contact to minimize the spread of the infection. Teleconsultations made the care safer and more convenient, allowing consultations to proceed as usual without having to postpone appointments and delay treatment. This also allowed patients to reduce their hospital admission and continue to receive high-value care. Lastly, it frees up space in the hospital for patients requiring critical care.

Conclusions: Given the possibility of future pandemics, Singapore's aging population and increasingly limited hospital resource capacity in Singapore, it could be logical to trial and scale-up virtual hospital implementations to prepare for subsequent pandemics and ensure sustainability in our healthcare system.

Disclosure: No significant relationships.

Keywords: Pandemic, Future-proof, Disease X, Hospital-at-home, Virtual Ward

P141 / #111

Poster Session: *BEST POSTERS*

HOSPITAL AT HOME (HAH) IN ISRAEL: WHO SHOULD PROVIDE IT? HOSPITALS OR HMOS?

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Background and Aims: Covid-19 increased demand for Hospital at Home (HaH). Studies show patients receiving HaH recover faster, their health indicators improve, are more content and return faster to functionality. The universal public healthcare 'players' responsible for providing hospitalization in Israel are general hospitals and HMOs ("Sick funds"). No study was found which examined the interplay between these actors regarding HAH. To examine managers' KAP (knowledge, attitudes, and practices) regarding acute HaH.

Methods: 14 managers from HMOs and hospitals were interviewed. We used the SWOT model (Strength, Weaknesses, Opportunities and Threats) for questioning and comparing.

Results: HaH was applied differently by each provider, with variation in: Type of service provider (outsourced or internal); technology options; access to triage, bloodwork, and imaging; patients applicable. All agreed **Strengths** for patients were: 1. Avoiding risks like infection and delirium; 2. Increasing satisfaction. **Weakness** for patients were: 1. Burden on family and need for carer; 2. Limitations in access and interventions. **Opportunities** for providers were 1. Being first to offer HaH; 2. Lowing burden on wards; 3.Advancing internal medicine. **Threats** agreed by all were: 1. Lack of sufficient medical staff; 2. A sound financial balance-profit basis to upscale in-house HaH.

Conclusions: Despite a Ministry of Health directive of HaH, there are significant variations in implementation modes and services. Although there is a consensus regrading HaH usefulness for both patients and service providers, it lacks sufficient financial and logistic basis to be up-scaled significantly as an in-house service by either 'player'.

Disclosure: No significant relationships.

Keywords: Hospital at home in Israel, Hospital at home, Promoting hospital at home, Health Management Organization (HMO), Hospitals

P142 / #437

Poster Session: *BEST POSTERS*

DOMICILIARY PREOPERATIVE PREPARATION OF GIANT "LOSS OF DOMAIN" HERNIA BY PROGRESSIVE PNEUMOPERITONEUM AFTER INJECTION OF BOTULINUM TOXIN IN ABDOMINAL WALL MUSCLES

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Background and Aims: Injection of botulinum toxin in abdominal wall muscles and posterior progressive pneumoperitoneum (PPP) is an innovative procedure to expand the abdominal cavity before surgical correction of a giant "loss of domain" hernia. There is no reference in the bibliography about performing this by a Hospital at Home Service.

