HOSPITALIZACIÓN DOMICILIARIA

V. J. González Ramallo

HOSPITALIZACIÓN DOMICILIARIA
ESQUEMA DE LA PONENCIA

- CONCEPTO
- APLICACIONES
- FORTALEZAS/DEBILIDADES
- AMENAZAS/OPORTUNIDADES

HOSPITALIZACIÓN DOMICILIARIA
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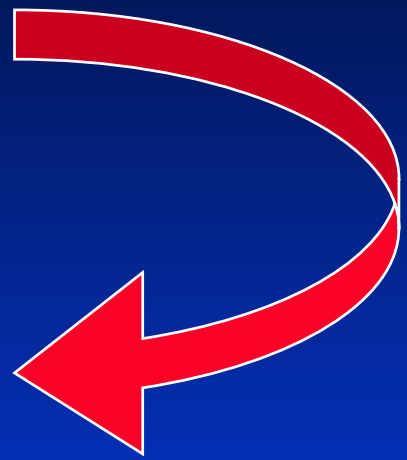
HOSPITALIZACIÓN DOMICILIARIA
CONCEPTO

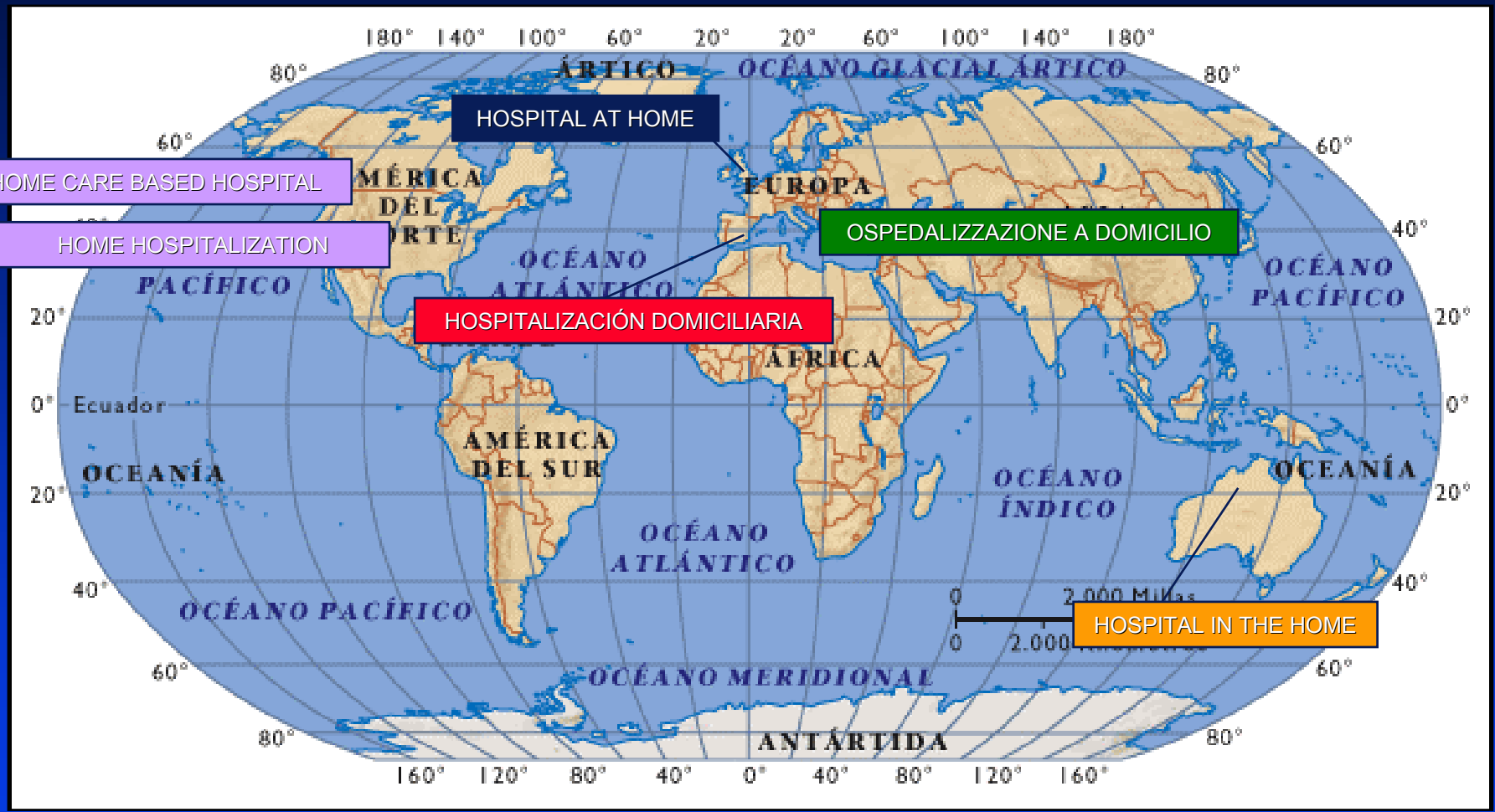
- Hospitalización convencional



- Alternativas asistenciales:
