

# Hospital-level care at home comparable to hospitalization for sick older adults

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Hospital-level care at home with a comprehensive geriatric assessment led to similar outcomes compared with hospitalization for medically unwell older persons referred to bed-based hospital care. Advantages of

at-home care included a decrease in admission to long-term residential care at 6 months and delirium at 1-month follow-up. Results of a randomized trial are published in *Annals of Internal Medicine*.

Avoiding hospital admission is often a priority for frailer, older persons. Efforts to develop these services have accelerated during the past year as the COVID-19 pandemic challenges the capacity of health care facilities and increases the susceptibility of older persons to the risks associated with hospitals and [care homes](#). However, the safety and clinical effectiveness of hospital-level care in the home is uncertain.

Researchers from the Nuffield Department of Population Health at the University of Oxford randomly assigned more than 1,000 sick [older persons](#) referred for a hospital admission at one of nine community and hospital sites in the United Kingdom to either admission avoidance hospital-at-[home care](#) with a comprehensive geriatric assessment or hospitalization. The assessment allowed a geriatric care team to evaluate patient characteristics and contribute to the care plan. Participants were eligible if they were 65 years or older and all had complex medical issues (but did not require [emergency treatment](#), palliative care, or surgery) At 6 months, researchers assessed both groups to determine whether participants still lived at home.

The researchers found that outcomes were similar between the two groups. At 6-month follow-up, 78.6% of participants in the hospital at home group versus 75.3% of the participants in the hospital group were living at home; 16.9% versus 17.7% had died; 5.7% versus 8.7% were in long-term residential care. According to the study authors, these findings suggest that a health system that includes admission avoidance hospital at home with comprehensive geriatric assessment can create additional acute health care capacity for certain older people referred for a hospital admission.

**More information:** Study:

<https://www.acpjournals.org/doi/10.7326/M20-5688>

Editorial: <https://www.acpjournals.org/doi/10.7326/M21-1373>

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