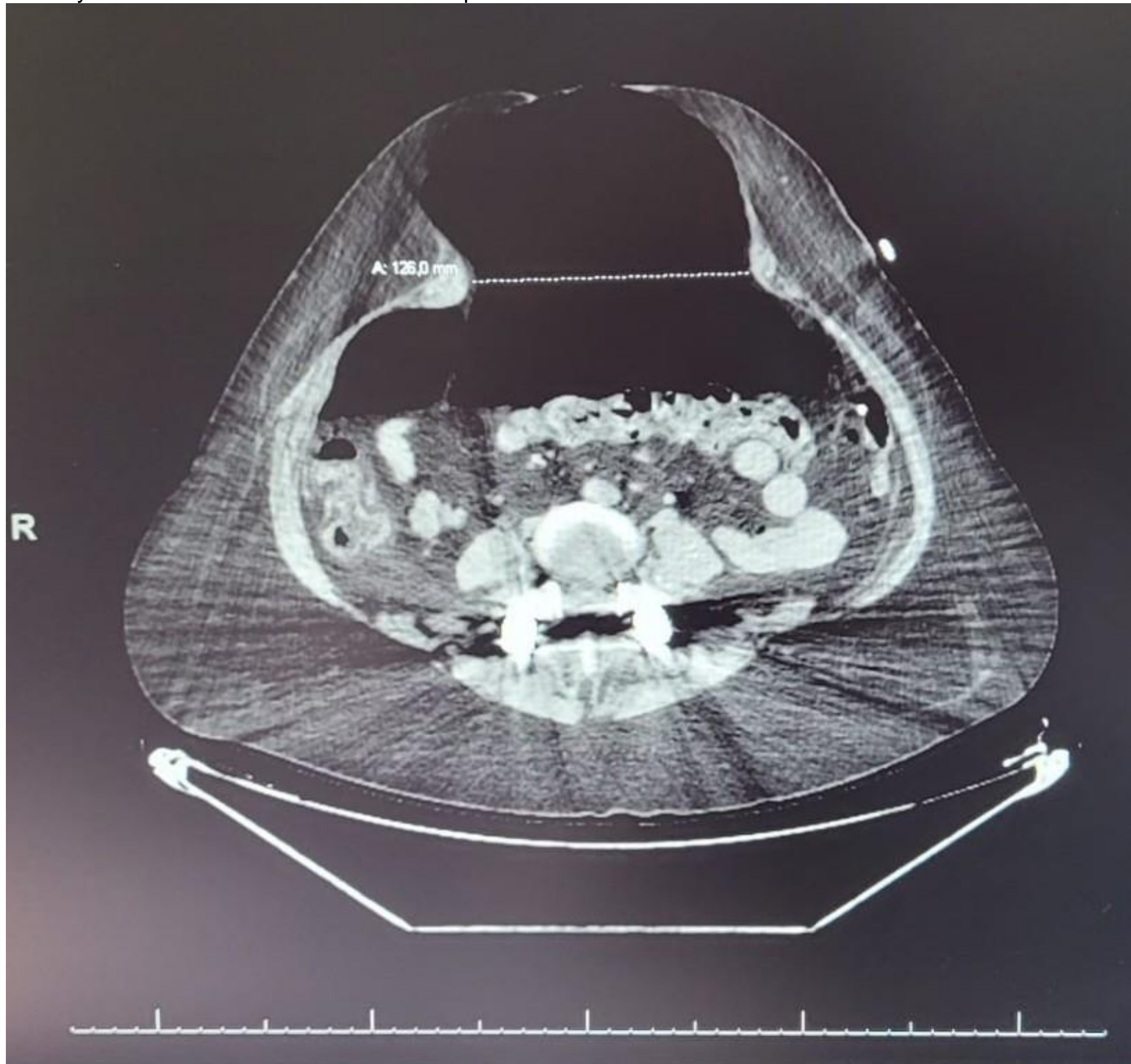
Methods: Study of the first five patients admitted to our Hospital at Home Service between January 2020 and September 2022 for preoperative preparation of "loss of domain" hernia by PPP. We analyze age, sex, stay in HaHU, the volume of air infused, and complications. We measured the hernia sac's diameter, incisional hernia volume, and the abdominal cavity before and after PPP using an abdominal CT scan. Air

was introduced daily using 50 mL syringes through a pigtail catheter inserted into the left hypochondrium

under radiological control.

Results: We prepared 4 women and one male, age 55.3 +/- 4.2 years (51-62). The median air volume insufflated at HaH was 4,290 ± 1,796 mL (4.500-13.250) over 18 ± 3,7 days (13-21). In 4 cases the insufflation began at the hospital (1,617 +/- 1,673; 300-3,500 mL). The median daily volume insufflated

was 300 mL. A total of 90 days of stay in conventional hospitalization were saved. In one patient it was necessary to reposition the pigtail catheter. No complications occurred during the BT administration. Primary fascial closure was achieved in all patients.