  - Hospital de Día / Cirugía Mayor Ambulatoria
  - Hospitalización a Domicilio
  - Telemedicina

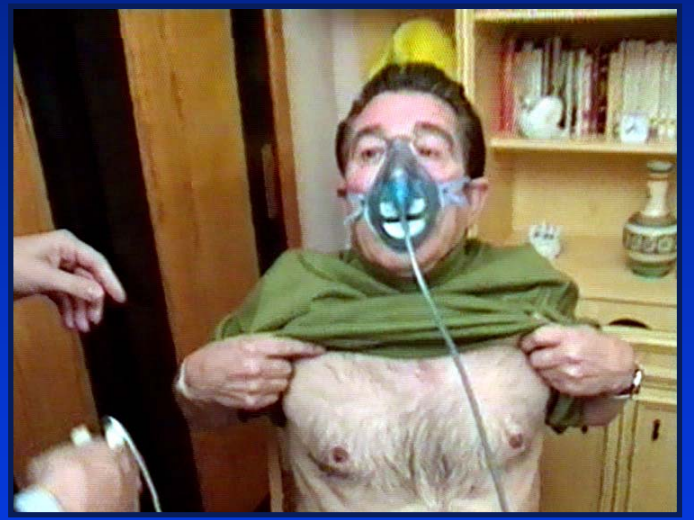
HOSPITALIZACIÓN DOMICILIARIA

CONCEPTO



HOSPITALIZACIÓN DOMICILIARIA
ESQUEMAS ASISTENCIALES

- Reducción de estancias *(early discharge scheme)*
- Evitación de ingresos *(admission avoidance scheme)*
- Procedimientos puntuales
  - diagnósticos/terapéuticos
  - programados o no
- Coordinación y seguimiento



