



**Hospital at Home**

# Reporting on what we heard



DELANEY  
*the engagement people*

# The Engagement Process:

## What We Did

On November 9, 2020, Island Health launched a prototype of the Hospital at Home (HaH) program; this project included a collaborative research and evaluation component to understand the efficacy of implementing HaH.

HaH is an established program in the United Kingdom, Australia, New Zealand, and some parts of Europe. At its core, HaH is about providing acute care services, typically delivered in a hospital setting, in the patient's own home. Evidence suggests that, under the right conditions, patients can have similar health outcomes and vastly improved experiences at a reduced cost, when compared to a traditional hospital stay.

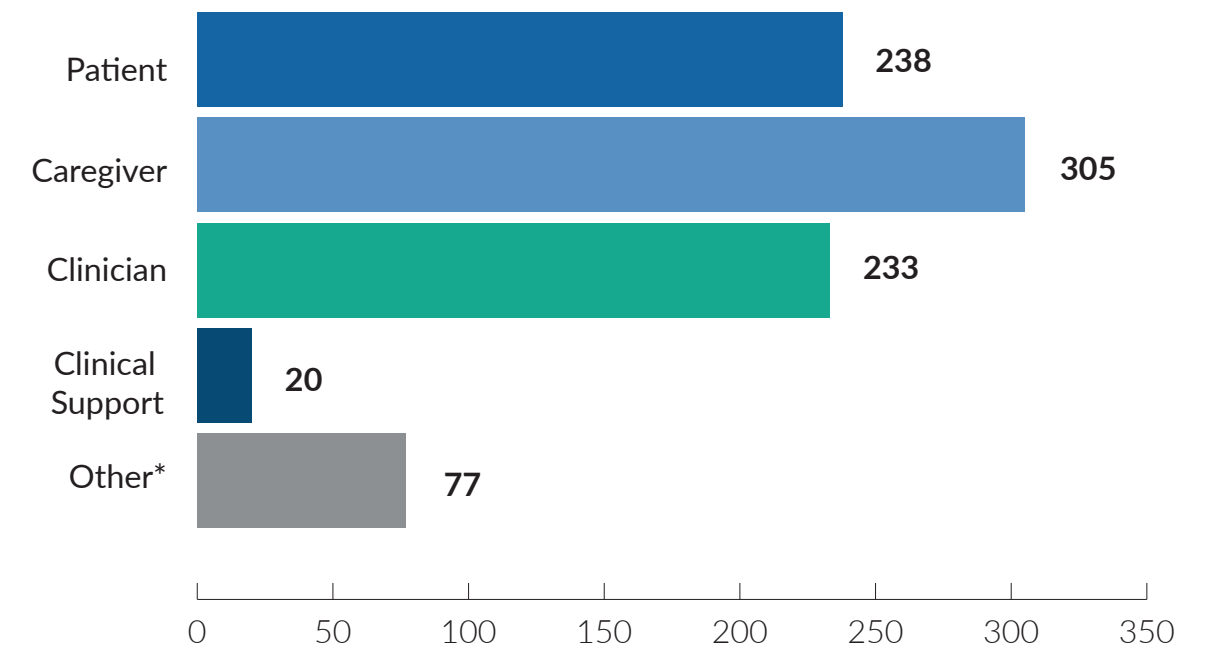
Our prototype of the HaH program is among the first in Canada. As such, it was unknown what the clinical, patient, and caregiver measures of success might be, as well as the barriers or supports required to provide acute care at home. An evaluation framework will ensure successes and issues are identified in a timely manner, and that improvements can be made to processes to ensure the success of the program.

The research team and all partners were committed to ensuring that the research and evaluation framework for the program is informed by patients, caregivers and the clinicians who will be in the position of providing remote, acute care to patients in their own home. As such, from September 21, 2020 to January 5, 2021, the research team undertook an engagement process to hear those who will be impacted by and involved in the Hospital at Home program about success measures, barriers, and supports.

*Our prototype of the HaH program is among the first in Canada.*



The engagement process consisted of key interviews and a public, online survey, with a total of 807 people participating (784 for the survey and 23 for the interviews). Respondents to the survey were asked to select which group(s) they belonged to, with the following results:



\*Participants who indicated they belonged to another group were asked the survey section with Patient questions.