Conclusions: PPP performed at home by infusion of air through a pigtail catheter in the left hypochondrium is a safe and effective procedure that avoids hospital stays.

Disclosure: No significant relationships.

Keywords: Botulinum toxin, Domiciliary preoperative preparation, incisional hernias, Progressive pneumoperitoneum

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Poster Session: *BEST POSTERS*

ADMISSION AVOIDANCE HOSPITAL-AT-HOME IN THE CONTEXT OF THE PROPCC PROGRAMME: GOOD CRISES RESOLUTION WITH LOW READMISSION RATE

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Background and Aims: The collaboration between hospital-at-home (HaH) and primary care teams (PCT) is key for the management of crises in the community especially in people living with frailty and multimorbidity. The aim of our study was to analyse the health crisis management led by our HaH unit in the context of the ProPCC Programme, tailored to *high-need, high-cost* individuals at risk of hospital admission.

Methods: Retrospective analysis of a cohort of complex chronic patients (CCP) and advanced diseases patients (ADP) from the ProPCC programme admitted to HaH for acute care. We analyzed the clinical profile (age, gender and clinical complexity, functional status measured by Barthel Index) and referral unit (PCT, Emergency Room -ER-, outpatient/day hospital or hospital ward) and trigger diagnosis. We compared AA and ED: health crises resolution, 30-day readmission and 30-day mortality.

Results: 277 episodes (age 80.5 years, 56.3% male, ½ suffering advanced disease) were attended (LOS 15.5 days). AA in 46% (referral source: case management primary care units in 46.4%, ER in 33.9%, outpatient/day hospital in 19.7%). Compared to ED patients, AA group had: lower baseline functional score (Barthel index 47.2 vs 57.4, p 0.04) and less number of 6-month previous ER visits (1.7 vs 2.7, p <0.01). AA group registered lower 30-day readmissions (11.1 vs. 32%, p<0.01) than ED, with no differences in health crises resolution and (81% vs 76%) and in 30-day mortality (up to 11%).

Conclusions: Direct access to HaH from PCT seems a save and effective way to avoid hospital admissions in our *high-need high-cost* population.

Disclosure: No significant relationships.

Keyword: admission avoidance, integrated care, complex chronic conditions, readmissions, high risk population

P144 / #436

Poster Session: *BEST POSTERS*

THE SOUTHERN TRUST ACUTE CARE AT HOME SERVICE - A INVESTMENT AND OUTCOMES ANALYSIS

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Background and Aims: The Southern Trust Acute Care at Home Service (AC@H), is a Consultant led Multi-Disciplinary Team that provides hospital level care for frail older people in their homes. The Southern Trust is the second largest trust in Northern Ireland. Having gone through various service developments this analysis aims to highlight the service outcomes mapped to investment

Methods: Data analysed includes accepted referrals, geographical distribution, average length of stay, discharge outcomes mapped to investment between 2016 and 2022.

Results: From 2016 to 2022 referrals accepted increased from 73 to 162 per month. Geographical distribution increased from one small locality to cover the entire Trust, from 17 GP practices to 69 and 18 Care homes to 54. Length of stay is 4.2 days compared to 6.8 days in hospital. 4% required an increase in package of care. Compared to the initial investment in 2016, investment in 2017 was 67% of the initial investment, in 2018 there was no additional investment, in 2019 it was 23% , in 2020 it 36% , in 2021 there was 116% investment some of this was from a COVID-19 fund

Conclusions: Sustained investment in AC@H has allowed us to expand and treat more frail older people at home by expanding the geographical catchment area, lengthening our service working hours and recruiting more staff. Length of stays are shorter and tthere is less of a requirement for increase in care following discharge. Patients and their carers have provided overwhelmingly positive feedback regarding this model of care. Not only is this better for patients, it significantly relieves pressure on Acute hospital beds

Disclosure: No significant relationships.

Keywords: Community, Frail, Development, geriatrics, Investment

P145 / #116

Poster Session: *BEST POSTERS*

FAMILY CAREGIVER BURDEN IN A HOME HOSPITAL VERSUS TRADITIONAL HOSPITAL: A SECONDARY ANALYSIS OF A RANDOMIZED CONTROLLED TRIAL

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Background and Aims: Although there is a growing understanding of the benefits of home hospital (HH), knowledge of the impact on family caregivers remains understudied. We aimed to identify the burden attributable to caregiving at home compared to the hospital.

