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| **Hospital-in-the-Home program reduced readmission rate by 50% in COPD-related conditions.**  |
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| **Introduction:**Hospital in the Home (HiTH) services provide a community-based alternative care for patients with COPD-related conditions. These services reduce the demand for hospital bed days, shifting care to a home environment favoured by patients. **Aim:** The clinical audit evaluated HiTH interventions and analysed the length of stay (LOS) and 28-day re-admission rate in COPD patients who received HiTH services to those who did not. **Methods:** A retrospective descriptive analysis, between July 2022 to June 2023, in a metropolitan health district was conducted. **Results:** A total of 1825 hospital admissions for COPD-related conditions were identified, with 153 (8.3%) using HiTH. There was a reduced 28-day readmission rate using HiTH, compared to inpatients’ care only (4.5% vs 8.9%), despite a longer duration under care (mean LOS 11 days [7 days inpatient plus 4 days HiTH], vs 5 days inpatient only).The number of HiTH admissions increased over time, indicating an increased referral to HITH. The subjective severity/complexity of patients also increased indicating the willingness to refer complex COPD patients and HITH’s ability to manage them. The most administered HiTH interventions were respiratory monitoring with supplemental oxygen (32%, N=49), domiciliary non-invasive ventilation therapy support (19%, N=29) and intravenous antibiotics (11%, N=17). A significant proportion of patients received self-management education including inhaler education (65%, N= 99), smoking cessation advice (63%, N= 96) and breathlessness management education (58%, N=89). **Conclusion:** The use of HiTH after inpatient stay reduced the readmission rate by almost 50%. This indicated reduced hospital burden, with longer but cost-effective HiTH admissions freeing up beds for others, while also improving patient outcomes. Complex COPD patients can be managed by HiTH. Further optimisation may be achieved with increased referrals to post-HiTH preventative health intervention and rehabilitation. **Grant Support:** Not applicable. |