# What We Heard

While the focus of the engagement process was on evaluation, participants also had a lot to contribute about the program itself. Below are the main program-specific and evaluation-specific themes from the engagement process.

## Evaluation

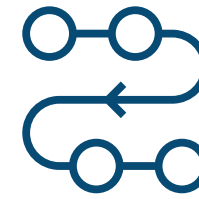


**Evaluate Patient Health Outcomes:** There was broad agreement across participants that measuring the health outcomes of patients would need to be a vital focus for the evaluation of the Hospital at Home program.

This not only related to measuring typical patient outcomes and recovery, but also hospital harms that may occur while a patient is in care, complications, length of stay, and readmission rates. Additionally, participants spoke of the need for patients to also be achieving their own health goals while receiving care.

*“Patients should know that the health care team collaborates on treatment plans and patient desires.”*

—Patient



**Evaluate Process and Policy:** Across stakeholder groups, participants spoke of how processes would need to be evaluated to ensure the program is successful.

For patients and caregivers, this looked like there being clear protocols for them to follow given their increased responsibility for their own care once admitted to the HaH program. Patients and caregivers not only stated that they would require training to be at home, but also that they would need to know the correct processes to reach out to their care team, or to get back to the hospital if needed, for example. For clinicians and staff, this looked like them knowing how to communicate within the team, but also there being clear protocols for charting, for finding the best route between homes, or for referring patients for tests and exams.

*“We need clearly defined guidelines to support communication between clinicians, families and clients.”*

—Clinician

## Program

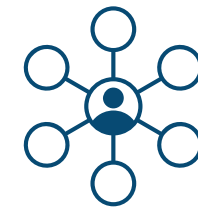


**Program Communications:** Communication amongst the care team as well as communication between the care team and caregivers or patients was identified often as something that would be key to the success of the program.

Patients and caregivers wanted to know they would be able to reach their care team whenever they needed to, and the care team would respond promptly. Additionally, patients and caregivers wanted to receive clear communication from the care team about processes, their care, and what was expected of them. Health care staff identified how vital it will be for them to communicate with other members of their team, as well as colleagues in allied health services or specialized areas.

*“The staff needs to listen to what the caregiver has to say. They know best about [caring for] the individual.”*

—Caregiver



**Program Support:** Patients, caregivers, and health care staff all identified that adequate support is needed to ensure they can all take part in the HaH program.

Patients stated that it is important they feel supported by the program and the care team, beyond just achieving the appropriate health outcomes, but also for things such as mental health or language interpreting services. Caregivers acknowledged the large burden this program would be on them and said they need ample support in order to have the right information and training. Specifically, caregivers want to be able to reach out if they have questions, get help with challenging or labour-intensive tasks (such as transfers or household work), as well as having a chance to take a break. Additionally, support with medication management (having enough medication, and adequate and timely access to medication) was mentioned by both patients and caregivers. Health care staff spoke of the need to have sufficient access to supplies and equipment, adequate staffing, as well as appropriate processes and policies that would support them in their work. Health care staff spoke of the need to have sufficient access to supplies and equipment, adequate staffing, as well as appropriate processes and policies that would support them in their work.

*“Support the patient by supporting the caregivers. Ensure Indigenous people are treated respectfully.”*

—Patient



**Program Safety:** This theme related not only to physical safety in relation to care and the need to achieve health outcomes, but also to the unique challenge of providing acute care in a person's home.

Participants spoke of the need to be able to quickly address any health emergencies, and of the need for patients, family members, and health care staff to all feel safe in this non-clinical environment. Additionally, cultural safety and respect was mentioned and an important aspect of providing care in a person's home.

**“Ensure safety at all times.”**

—Clinician

## What's Next

*This summary document reports on what was heard through the engagement process for the Hospital at Home prototype. The results of this engagement process will inform the evaluation framework that will be used to determine the efficacy of the program.*

---

We recognize that we need to continuously hear and measure the experiences of patients, caregivers, clinicians, and staff who take part in the Hospital at Home program, so that we can continuously improve and ensure we are providing the best possible care.

If you have any questions or comments, please reach out to the Hospital at Home research team at [HaHEvaluation@viha.ca](mailto:HaHEvaluation@viha.ca).

Delaney, *the engagement people*, is a neutral third party that conducted and analyzed the engagement process, and has prepared this report based on the findings.