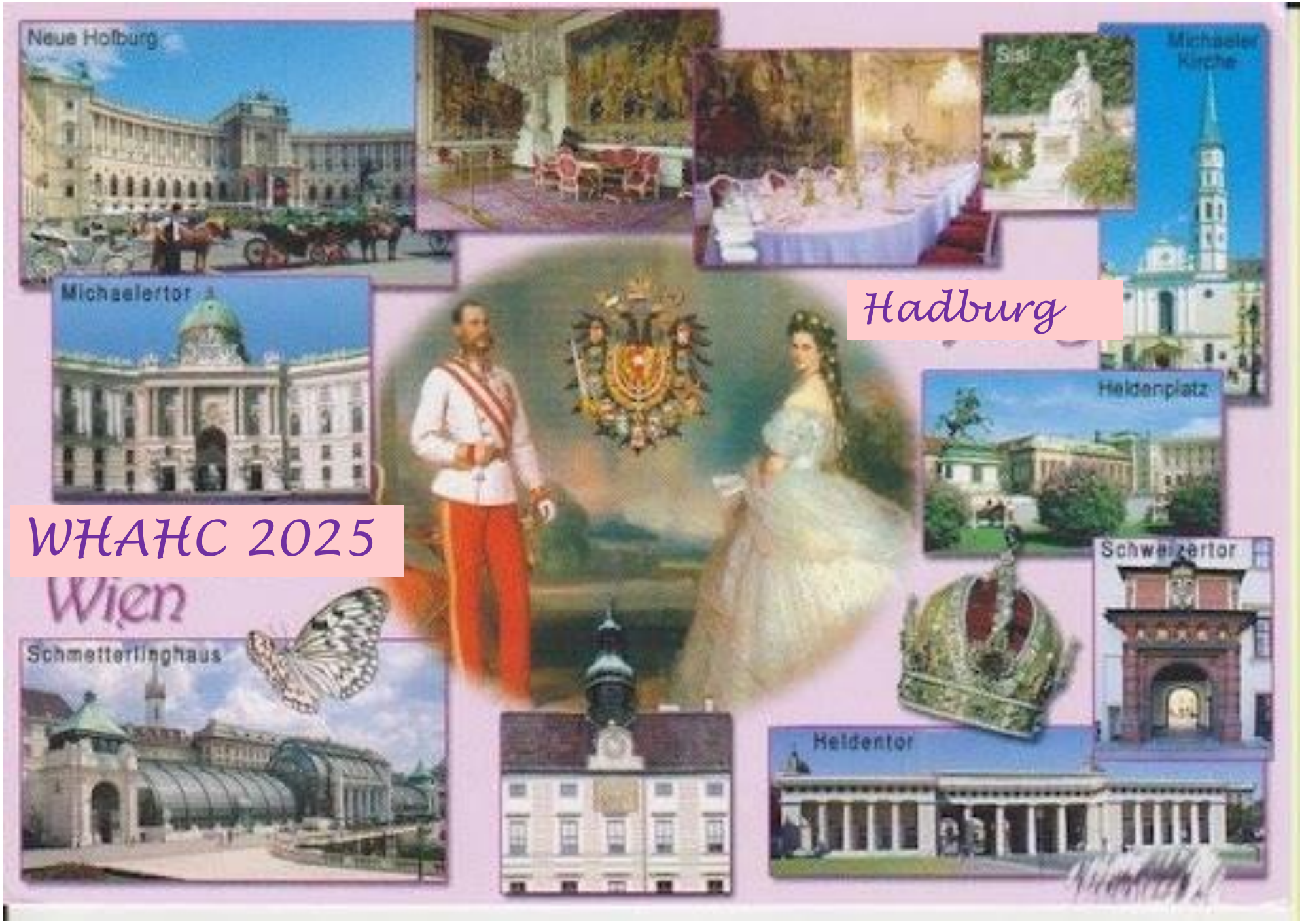
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Heldenplatz
WHAHC 2025
Wien
Schmetterlinghaus
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Heldentor

WORLD HOSPITAL AT HOME CONGRESS™

649 participants

37 pays

#WHAHC2025
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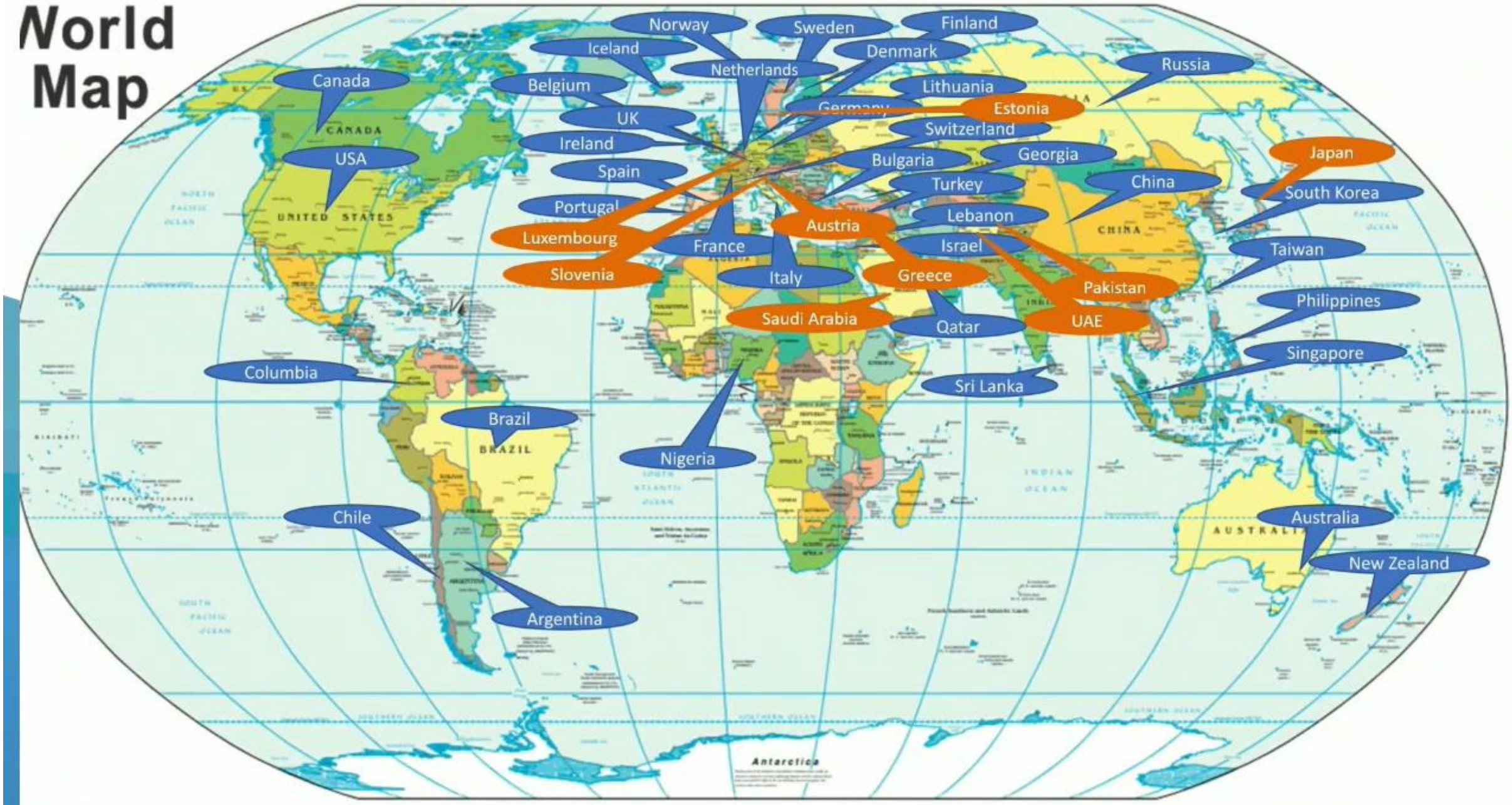
World Map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Antarctica

