This article originally appeared in:
ARC WM News Blog. 23 Jul 2021; 3(7): 7-8.

The H@H Research Project

Hong Chen, Research Fellow; Dan Lasserson, Professor of Acute Ambulatory Care (University of Warwick - ARC WM Theme 2, Acute Care Interfaces)

How to utilise the potential of Hospital at Home services to deliver more acute non-COVID and COVID care outside of hospital

Background

Hospital at Home (H@H) is a service that provides acute and subacute care by healthcare professionals in private or care homes for a condition that would otherwise require acute hospital inpatient care.[1] It treats people with a wide range of conditions in a variety of contexts, with its particular interest in the provision of services for older people living with frailty. You can see features of H@H and how it differs from other home-based health services at the UK Hospital at Home Society's website.

There are significant challenges in meeting the acute healthcare needs of our population during waves of the COVID-19 pandemic. Emergency Departments, acute medical units and intensive care units can reach capacity limits, which has implications for hospital function (including reducing elective surgical care), staff well-being and results in delays to assessment and treatment. This research project aims to understand how the current provision of H@H can support delivery of certain hospital-level care processes in community settings. It will produce practice and policy-relevant evidence to inform how H@H can contribute to system recovery and resilience- through delivering more acute non-COVID and COVID care for newly or already vulnerable, home-bound groups outside of hospital.

The H@H project is rapid COVID-related research funded by NIHR Policy Research Programme through its Recovery, Renewal, Reset funding call, and is led by the University of Warwick.

What Will H@H Achieve?

Aiming for person-centred care, H@H provides multi-disciplinary, coordinated care in the home, working with patients and carers and interfacing with existing acute and also community-based health and social care services.[1] It is therefore inherently complex, with multiple, interacting strands of activities/interventions delivered by different professionals at multiple levels, through complex relationships and interactions within and across professional and organizational boundaries.[2] Flexibility and adaptability to individual needs/circumstances and local contexts are its strength which entails variations in the service model.[3,4]

The project will produce some urgently needed evidence to inform policymakers on how to scale up H@H, including 'core ingredients' of H@H that can be adapted to individual needs/ circumstances and local contexts to formulate 'local recipes'; some baseline data about access, capacity, process of care, costs and savings of the existing H@H services in the UK; and implementation lessons during the pandemic. The project will also create a single data set that captures activity, complexity and outcomes from the UK services.

What Will the Team Do?

The research team will first undertake a rapid review to develop a theory of change for H@H programme. Then virtual stakeholder consultations will be held with multidisciplinary team members and service leads/managers of H@H services to capture lessons learnt during the pandemic, and to refine and update the theory. The team will also conduct a UK H@H baseline survey to assess the current H@H provision in the UK, and undertake comparative cost analysis, including estimation of implementation costs and contingent costs. At the end of the project, results from the above components will be used to create and define a core data set for a national data registry.

Impact & the Future

The project will run from April 2021 to March 2022. This research initiative will contribute to meeting a major challenge faced by the Department of Health and Social Care during the pandemic and beyond: providing personalised acute care for older people living with frailty. The team will produce practice and policy-relevant evidence on H@H including its impact on patients and their carers, acute healthcare delivery providers, social care providers and other community services. The findings will be set within the context of the NHS Long Term Plan for 'Ageing well'. We will share findings with policymakers, service planners/commissioners, practitioners, researchers, and the public using social media, workshops and publications.

References:

1. Healthcare Improvement Scotland. Hospital at Home: Guiding principles for service development. Healthcare Improvement Scotland; 2020.
2. Vaartio-Rajalin H, Fagerström L. Professional care at home: Patient-centredness, interprofessionality and effectivity? A scoping review. Health Soc Care Comm. 2019; **27**: e270-88.
3. Larsen A, Broberger E, Petersson P. Complex caring needs without simple solutions: the experience of interprofessional collaboration among staff caring for older persons with multimorbidity at home care settings. *Scand J Caring Sci*. 2017; **31**(2): 342-50.
4. Vaartio-Rajalin H, Ngoni K, Fagerström L. Balancing between extremes—Work in hospital-at-home. *Nurs Open*. 2020; **7**: 398-410.