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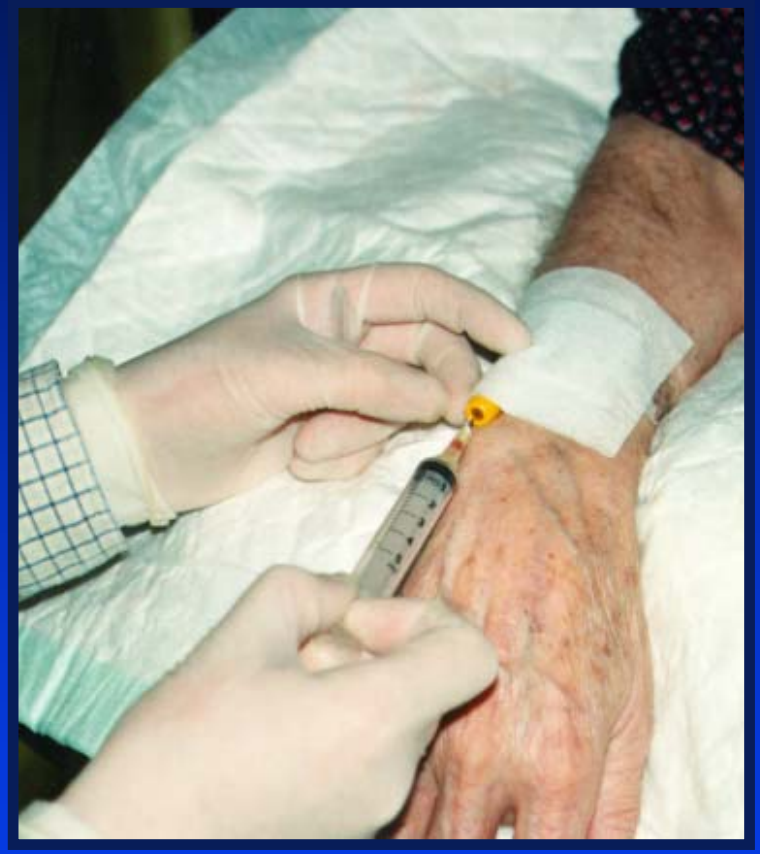
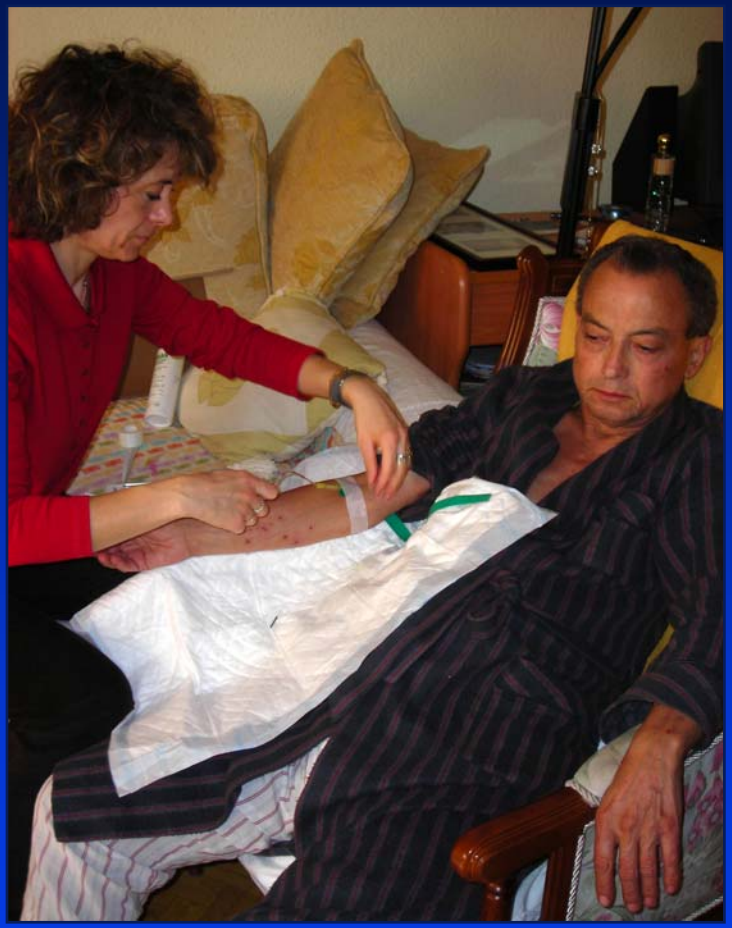
HOSPITALIZACIÓN DOMICILIARIA
TIPOS DE PACIENTES

- **MÉDICOS AGUDOS**
  - Pielonefritis, prostatitis
  - Neumonía
  - Celulitis
  - Osteomielitis
  - Bacteriemias
  - Endocarditis
  - E. tromboembólica venosa



HOSPITALIZACIÓN DOMICILIARIA
TIPOS DE PACIENTES



- **MÉDICOS CRÓNICOS**
  - Insuficiencia cardiaca
  - EPOC, asma
  - Diabetes mellitus
  - Cirrosis hepática
  - Infección VIH
- **PALIATIVOS**