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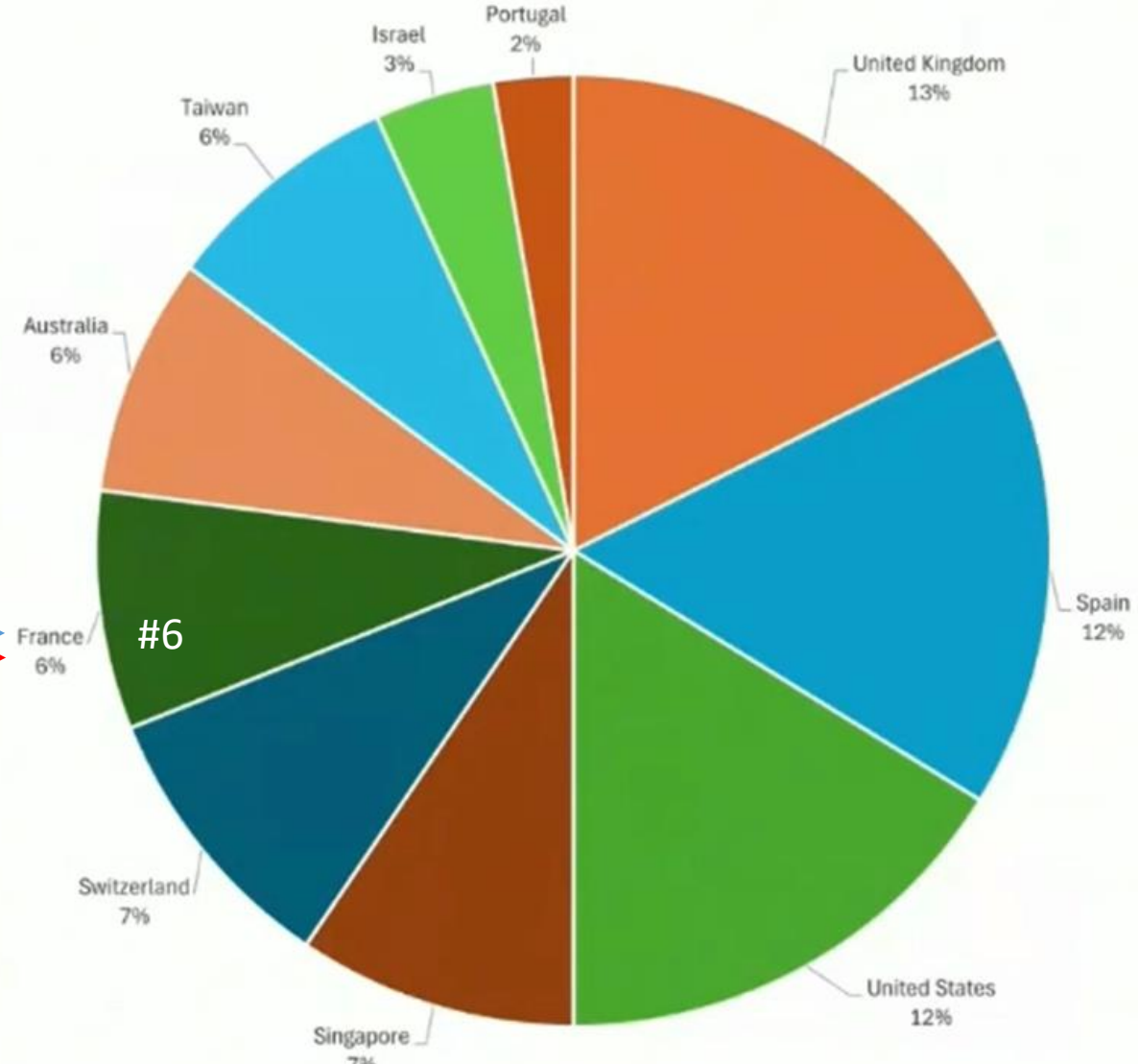
WORLD HOSPITAL AT HOME CONGRESS™

Top 10 des pays
Nb d'absracts soumis



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Progrès depuis 2023?

Meilleure repartition des thèmes

- Gériatrie
- Pédiatrie
- Oncologie
- Pneumologie
- Maladies infectieuses
- Soins infirmiers
- Pharmacie
- Services de santé
- Obstétrique
- Périopératoire

Plus solide scientifiquement

- Meilleure description des modèles HAD

- Conditions en HAD permettant des résultats
  - Reproductibles
  - Plus solides
  - Plus spécifiques de l'HAD

    --> taux d'escalade

    --> mortalité en HAD

Meilleure structuration des sessions

Définition du soin infirmier à domicile (en séance plénière inaugurale)