Methods: We performed a retrospective analysis of prospective data collected from a randomized controlled trial, with participants randomized to HH or traditional hospital. On admission and discharge, family caregivers completed the Zarit Burden Interview-12 (ZBI-12), which ranges from 0-48; <10, no burden; 10-20, mild-moderate burden; >20, high burden. Statistical analysis was performed with Wilcoxon signed rank, Mann-Whitney, and Fisher's Exact tests.

Results: Overall, 91 patients were enrolled; 33 (36.3%) had complete caregiver data. Caregivers in HH (n=22) had a median ZBI-12 of 9.5 (IQR=4.75) on admission and 9.5 (IQR=10.75) on discharge compared to the control group (n=11) with a median of 15.0 (IQR=11.5) on admission and 8.0 (IQR=10.5) on discharge (difference, -0.5 vs -2.0; p=0.33). Additionally, there was no significant change in burden within the HH (-0.5, p=0.25) or control (-2.0, p=0.088) groups. Analysis of caregiver covariates revealed no significant difference in burden associated with relation, sex, residence with patient, proxy designation, or next of kin status.

Conclusions: Caregiver burden was mild-to-moderate upon admission and discharge in both the HH and control groups, without significant change in burden between groups. Our study is reassuring against a large difference in caregiver burden effected by HH participation. These findings suggest that HH programs are a viable alternative for acutely ill patients with caregivers.

Disclosure: Dr. Levine has the following disclosures, all separate from the present work: Biofourmis, PI-initiated study and co-development; IBM, PI-initiated study; Fees from The MetroHealth System.

Keywords: Burden, Home Hospital, Caregivers, Acute care at home

P146 / #464

Poster Session: *BEST POSTERS*

THIRTY YEARS OF HOSPITAL AT HOME IN HOSPITAL LA FE VALENCIA

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Background and Aims: The hospital at home unit was implemented in our hospital about 30 yearse ago. In 2015 the clinical record was digitalized. Nowadays we have available a software model (SAS®)which allows to explode all the information included in the clinical history. We are a team composed by family physicians, internists, geriatricians and neumologist doctors. Each team has the support of a physiotherapist, psychologist and a social worker. At this moment we have 120 virtual beds at homes all days. In fact, we are a hospital into the physical hospital. The profile of patients are chronic and elderly patients with acute decompensation of chronic disease (diabetes mellitus, cardiac failure, chronic renal failure, dementia, etc.) but also with palliative care needs (PCN) due to cancer and chronic conditions.

Methods: We analyzed the results in the SAS module of registries of the last five years.

Results: During the period of the study, 7322 patients have been attended in our unit: 3645 with chronic conditions/ multiborbidity, 2069 with advanced chronic diseases with PCN, 1759 oncologic with PCN, 429 acute oncologic, 279 after surgery 279 and other conditions. In this time we have done 24817 administrative processes. The percentage of mortality was 8.7 %.

Conclusions: At this moment without this alternative is not possible work with fluency in the hospital La Fe.

Disclosure: No significant relationships.

Keywords: Alternative, Palliative patients, Complementary, Chronic patients

P147 / #417

Poster Session: *BEST POSTERS*

THE VIRTUAL HOME HOSPITAL QUALITY FRAMEWORK: A FOUNDATION FOR QUALITY IMPROVEMENT

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Background and Aims: As home hospital programs have grown in the United States, the definition of quality metrics and safety standards has evolved, particularly in the wake of federal reimbursement under the Acute Hospital Care at Home (AHCAH) waiver designed by the Centers for Medicare and Medicaid Services (CMS).
In partnership with integrated health systems, Medically Home enables and co-operates Virtual Home Hospital (VHH) programs that couple remote clinicians with in-home clinical services, leveraging virtual care technology; this approach requires a unique framework for quality, safety, and measurement. Our guiding principle is that the Virtual Home Hospital should be as safe or safer than a brick & mortar facility, and to provide exceptional quality care, free of harm.