HOSPITALIZACIÓN DOMICILIARIA
TIPOS DE PACIENTES

- **QUIRÚRGICOS AGUDOS**
  - Cirugía de alta precoz
  - Complicaciones postquirúrgicas
    - infección herida quirúrgica
    - dehiscencia de sutura
    - complicaciones no quirúrgicas
  - Infecciones vía biliar
  - Diverticulitis aguda
  - Abscesos intrabdominales
- **QUIRÚRGICOS CRÓNICOS**
  - Úlceras por presión
  - Amputaciones
  - Pie diabético
  - Cierres por 2ª intención
  - Fístulas
  - Injertos cutáneos

HOSPITALIZACIÓN DOMICILIARIA
PROCEDIMIENTOS DIAGNÓSTICOS

- Obtención de muestras biológicas
  - sangre, orina
  - esputo, exudados, líquidos orgánicos
- Pruebas complementarias hospitalarias
- Determinaciones sangre capilar (glucemia, INR)
- Imagen médica digital (teledermatología, cirugía)
- Electrocardiograma (transtelefónico, web)
- Espirometría, pulsioximetría, polisomnografía
- Ecografía portátil

HOSPITALIZACIÓN DOMICILIARIA
PROCEDIMIENTOS TERAPÉUTICOS

- Medicación parenteral
  - subcutánea
  - intravenosa
  - bombas de infusión
- Oxigenoterapia
- Ventilación mecánica
- Curas
- Nutrición artificial
- VAC

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HOSPITALIZACIÓN DOMICILIARIA
FORTALEZAS

- VENTAJAS CIENTÍFICO-TÉCNICAS (médico)
- VENTAJAS DE GESTIÓN (provedor/financiador)
- VENTAJAS PSICOSOCIALES (paciente)

HOSPITALIZACIÓN DOMICILIARIA
FORTALEZAS

- VENTAJAS CIENTÍFICO-TÉCNICAS
  - ↓ infecciones nosocomiales
  - ↓ episodios confusión y depresión

HOSPITALIZACIÓN DOMICILIARIA
VENTAJAS

- VENTAJAS DE GESTIÓN
  - ↓ costes por proceso
  - ↑ camas de agudos, elasticidad, aislamientos
  - ↑ relación con Atención Primaria

HOSPITALIZACIÓN DOMICILIARIA
VENTAJAS

- VENTAJAS PSICOSOCIALES
  - Humaniza relación profesional-paciente
  - Liberalización, personalización de horarios
  - Intimidad
  - Evita desplazamientos de familiares
  - Facilita educación sanitaria
  - Integra a la familia en los cuidados

Hospital domiciliario versus atención hospitalaria estándar

Shepperd S, Iliffe S

Reproducción de una revisión Cochrane, traducida y publicada en *La Biblioteca Cochrane Plus*, 2007, Número 3

Hospital at Home versus in-patient hospital care
Shepperd S, Iliffe S
The Cochrane Library, 2007. Chichester: John Wiley & Sons

DISEÑO (I)

- 22 ensayos clínicos (controlados aleatorios) 1978-2004
- Poblaciones:
  - ancianos con trastornos médicos (15)
  - postoperatorio de cirugía electiva (4)
  - recuperación de fractura de cadera (1)
  - paliativos (2)
  - médicos y quirúrgicos (1)

Hospital at Home versus in-patient hospital care
Shepperd S, Iliffe S
The Cochrane Library, 2007. Chichester: John Wiley & Sons

DISEÑO (II)

- Esquemas de intervención:
  - Early discharge scheme (18)
  - Admission avoidance scheme (4)
    - Urgencias (3)
    - Comunidad (1)
- Provedor del servicio:
  - Comunidad (14)
  - Mixtos (2)
  - Hospital (6)

Hospital at Home versus in-patient hospital care
Shepperd S, Iliffe S
The Cochrane Library, 2007. Chichester: John Wiley & Sons

RESULTADOS

- Igual de eficaz y segura
- Aumenta la satisfacción del paciente
- Satisfacción del cuidador:
  - mejor (2, terminales)
  - peor (2, postquirúrgicos)
- Reducción de estancias hospitalarias con aumento total
- No se demuestra ahorro de costes