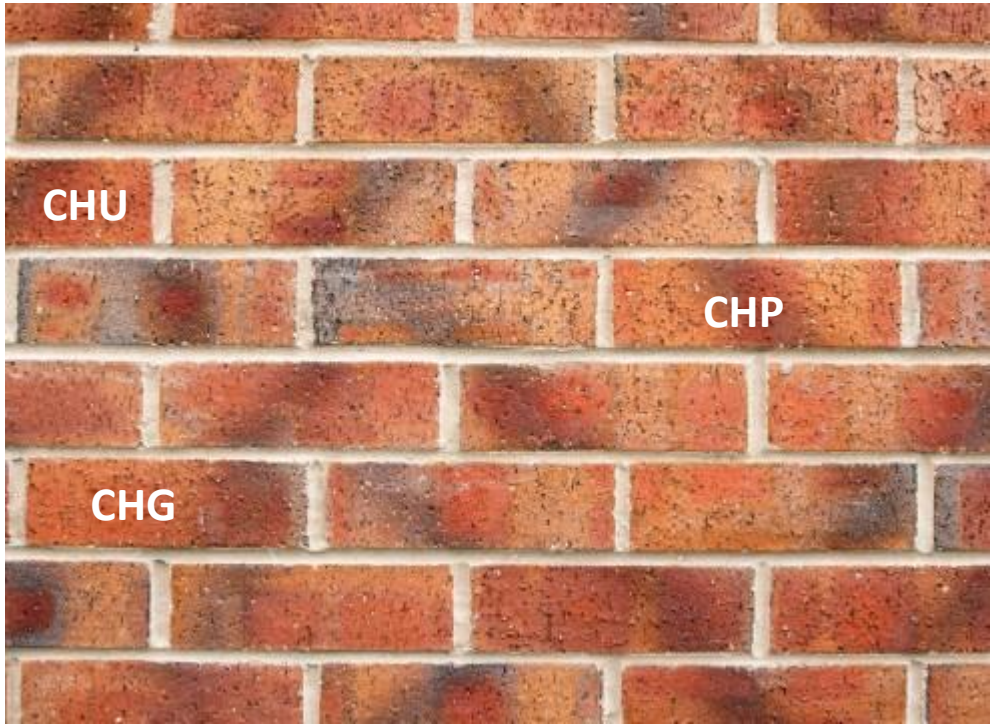
- HAD, tt IV, situations palliatives

- Les 5 caractéristiques des soins infirmiers à domicile
  - Autonomie de l'IDE
  - C'est le patient qui décide, à domicile
  - Patient s'autogère en partie
  - Collaboration de l'aidant
  - Rôle central de l'IDE dans l'équipe autour du patient

L’hôpital

En briques et mortier

À domicile



JAHM The Journal of Advanced Home Medicine

- Recherche originale
- « Brève »
- Revue systématique
- Vignette clinique
- Lettre à l’éditeur

- Point de vue
- Consensus
- Conférences

- Art et photographie

La WHAHC25 en un coup d’oeil

- Singapour, Espagne, USA
- Thématiques
  - scale-up
  - Admissions directes
  - Formation
  - Émancipation
  - psychiatrie
  - Care giver
  - Patient fragile
- Thématiques absentes
  - Pas de post opératoire

Galerie des posters pédiatriques

En 2023, 4 posters pédiatriques

En 2025, 13 posters pédiatriques

Espagne

5 ans, 3058 enfants, unité de pédiatrie aigüe

Introduction

In our center, a **HAH** program for **acute pediatric patient** started in 2019 with physicians and nurses **who perform daily on-site and/or telematic visits**, with 24-hour continuous care.

Patients' requirements are clinical stability, house close to hospital, not language barrier and having a 24-hour caregiver at home.

Nursing staff trains the family in specific care.

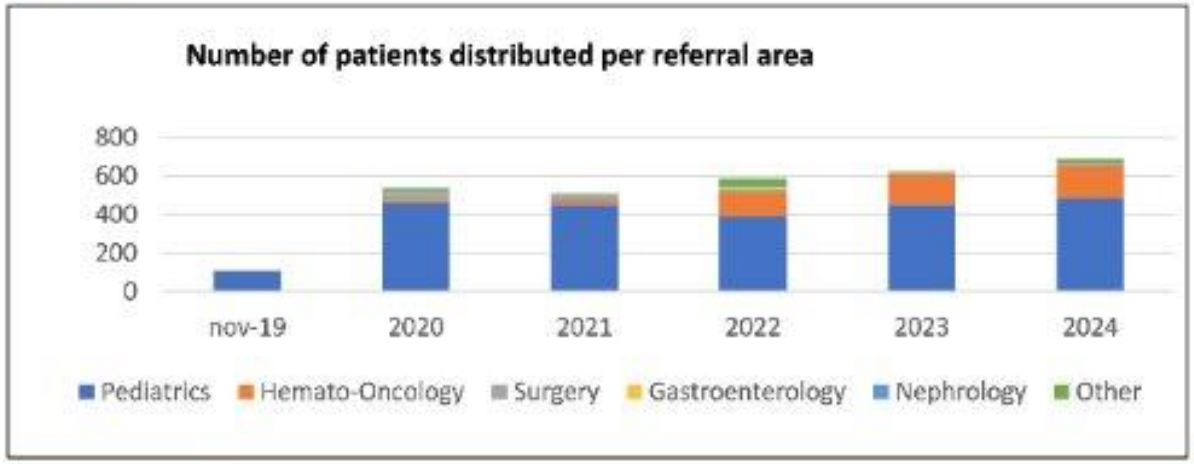
Aim

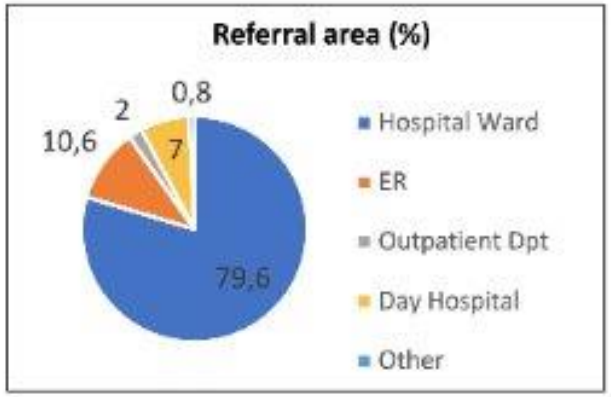
To **describe typology** of admissions, **care** provided at home and unit's **continuous care**.

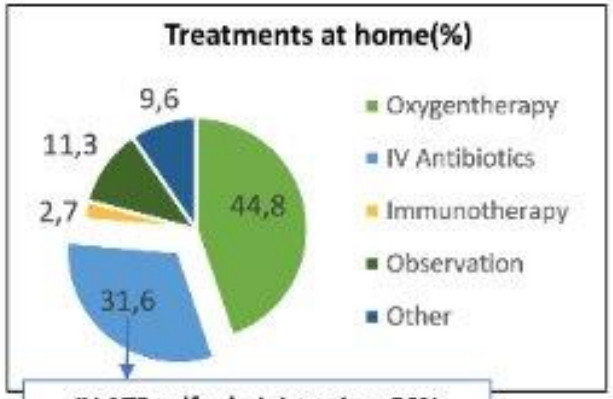
Methods

Retrospective descriptive single-center study, with analysis of the unit's database.

Results







IV ATB self-administration: 56%
No serious safety incidents recorded

Continous care during non-working hours (18 months analysis)

- 975 patients (18 months)
- 59 calls
- 38 visits to ER

Conclusions

Pediatric HAH is a **safe alternative** for acute pathologies. It does not represent a significant care burden in continuous care. The main referral source is pediatric hospitalization and the main pathologies are respiratory infections. **Self-administration is safe**.

SJD a casa

SJD Sant Joan de Déu Barcelona · Hospital

3 ans, 166 enfants, suivis en onco hémato

Background and Aims

Home hospitalization is a good alternative to conventional hospitalization in oncological patients.

Aim: To analyse the characteristics of the admissions in a home hospitalization pathologies, treatments and most frequent medical complications.

