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Conference Abstract

## Hospital at Home for acutely ill elderly patients

**Anette Tanderup:** MD, Ph.D.-student, Department of Geriatric medicine; Odense University Hospital, Denmark

**Jens-Ulrik Rosholm:** MD, Ph.D. Clinical associate professor, Department of Geriatric medicine; Odense University Hospital, Denmark

**Jesper Ryg:** MD, Ph. D., Post doc., Department of internal medicine, Kolding Hospital

**Annmarie Touborg Lassen:** MD, Ph.D., Professor, Head of Research Unit of Emergency Medicine, Odense University Hospital, Denmark

**Anne Lee:** Nurse, Master of Health Science, Senior Consultant, CAST - Centre for Applied Health Services Research University of Southern Denmark, Odense, Denmark

Correspondence to: **Anette Tanderup**, E-mail: [anette.tanderup@rsyd.dk](mailto:anette.tanderup@rsyd.dk)

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## Abstract

**Introduction:** In the future there will be an increasing number of acutely ill geriatric patients in need of hospitalization. For many older patients hospitalization can result in complications unrelated to the problem that caused the admission. Delirium, hospital acquired infections and functional decline are examples of such complications. Previous studies suggest that incident delirium and functional decline could be reduced if the patients are cared for and treated in hospital at their own home. In the future there will also be fewer hospital beds. If it is feasible, beneficial for the patients and the health organization the solution could be to hospitalize and treat elderly people at home surveyed by medico-technological monitoring.

**Objectives:** To study the-feasibility of a "Hospital at Home" (HH) supported by medico-technological solutions.

**Method:** Within the first 48 hours after admittance suitable geriatric patients are included in HH. Patients are installed in their own home along with the technology. The municipality nurse takes care of giving medicine, cooking and other activities of daily living. The hospital is responsible for the treatment and patients are assessed daily by a geriatric doctor and nurse. When ready the patients are discharged to their GP. Telemedicine is used for security when the patient is alone. Monitoring of falls, wireless measurements of vital values and direct patient-nurses contact via speakers and webcams is used. A call-center is placed in the geriatric ward in order to respond to alarms from the patient.

**Results:** The Model for Assessment of Telemedicine will be used. Data will be collected and analyzed to cover all seven domains of the model:

1. Health problem
2. Safety
3. Clinical effectiveness
4. Patient perspectives
5. Economic aspects
6. Organizational aspects
7. Socio-cultural, ethical and legal aspects.

**Time plan:** Inclusion is still running and is expected to finish January 2016. The project is financed by public and private non-commercial foundations.

## **Keywords**

**geriatric; acute care; home-hospitalization; telemedicine**