Hospital at Home versus in-patient hospital care
Shepperd S, Iliffe S
The Cochrane Library, 2007. Chichester: John Wiley & Sons

VALIDEZ EXTERNA

- Sólo estudios publicados en inglés
- Procedencia:
  - UK (15, 2 de ellos de Sasha Shepperd)
  - Australia (5)
  - Noruega (1)
  - Italia (1)
- Esquemas asistenciales heterogéneos
- Los recursos eran hospitalarios sólo en el 22%

HOSPITALIZACIÓN DOMICILIARIA
INFECCIONES NOSOCOMIALES

CLINICAL OBSERVATIONS, INTERVENTIONS, AND THERAPEUTIC TRIALS

Home care during the pancytopenic phase after allogeneic hematopoietic stem cell transplantation is advantageous compared with hospital care

Britt-Marie Svahn, Mats Remberger, Karl-Erik Myrbäck, Katarina Holmberg, Britta Eriksson, Patrik Hentschke, Johan Aschan, Lisbeth Barkholt, and Olle Ringdén

After myeloablative treatment and allogeneic stem cell transplantation (SCT), patients are kept in isolation rooms in the hospital to prevent neutropenic infections. During a 3-year period, patients were given the option of treatment at home after SCT. Daily visits by an experienced nurse and daily phone calls from a physician from the unit were included in the protocol. We compared 36 patients who wished to be treated at home with 18 patients who chose hospital care (control group 1). A matched control group of 36 patients treated in the hospital served as control group 2. All home care patients had hematologic malignancies and 19 were in first remission or first chronic phase. Of the donors, 25 were unrelated. The patients spent a median of 16 days at home (range, 0-26 days). Before discharge to the outpatient clinic after SCT, patients spent a median of 4 days (range, 0-39 days) in the hospital. In the multivariate analysis, the home care patients were discharged earlier (relative risk [RR] 0.33, $P = .03$), had fewer days on total parenteral nutrition (RR 0.24, $P < .01$), less acute graft-versus-host disease (GVHD) grades II-IV (RR 0.25, $P = .01$), lower transplantation-related mortality rates (RR 0.22, $P = .04$), and lower costs (RR 0.37, $P < .05$), compared with the controls treated in the hospital. The 2-year survival rates were 70% in the home care group versus 51% and 57% (not significant) in the 2 control groups, respectively ($P < .03$). To conclude, home care after SCT is a novel and safe approach. This study found it to be advantageous, compared with hospital care. (Blood. 2002;100: 4317-4324)

HOSPITALIZACIÓN DOMICILIARIA
INFECCIONES NOSOCOMIALES

Long-term follow-up of patients treated at home during the pancytopenic phase after allogeneic haematopoietic stem cell transplantation

BM Svahn, O Ringdén and M Remberger

Center for Allogeneic Stem Cell Transplantation and the Division of Clinical Immunology, Karolinska Institute, Karolinska University Hospital, Huddinge, Stockholm, Sweden

To prevent neutropenic infections, patients are kept in isolation rooms after allogeneic haematopoietic stem cell transplantation (ASCT). Patients living within one hours' driving distance from our unit were given the opportunity of treatment at home after ASCT during the pancytopenic phase. We compared 36 patients treated at home during March 1998 until December 2000, with 54 controls treated in the hospital during September 1995 and September 2001. The incidence of grades II–IV acute graft-versus-host disease (GVHD) was lower in the home care group compared to the controls, that is, 17 *vs* 44% ($P<0.01$). The cumulative incidence of chronic GVHD was 52% in the home care group, compared to 57% in the controls. Transplant-related mortality (TRM) was 13% in the home care patients *vs* 44% in the controls ($P=0.002$). The probability of relapse was similar in the two groups. The 4-year survival was 63% in the home care patients compared to 44% in the controls ($P=0.04$). Home care after ASCT is a novel approach that resulted in less TRM, similar incidence of chronic GVHD and relapse, and improved long-term survival compared to controls treated in the hospital.

Bone Marrow Transplantation (2005) **36,** 511 516.