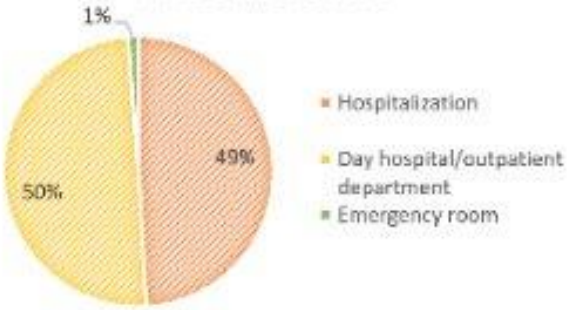
Methods

Retrospective descriptive analysis of patients included on the program from October 2021 to June 2024

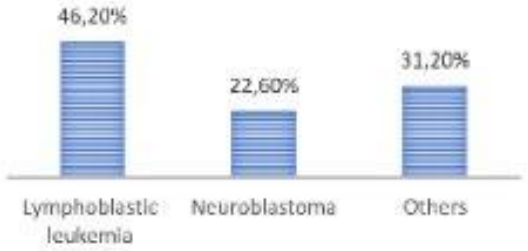
Results

- **166** patients
- Avarage distance **8 KM**
- Average age **9,5 years**
- Average stay **4 DAYS**
- Venous acces **Central line 94,2%**

INCOME UNIT

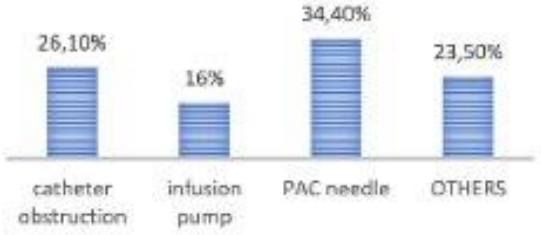


COMMON PATHOLOGIES

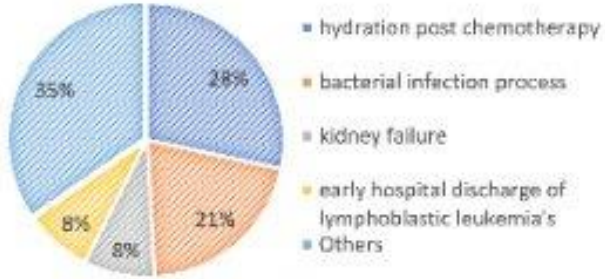


Readmision **10,3%**

PROBLEMS (N=23)



TREATMENT



53,5% motivated by fever

Conclusions

The oncological hospitalization service, day hospital area and outpatient department are the services that refer a higher number of patients to home hospitalization. The readmission rate is low and the vast majority of these are caused by expected complications. Oncological service is a **safe alternative.**

On demande l'avis des collègues des BAM sur l'HAD

Background

Hospital at Home (HAH) is a proven alternative to conventional hospitalization if a correct identification and referral of candidates is guaranteed. Professionals' knowledge and perceived strengths and barriers for referral, can contribute to the performance of the program.

Aims and Method

To assess physicians and nurses' knowledge about HAH for acute patients in our hospital, through a single-center, descriptive, cross-sectional study with surveys designed for the study, distributed by corporate mail, during June and July 2024.

Results

127 surveys

- 55% medical staff, 45% nursing staff
- 63% > 10 years-experience

"Are you aware of the program?"

74% Have detected a candidate
75% Would like to continue participating during HAH-admission

90% Considered **HAH useful**

5/5 **Average Satisfaction**

"Have you ever made a referral?"

97% Considered HAH a beneficial experience
99% Would repeat the referral

45% Had not feedback during admission
74% Considered feedback necessary

"Main reasons for considering HAH referral"

"Main reasons for discarding HAH referral"

Conclusions

Respondents were mostly aware of HAH existence and functioning, with a **high degree of satisfaction** and with the **main aim of improving the quality of life of patients/family**. Most participants would like to continue participating in home management.

SJD a casa

SJD Sant Joan de Déu Barcelona · Hospital

On peut faire de l'échographie en HAD

Background

Bedside thoracic ultrasound (TUS) is an useful and non-invasive tool for diagnosis and follow-up of acute pulmonary pathology.

Respiratory pathology is a significant percentage of pediatric admissions, many of them **HAH** candidates, where **access to complementary tests is limited and implies** in most cases a **transfer to hospital** and associated inconveniences for patient and family.

Aims and Method

The aim of this study is to **analyze bedside TUS usefulness in pediatric patients with acute respiratory pathology admitted at home.**

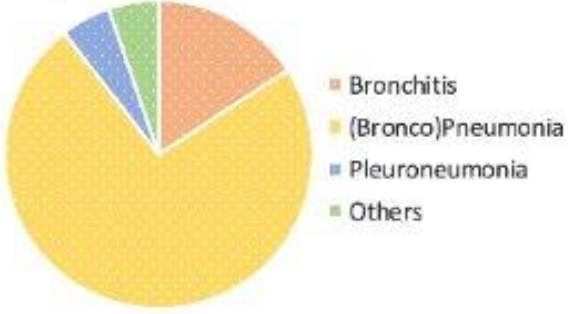
We present a single-center descriptive study, with data analysis of patients admitted to the pediatric HAH between **February 2024 and February 2025.**

Results

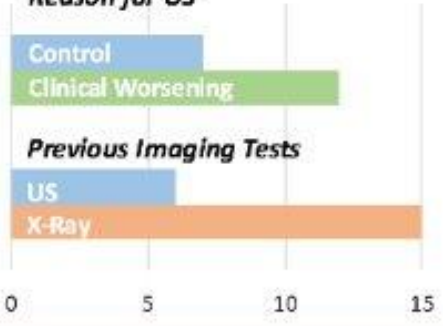
19 patients

95% with respiratory pathology

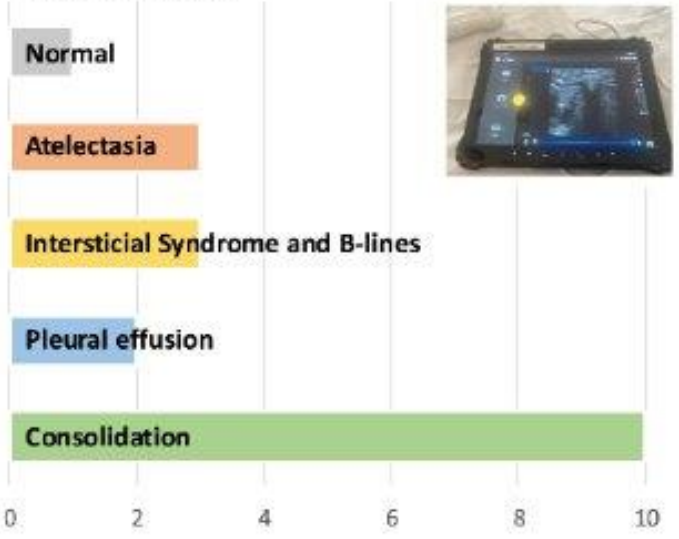
Diagnosis on admission



Reason for US



US Findings



Consolidation and pleural effusion

Interstitial syndrome and B-lines

37% : US findings led to a therapeutic change

Conclusions

Home thoracic ultrasound is a non-invasive method, fast and with easy acceptability and availability, and a support for clinical management at home, facilitating clinical follow-up and therapeutic decision of patients with respiratory pathology, in addition to avoiding trips to the hospital.

SJD a casa

SJD Sant Joan de Déu Barcelona · Hospital

France

Enteral nutrition in children a hospital at home experience: feasibility, indications, safety.