Methods: We will address the Virtual Hospital Quality Frameworks, its standards and measurement focus, as well as the evolving priorities for home hospital quality and safety systems in the United States. We organize our quality frameworks based on four categories: Access and Equity, Safety and Reliability, Engagement and Experience, and Cost and Affordability.

Results: This framework allowed distillation of eleven core quality indicators and enabled the framework for virtual hospital program benchmarking toward quality improvement. This framework clarified opportunities for inclusion of novel indicators in virtual home hospital quality improvement.

Conclusions: Our future directions in measuring quality and safety will be focused on patient and provider experiences, health equity, establishing benchmarks for future best practices in HaH, and standardization practices across rural and urban geographies in the U.S.

Disclosure: No significant relationships.

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Poster Session: *BEST POSTERS*

HOW MANY OF OUR INPATIENTS CAN BE HOSPITALISED AT HOME INSTEAD? A DESCRIPTIVE COHORT STUDY

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Background and Aims: For eligible patient groups, Hospital-at-home (HaH) programmes have shown to deliver equivalent patient outcomes with cost reduction compared to standard care. This study aims to adapt and adopt a generalisable eligibility criteria for HaH in Singapore’s context and use administrative data to determine the volume of hospitalized patients that might be eligible, and their service utilisation patterns.

Methods: Eligibility criteria used from existing HaH programmes in other countries were examined and adapted for Singapore’s patient population. The criteria were then applied to a retrospective administrative dataset of an academic hospital in West Singapore. Utilisation rates of hospital services were then reported for eligible populations in 2 distinct groups, those that had a length of stay of <48hours and those with a length of stay between 48hours and 14 days.

Results: Applying a generalized eligibility criteria to the retrospective dataset showed that 61.1% of 124,253 medical admissions were deemed suitable for HaH. In addition, hospital services such as parenteral drug administrations, blood tests, imaging procedures, and consultations with allied health professionals were shown to be utilised by a large percentage (70-90%) of the eligible population.

Conclusions: In Singapore’s context, a large proportion of patients might be suitable for HaH programmes, hence showing its potential in substituting a large volume of inpatient care in Singapore. The methodology adopted in this paper is a reproducible approach to characterise potential patients and service utilization requirements when developing such programmes.

Disclosure: No significant relationships.

Keywords: Health services research, Clinical service planning

P149 / #473

Poster Session: *BEST POSTERS*

FIRST HOSPITAL AT HOME FOR PEDIATRIC PATIENTS IN ISRAEL

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Background and Aims: Hospital at Home programs offer hospital interventions in the comfort of the patient's own home, providing a safe and efficient alternative to traditional hospitalizations. Several studies have demonstrated that Home Hospital programs are associated with a higher level of quality care, fewer complications, and better experiences for patients and their caregivers. In November 2022, Schneider Children's Medical Center took an unprecedented step forward in pediatric medicine in Israel, by launching the first pilot program of its kind in the country: hospitalization at home for children. Herein, we describe the characteristics and outcomes of the first 42 patients admitted to our home-based hospitalization pilot program.

Methods: Program eligibility criteria included children with acute well-defined illnesses, in stable clinical condition, living in a safe environment and living within a 20-km radius of the hospital.

Results: From November 2022 to December 2022, 42 children were enrolled in the home-hospitalization pilot program. The median age was 1.9 years (range, 3 months-13.5 years). Referrals came from Emergency department in 93% of cases, and from General pediatric ward in 7%. Overall, acute infections formed the largest diagnostic group (95.2%), including respiratory, genitourinary, ENT, skin and musculoskeletal infections. The median length of stay was 5 days (range, 3-8 days). Hospital readmission was required in 2.4% of cases. 95.2% of patients recovered completely. All families reported a high level of satisfaction.

Conclusions: We report the first experience of Hospital at Home for pediatric patients in Israel, demonstrating an effective and safe alternative to traditional hospital admissions.

Disclosure: No significant relationships.

Keywords: pediatrics, Hospital at home