HOSPITALIAZCIÓN DOMICILIARIA
SINDROME CONFUSIONAL AGUDO

–Caplan GA, Ward JA, Brennan N, et al. Hospital in the Home: a randomised controlled trial. Med J Aust 1999, 170: 156-160.

– Canet J, Reader J, Rasmussen LS, et al. Cognitive disfunction after minor surgery in the elderly. Acta Anaesthesiol Scand 2003; 47: 1204-1210.

– Leff B, Burton L, Mader SL, et al. Hospital at Home: feasibility and outcomes of a program to provide hospital-level care at home for acutelly ill older patients. Ann Intern Med 2005; 143: 798-808.

– Caplan GA, Coconis J, Sayers A, Board N. A randomized controlled trial of Rehabilitation of Elderly and care at home or usual treatment (The REACH OUT trial). Age Ageing 2006; 35: 60-65.

HOSPITALIAZCIÓN DOMICILIARIA
SINDROME CONFUSIONAL AGUDO

Hospital at Home: Feasibility and Outcomes of a Program To Provide Hospital-L...
Bruce Leff; Lynda Burton; Scott L Mader; Bruce Naughton; et al
Annals of Internal Medicine; Dec 6, 2005; 143, 11; Health & Medical Complete
pg. 798

IMPROVING PATIENT CARE

Hospital at Home: Feasibility and Outcomes of a Program To Provide Hospital-Level Care at Home for Acutely Ill Older Patients

Bruce Leff, MD; Lynda Burton, ScD; Scott L. Mader, MD; Bruce Naughton, MD; Jeffrey Burl, MD; Sharon K. Inouye, MD, MPH; William B. Greenough III, MD; Susan Guido, RN; Christopher Langston, PhD; Kevin D. Frick, PhD; Donald Steinwachs, PhD; and John R. Burton, MD

HOSPITALIAZCIÓN DOMICILIARIA
SINDROME CONFUSIONAL AGUDO

	HAD	hospital	OR	p
estancia	3,2	4,9		0,004
complic. crit.	-	6%		< 0,001
SCA	9%	24%	0,26 (0,12-0,57)	
sedantes	16%	30%	0,49 (0,30-0,81)	
coste	5.081 $	7.480$		< 0,001

Jacobs JM, Cohen A, Rozengarten O, et al. Closure of a home hospital program: Impact on hospitalization rates.
Arch Gerontol Geriatr 2007, 45: 179-189.

Home hospitalization (HH), as a substitute to in-patient care, is an area of growing interest, particularly amongst the elderly. Debate nonetheless exists concerning its economic justification. This study describes a natural experiment that arose following spending cuts and closure of the 400 patient Jerusalem HH program. It examines the hypothesis that HH closure would cause increasing geriatric and general medical hospital utilization amongst the 45,000 beneficiaries of the Jerusalem Clalit Health Fund (HMO) aged 65 years and over. Hospitalization rates were measured prior to and following HH closure, and analysis of variance confirmed the significance of the differences in both geriatric ($p<0.0001$) and general medical hospitalization rates ($p=0.02$) over the study period. Linear regression analyses of the hospitalization rates prior to HH closure were performed to determine the expected trajectory of hospitalization rates following HH closure. The observed hospital utilization in the year following HH closure cost US$ 6.2 million in excess of predicted expenditure; closure of the HH resulted in the saving of US$ 1.3 million. The ratio of direct increased costs to savings was 5:1 thus confirming the hypothesis that HH closure would result in increased hospital utilization rates among the local elderly population.