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1. Fondation Santé Service, Levallois-Perret 2. Hôpital Forcilles- Fondation Cognacq- Jay, Férolles- Attilly 3. Hôpital de Pédiatrie et de Rééducation Bullion
Corresponding author: adeline.mallard@fondation-santeservice.fr

239 patient NED...
Sécure même avec pathologies lourdes

Background

There are little data on children receiving Home Enteral Nutrition (HEN) although it has been practiced for years in different countries. Fondation Santé Service is a hospital at home structure which takes care of adults and children in Paris area. Home enteral nutrition is primarily for patients whose reduced oral intake doesn't maintain proper nutrition or hydration.

Methods

A retrospective study inclu[illegible] supported by hospital at home Fo[illegible] Service with enteral feeding from 2021 to 2023.

Results

Two hundred and Ninety-five children receiving HEN were included from the 1st of January 2021 to the 31st December 2023 i.e. 26,247 days of home hospitalization, Among them 51% girls. Two third of them were less than one year old. They were taken care for various pathologies: hemopathies and solid tumors (27%), neurological impairment (17%), otorhinolaryngogical abnormalities (11%) (among them 73% Pierre Robin syndrome), cardiopathies (9%). Around 9% of the children were premature. Seven per cent benefited of a home hospitalization for palliative care. There were 29 deaths linked to their pathology. Thirty-four children had to be urgently hospitalized during the period considered (40 % due to digestive causes, 26% due to respiratory causes, only 1 patient due to impossibility to replace nasogastric tube at home).

[illegible] can be done [illegible] patients as young as less than one year old, for various pathologies including severe ones such as oncology and palliative care. Hospital At Home allows less disruption in children's routine and improves the relationship between neonates and their parents. It is an alternative to conventional hospitalization.

Keywords: hospital at home, children, enteral feeding

References:

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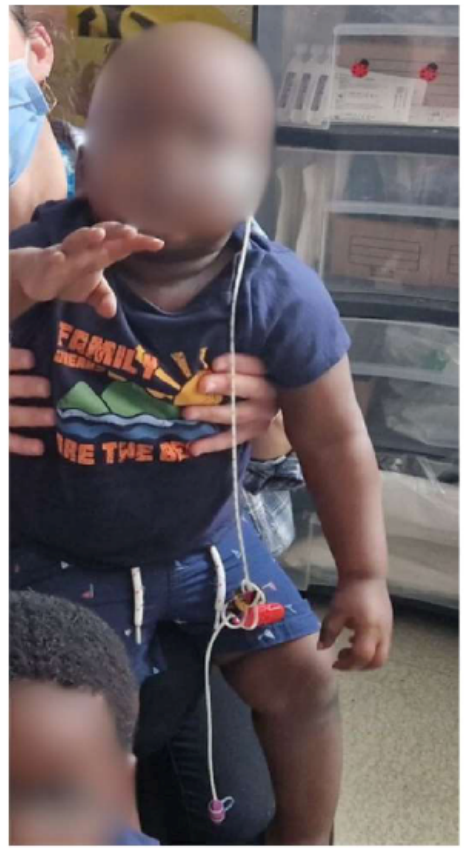
5) Lezo A, Capriati T, Spagnuolo MI, Lacitignola L, Goreva I, Di Leo G, Cecchi N, Gandullia P, Amarri S, Forchielli ML, Dipasquale V, Parma B, Gatti S, Ravaioli E, Salvatore S, Mainetti M, Norsa L, Pellegrino M, Fornaro M, Fiorito V, Lanari M, Giaquinto E, Verduci E, Baldassarre ME, Diamanti A. Paediatric Home Artificial Nutrition in Italy: Report from 2016 Survey on Behalf of Artificial Nutrition Network of Italian Society for Gastroenterology, Hepatology and Nutrition (SIGENP). Nutrients. 2018 Sep 16;10(9):1311. doi: 10.3390/nu10091311. PMID: 30223620; PMCID: PMC6163787.



Les clowns en HAD

CLOWNS IN THE PEDIATRIC HOME HOSPITALIZED: EXPLORING THE PERCEPTIONS OF FAMILIES AND NURSES.

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Fondation Santé Service, Levallois-Perret, France
Corresponding author: adeline.mallard@fondation-santeservice.fr

Background and Aims :

Every year, Fondation Santé Service provides hospital at home (HAH) care for 1,900 children in the Paris region, mainly in neonatology and oncology. Pathologies and associated care can have a major impact on children and their families. As a complement to conventional treatments for the burden of illness, distraction therapies are offered, such as clowns known in pediatric hospitals for decades. Although generally perceived positively, the presence of clowns can alter care relationships, and even provoke reticence. In addition, there is little data on the use of clowns with children in the HAH setting.

Methods:

From March to June 2024, we ... the intervention of trained clo... pediatric patients, in conjuncti... Testimonies from families, ... collected.

Results:

Fifty-seven children and their family benefited from one clowns' intervention. The age range was 4 days to 10 years (median 1 year and four months). A total of 38% were treated for premature birth sequelae, 31% for hemopathies and solid tumors and 9% for cardiopathies linked to genetic abnormalities. Overall, feedback from the families and the nurses were positive. Nevertheless, the testimonials prompted inquiries regarding the efficacy and applicability of such interventions (families) and the role of the nurse, with some individuals even expressing coulrophobia.

Conclusion:

...posed as a distractive therapy among HAH pediatric patie... ...h is needed to better understand the benefits and barriers

Key-words :
home hospitalization, clowns, children, pediatrics, hospital at home, distractive therapy

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Enfant suivi pour cancer en HAD: challenge d'être parent
Mouvements émotionnels et évolution du rôle de parent

1- Paris Nanterre University, France ; 2- Fondation Santé Service, France ; 3 – Strasbourg University, France

Background

Hospital-at-Home (HaH) is increasingly used in pediatric oncology, allowing children to receive treatment at home instead of in the hospital. While seen as comforting and reassuring, HaH transforms the home into a medicalized space, raising concerns about family intimacy, privacy, and the balance of daily life already disrupted by illness. The impact of childhood cancer on parenting is well-documented, but little research has explored how HaH specifically reshapes parental roles and family dynamics.

Objective

To examine the effects of HaH on parenting and the child's experience.

Methods

This qualitative study used semi-structured interviews with children and their parents receiving HaH care. Data were analyzed using Braun & Clarke's (2019) six-step reflexive thematic analysis

Sample Characteristics

Characteristic	Parents (n = 22)	Children (n = 2)
Age, years, median [range]	45 [37-53]	8 [6-12]
Gender	15 mothers, 7 fathers	1 girl, 1 boy
Diagnosis	-	1 lymphoma, 1 sarcome

Parents' Experience

"Reinventing parenthood"

- Navigating a shared caregiving role with healthcare professionals
- Making decisions amid uncertainty and emotional challenges
- Adjusting to new caregiving dynamics or feeling a loss of authority

Children's Experience

"Life is not the same anymore"

- Home becomes a medicalized space, disrupting daily life
- Constant parental presence is both reassuring and restrictive
- Blurred boundaries between family life and medical care

Parents' Strategies

"Navigating caregiving challenges"

- Responding to needs: Adapting to emotional and medical changes.
- Anticipating requests: Identifying discomfort without words.
- Imposing care: Ensuring treatment despite resistance

Children's Strategies

"Expressing needs and negotiating care"

- Asking for care when needed
- Using indirect signals to express discomfort
- Accepting, challenging, or resisting treatments

Key Insights

- **A paradox of caregiving:** HaH offers parents **relief from complex medical tasks**, yet it also **challenges their sense of authority, blurring the lines** of their parental role
- **A home redefined:** For children, HaH brings **comfort** but also **transforms their living space into a place of care, shifting family dynamics** and **altering their perception of home**
- **An ongoing adaptation:** Parents and children must constantly **navigate a delicate balance** between **autonomy and dependence, adjusting to the presence of healthcare teams** in their daily lives

Acknowledgments: We thank the participating families and the teams from Fondation Santé Service supported by Fondation Santé Service.

Parenting in HaH is a shared journey, shaped by
complexity is crucial: Beyond medical care, **health**
Future research should explore tailored psychos
bonds. Acknowledging this

Rôle accompagnement
- Reconnaître la complexité
- accompagner durant les changements

Les anglais

2 audits: avant et après mise en place d'une HAD
Patients complexes (2019: 27 patients vs 2021: 30 patients)

Evelina London Children's Hospital

AIMS AND OBJECTIVES:

The service aims to support families in caring for children & young people with complex needs at home, ensuring they receive high-quality care during acute illness episodes.
The objective is to evaluate the pathway before & after the implementation of the service, assessing its impact on reducing Emergency Department visits, hospital admissions, and length of inpatient stays.

SERVICE SETTING:

The Evelina Hospital at Home service delivers acute nursing care to sick children in their homes across two inner-city London Boroughs, as part of an integrated Children's Community Nursing Service.

BACKGROUND

The gap in research on paediatric acute services for children with complex, chronic conditions in community settings is a critical issue. As the NHS shifts toward integrated care & population health, there is an urgent need for evidence based approaches to support these children & their families (NHS, 2019). Community-based services offer the potential to alleviate hospital pressures & provide more personalised care, but their effectiveness remains under researched.

Implemented key tools

METHODOLOGY:

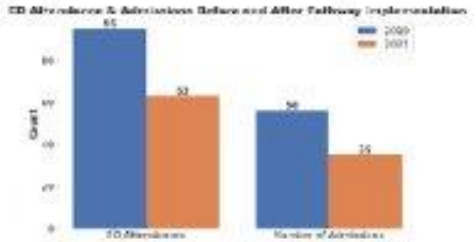
Two audits, led by Hospital at Home team were conducted to assess the impact of the pathway. Data was gathered from Electronic Patient Records, to assess attendance to the Emergency department and hospital admissions. The audit involved all children on the Children's Community Nursing caseload and Long-Term Ventilation Team in 2019 (27 patients) and again after the implementation in 2021 (30 patients).

The audits gathered Feedback from Staff and patient experiences. Key metrics include:

- Attendance to Accident and Emergency Department & inpatient admissions at Evelina London Children's Hospital, Guys and St Thomas' NHS Foundation Trust & Kings College Hospital NHS Foundation Trust.
- Referral rates using the Acute Complex Pathway.

RESULTS:

ED attendances and hospital admissions in 2019 and 2021:
Average ED attendance and hospital admission per patient has decreased by 40 %.



Feedback:


Certificate of Excellence
awarded to:
Children's Hospital at Home team
Evelina London

Reason for patient admissions in 2021:
12 admissions for observation and oxygen. 6 admissions requiring physiotherapy support.

LEARNING OUTCOMES/ SUMMARY

Reduced Emergency Department Attendance: The service contributed to a decrease in visits to the Emergency Department.
Reduced Inpatient Admissions: There was a notable reduction in inpatient admissions, highlighting the effectiveness of home-based care.
Role of Community Physiotherapist: The addition of a community physiotherapist could further reduce inpatient bed stays, improving patient outcomes.
Service Expansion: Service expansion to include a broader range of medical conditions
Future Research Needs: Longitudinal studies are needed to analyse patient and staff experiences, offering deeper insights into service effectiveness and areas for improvement.

CONCLUSION:

Initiatives like the acute complex care pathway in the Hospital at Home service are effective in reducing Emergency Department attendance, decreasing hospital admissions, and shortening inpatient stays. The inclusion of physiotherapists could further enhance these outcomes, promoting positive experiences for both patients and staff. This highlights a promising model for improving care coordination and health outcomes for this vulnerable population.

REFERENCE:

NHS (2019) NHS Long term plan. Available from: https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/

Qualité de vie

Background

Hospital at Home services have been established in the UK to reduce NHS pressure while ensuring high-quality treatment. While effective in adults, evidence in paediatrics is still emerging, with early studies indicating potential benefits, including reduced hospital stays, improved clinical outcomes, and increased patient satisfaction (Thomas & Powell, 2013)."

Aims

- Explore parental experiences of paediatric Hospital at Home in the UK
- Identify key benefits and challenges from patient and family perspectives
- Provide insights for improving services, including referral pathways and care balance.

Service Setting

Evelina London Children's Hospital at Home, led by paediatric nurses, provides home-based care for referred children with acute short-term illnesses, enabling early discharge and offering an alternative to admission.

Table 1: Patient Characteristics

Interview Number	1	2	3	4	5	6	7	8
Age	11 months	7 months	2 months	1 month	10 months	4 months	2 years	7 years
Days on High caseload	2 days	4 days	5 days	1 day	4 days	7 days	1 day	3 days
Date of interview	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Diagnosis	Fever	Fever	Bronchiolitis	Infection	Bronchiolitis	Infection	Fever	Fever
Source of referral	Ward	Ward	A&E	A&E	A&E	A&E	GP	GP
Intervention	IV Abx	IV Abx	Review	Review	Review	IV Abx	Review	Review

Methods

The primary data source was a clinical database of patients referred to and treated by the Hospital at Home. Data were collected between October and November 2023. Patients admitted with [illegible] and their parents were conta[illegible] referral. Those not referred [illegible] Department were excluded. Semi-structured interviews [illegible] Teams, approximately 30 da[illegible] interviews, two more partici[illegible] thematic saturation was reached. Data were analysed thematically with independent and collaborative transcript reviews to develop the final coding framework.