Comparison of Stress Experienced by Family Members of Patients Treated in Hospital at Home with That of Those Receiving Traditional Acute Hospital Care.
Leff B, Burton L, Mader SL, Naughton B, Burl J, Koehn D, et al.
Department of Medicine, Johns Hopkins University, Baltimore. JAGS nov 2007

OBJECTIVES: To compare differences in the stress experienced by family members of patients cared for in a physician-led substitutive Hospital at Home (HaH) and those receiving traditional acute hospital care. DESIGN: Survey questionnaire completed as a component of a prospective, nonrandomized clinical trial of a substitutive HaH care model. SETTING: Three Medicare managed care health systems and a Veterans Affairs Medical Center. PARTICIPANTS: Two hundred fourteen community-dwelling elderly patients who required acute hospital admission for community-acquired pneumonia, exacerbation of chronic heart failure, exacerbation of chronic obstructive pulmonary disease, or cellulitis. INTERVENTION: Treatment in a substitutive HaH model. MEASUREMENTS: Fifteen-question survey questionnaire asking family members whether they experienced a potentially stressful situation and, if so, whether stress was associated with the situation while the patient received care. RESULTS: The mean and median number of experiences, of a possible 15, that caused stress for family members of HaH patients was significantly lower than for family members of acute care hospital patients (mean +/- standard deviation 1.7 +/- 1.8 vs 4.3 +/- 3.1, P<.001; median 1 vs 4, P<.001). HaH care was associated with lower odds of developing mean levels of family member stress (adjusted odds ratio=0.12, 95% confidence interval=0.05-0.30). CONCLUSION: HaH is associated with lower levels of family member stress than traditional acute hospital care and does not appear to shift the burden of care from hospital staff to family members.

HOSPITALIZACIÓN DOMICILIARIA
DEBILIDADES

- ✓ Evidencia no concluyente
- ✓ Implantación irregular
- ✓ Dificultad medio rural
- ✓ Falta de coexión
- ✓ Dependencia heterogénea
- ✓ Desconfianza/desconocimiento
  - – paciente/familia
  - – profesionales

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HOSPITALIZACIÓN DOMICILIARIA
AMENAZAS

- ✓ Dra. Román (¿Dr. García Alegría?, ¿auditorio?)
- ✓ Cambios demográficos y socioculturales
- ✓ Escasez de personal cualificado
- ✓ Gerencias economicistas

HOSPITALIZACIÓN DOMICILIARIA
CAMBIOS EN EL SECTOR SALUD

FACTORES DEL CAMBIO
pacientes/clientes
avances Medicina, Farmacología
cambios financiación y gestión
revolución tecnológica
telecomunicaciones

NUEVO PARADIGMA DE CUIDADOS
más descentralizado, continuidad asistencial
más personal y autoadministrado
en domicilio

HOSPITALIZACIÓN DOMICILIARIA
OPORTUNIDADES

- ✓ Financiación por GRD (¿capitativa?)
- ✓ Medicina orientada al paciente
- ✓ Gerencias únicas
- ✓ Avances farmacológicos
- ✓ Telemedicina