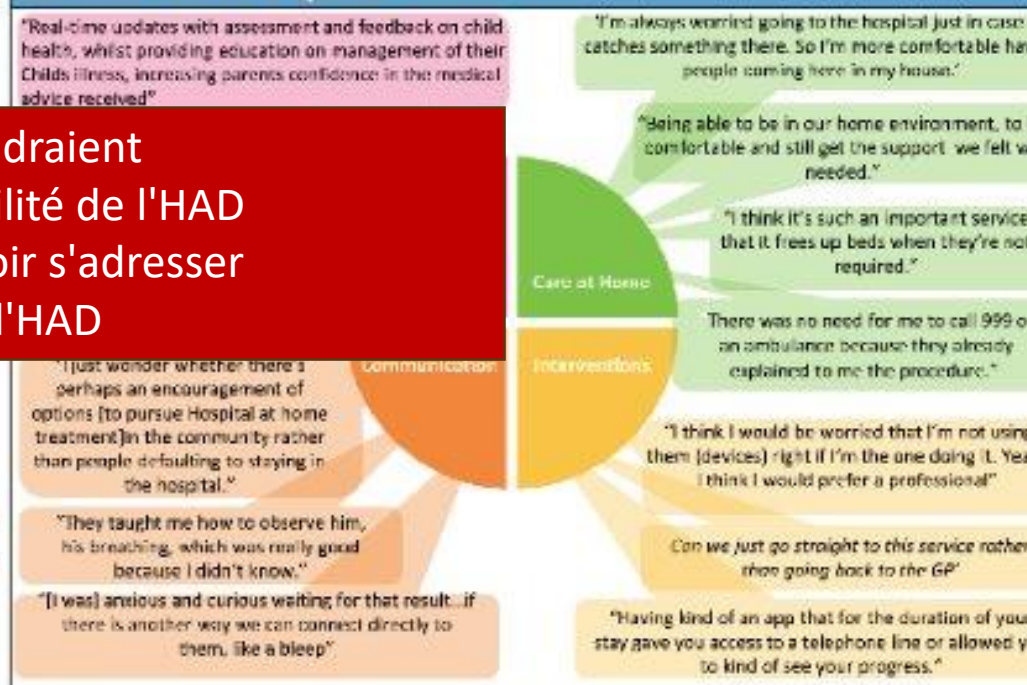
Results

Four primary themes emerged from the analysis: Clinical Care, Communication, and Suggested Interventions. Care at Home.

Clinical Care: praised for professionalism, expertise, and a personalised approach, fostering trust.
Care at Home: valued for its convenience and positive impact on NHS resources.
Communication: was well-received, with participants appreciating the quality and effectiveness of interactions, particularly the collaborative approach within the team. Additionally, the educational support on symptom management and treatment was highly valued.
Suggested Interventions: emphasised the need to improve service accessibility and awareness. While remote monitoring was acknowledged, face-to-face interactions were generally preferred.

HAH : parents voudraient
- meilleure visibilité de l'HAD
- Aimerait pouvoir s'adresser directement à l'HAD

Identified Themes & Quotes



Conclusion

Parents expressed high satisfaction with Evelina Hospital at Home, emphasizing the benefits of a familiar environment, fewer hospital visits, and the professionalism of staff. Future developments should focus on balancing remote technology with in-person care, as direct engagement with healthcare professionals was particularly valued. Limited awareness of the service remains a challenge, highlighting the need targeted outreach to improve visibility. Implementing self-referrals via NHS 111 for urgent cases could enhance accessibility and responsiveness, ensuring timely care fo those in need.

References

Thomas, B. and Powell, C. (2013) 'What is Hospital at Home? Could Hospital at Home be a feasible option for acutely unwell paediatric patients?

Autres pays

Brésil, rétrospectif, 1 an, 297 enfants

CLINICAL PROFILE OF PEDIATRIC PATIENTS IN BRAZILIAN HOME CARE

Gaspar H.A G; Cezar F.S; Gonçalves G.G.D; Mizutani J,K,S; Cantarini K.V; Costa T.M.G; Oliveira C.F.
HOME DOCTOR, Brazil.

058

Introduction

Pediatric care is a crucial component of Home Care services, given the demographic and social characteristics of our country. Understanding the clinical profile of pediatric patients is key for selecting and training care teams, developing clinical protocols, and organizing emergency home care services.

Objective

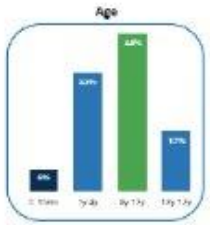
To identify and analyze the clinical complexity of pediatric patients in home care and the main reasons for clinical complications.

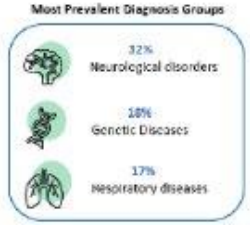
Methods

- Retrospective observational study trough Electronic Medical Records
- Patients aged 0-17 years who received home care under the Home Hospitalization
- Data collected: Age, gender, diagnosis, use of invasive devices, ventilatory and oxygen support, emergency calls and their reasons, and device-related infections

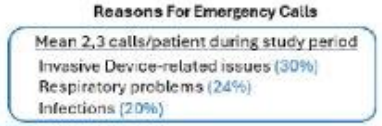
Results

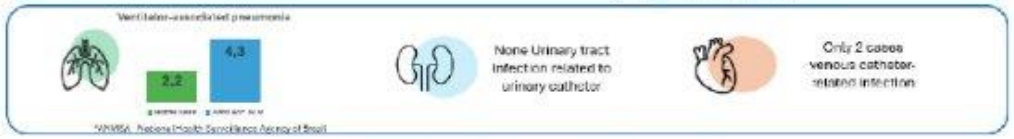
During the study period (July 2023 to June 2024), 297 children received treatment. The most prevalent age group was children between 5 and 12 years old, followed by those aged 1 to 4 years. Males predominated, and neurological disorders were the most common reason for home care.





Regarding the need for respiratory and nutritional support, we observed a profile of high dependence for care, with 69% of children using a tracheostomy and 85% using a gastrostomy. Despite the high clinical complexity, patients presented low demand for emergency care and low rates of device-related infection.





Conclusion

Pediatric patients cared for at home in Brazil present high complexity, with chronic diseases and a high degree of dependency. Therefore, there is a need for a specialized team, development of a structured training program and reinforcement of the need for caregiver involvement for a favorable clinical outcome.

iep@homedoctor.com.br

IEP Home Doctor 30 anos

116 familles,
Suivi à distance post chir cardiaque

SHEBA BEYOND
YOUR VIRTUAL HOSPITAL

Remote Pediatric Cardiac Home Monitoring Post-Surgery for Congenital Heart Disease

T. Tirosh Wagner[1], N. Meiboom[2], R. Rassi[2], N. Zaid[2], B. Fizdel[3], A. Waheeb2, U. Katz[1], **G. Barkai** [3].

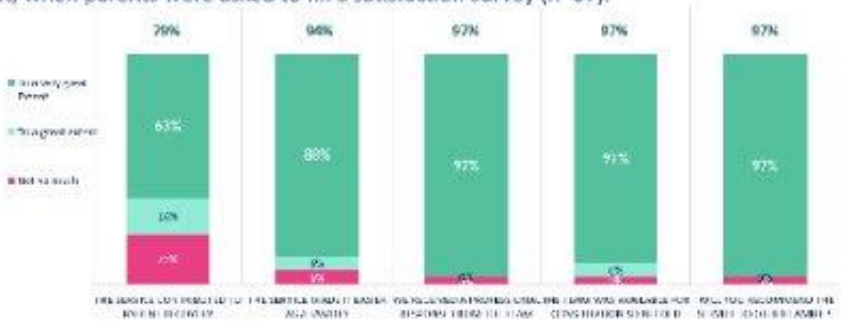
[1]Pediatric Heart Institute, Safra's Children Hospital, [2]Pediatric Cardiac Intensive Care Unit, Safra's Children Hospital, [3]Sheba Beyond Virtual Hospital
Sheba Medical Centre, Ramat Gan, ISRAEL

Background

Home environment promotes better recovery for children. Following the paradigm shift during the Covid-19 pandemic towards home hospitalization, we developed a novel model for remote Pediatric Home Cardiac Monitoring. Shortly after heart surgery, the child is discharged home and remains under remote supervision using technologies for remote care. Before hospital discharge, parents receive equipment training, emergency situations guidelines and 24/7 phone for medical advice. During the follow-up period, daily remote visits are conducted by Pediatric Cardiologist & Pediatric Cardiac Intensive Care Unit nurse. Additional visits are performed if needed. Our aim was to examine the quality of care and its contribution to the child's recovery.