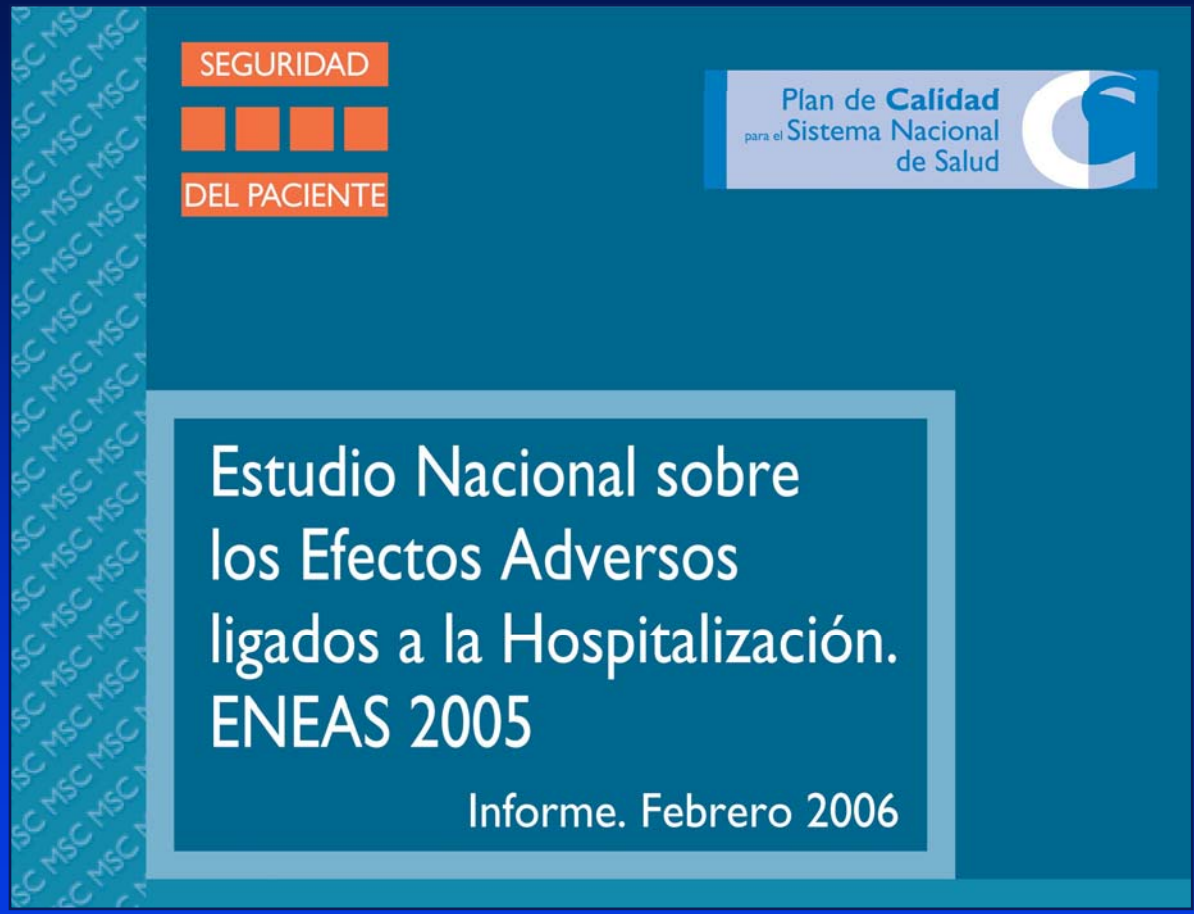
HOSPITALIZACIÓN DOMICILIARIA
CONCLUSIONES

- Engloba servicios muy heterogéneos.
- Actúa sobre sistemas sanitarios no comparables.
- No debe ser una herramienta de ahorro de costes.
- Disminuye los efectos adversos asociados a la hospitalización convencional.
- Puede contribuir a evitar los reingresos en algunas enfermedades crónicas.
- Es un instrumento eficaz para aumentar la calidad.

MINISTERIO DE SANIDAD Y CONSUMO

SECRETARÍA GENERAL DE SANIDAD

DIRECCIÓN GENERAL DE LA AGENCIA DE CALIDAD DEL SISTEMA NACIONAL DE SALUD



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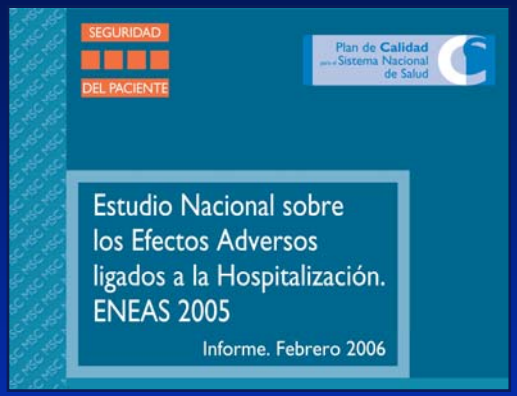

- DISEÑO
  - Estudio prospectivo de cohortes
  - 4-10 junio 2005
  - 5.624 pacientes

- RESULTADOS
  - 1.755 casos de posible EA (32%)
  - 473 (8,4%) EA relacionado con al hospitalización
    - 37% medicación
    - 25% infección
    - 25% técnica
  - 43% eran evitables

NUEVAS TECNOLOGÍAS EN HaD
CONCLUSIONES

NUEVAS TECNOLOGÍAS EN HaD

CONCLUSIONES