Methods

Study included pediatric patients who underwent heart surgery and joined the program. The children were followed up remotely until physical clinic visit, when parents were asked to fill a satisfaction survey (n=67).



Results

During 24 months, 122 families were offered participation, 116 joined. Mean child age was 2.8 years, mean follow-up period was 6.9 days. 67 parents answered the satisfaction survey. Very high levels of satisfaction were recorded (Figure).

Six patients needed re-admission. Five potential re-admissions were avoided due to remote follow-up.

Conclusions

This novel advanced model provides improved continuity & quality of care for discharged patients, accelerates child's recovery, increases safety and sense of security and decreases re-admissions. Remote home monitoring has the potential to reduce prolonged hospitalization risks and improve utilization of hospital resources

IMAD care model for children in palliative care: patient care and family respite support

Authors: **Catherine DuPasquier**, Mission manager in pharmacy, Hospital at home center (CHAD), IMAD, Switzerland, Catherine.Dupasquier@imad-ge.ch • **Christine Dujoux-Gut**, Team leader, pediatric HAH team, CHAD, IMAD, Switzerland, Christine.Dujoux-Gut@imad-ge.ch • **Fabrice Léocadie**, Director, CHAD, IMAD, Switzerland, Fabrice.Leocadie@imad-ge.ch

imad INSTITUTION GENEVOISE DE MAINTIEN À DOMICILE

Répit et HAD ped

Background

The Geneva public home care institution (IMAD) comprises 4 home care centers and 44 home care teams scattered throughout the canton. It also includes a hospital-at-home center (CHAD) with four HAH teams: oncology, adults, pediatrics and a replacement team. **Since 2023, the HAH pediatric team** provides home care for children aged 0 to 18. Experienced nurses deliver HAH care for children, in their familiar surroundings, guaranteeing their wellbeing and comfort. A challenging situation can strain family life, **so the team also offers respite care to support families in their daily lives.** The team comprises nurses, care and community health assistants, a social worker and a liaison nurse at HUG (Geneva University Hospitals).

Some families would like their child in end-life situation to benefit from palliative care at home. They want to:

- Maintain the family dynamic particularly if they are siblings, avoid the journey to hospital and offer their child a reassuring and familiar environment for care.

Methods

1. When the child is still hospitalized and the family requests palliative care at home, the hospital service (HUG) contacts **the IMAD pediatric liaison nurse** who meets the family and the child.
2. **They jointly plane** the care, therapies (prescribed and anticipatory) and the child discharge. **The hospital physician** prescribes care and medication.
3. Once the child is home, **the pediatric HAH referral nurse evaluates** the child's health and the family's situation to offer respite care.
4. **The nurses take over all necessary care 24/7**, like injection (SC, IM, IV), nutrition (enteral or parenteral), blood test, PCA, aspiration, basic care and hygiene.
5. They also ensure, along with Community Health and Care assistants (ASSC), **family support through respite services.**
6. The medication and the healthcare equipment are provided by a **hospital pharmacy at home.**
7. **The pediatric HAH referral nurse, in a coordinated approach, mobilizes the network** like occupational therapist, physiotherapist, social work, to address the identified needs.

Respite care for sick children, siblings and parents

- Home childcare
- Accompaniment to medical appointments
- Accompaniment to school and extracurricular activities
- Preparation and help with meals
- Hygiene care for children
- Help with cleaning and tidying the house
- Social and administrative support

Objective

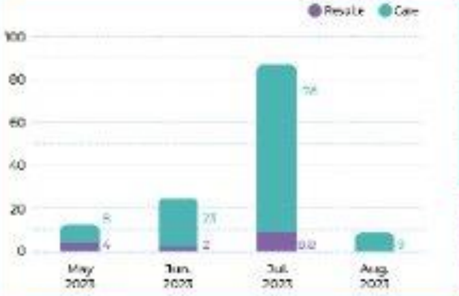
To create a specific support system to provide palliative care at home, including respite care for family (specific pathway).

Results

In 2023, two children and their families experienced end-of-life care at home with the HAH pediatric team, in an oncological situation. The HAH pediatric team provided nursing care combined with respite care to support the family (sibling or patient care, housekeeping and meal preparation, accompaniment to medical appointments).

First situation: Monthly hours of care and respite - case 1

- Patient aged 14, having been treated since 2015 for a severe craniopharyngioma. Relapse of the disease and hospitalization in 2023 for a diffuse brainstem glioma.
- Symptoms: hormonal disorders (diabetes, thyroid, growth hormone), paresis of lower limbs, breathing difficulties, pain.
- Family situation: lived with her mother, grandmother and 3 young brothers and sisters. Financial insecurity. Flat not suitable for care.
- Returned home for palliative care in May 2023.
- Hospitalized in HUG and death at the beginning of August 2023.



Care

- Mobility assistance, basic care and hygiene
- Enteral nutrition
- Injection bevacizumab
- Administration of oral medication, palliative care protocolled drugs.
- Secretion aspiration, oxygen therapy
- Wound care

Respite Care

- Sibling care
- Accompaniment to appointments
- Contact with "Make a Wish" association

Other services

- **Occupational therapist IMAD**: home adaptation, medical bed, wheelchair,
- **Private physiotherapist**
- **Hospital at home pharmacy**: medication, nutrition
- **Geneva league against cancer**: financial assistance for medical bed

Second situation: Monthly hours of care and respite - case 2

- A 10-year-old Ukrainian patient who came to Switzerland in 2022 for treatment of a grade 3 cancerous tumour in the C2-C7 spinal cord. Operation in Basel followed by chemotherapy. Disease progression in 2023 and hospitalization in HUG.
- Symptoms: respiratory distress, episodes of bradycardia, epilepsy, constipation, permanent neck pain, trunk hypotonia.
- Family situation: mother alone and tired, not speaking French.
- Referred to IMAD for palliative care at home in September 2023.
- Hospitalized in HUG and death in the end of February 2024.

Care

- Mobility assistance, basic care and hygiene
- Administration of oral medication (anti-epileptics, laxative)
- Breath and saturation controls, oxygen therapy
- Administration palliative protocoled drugs: hydromorphone with PCA, dexamethasone, midazolam..

Respite Care

- Childcare
- House keeping
- Parent support
- Search for a translator

Other services

- **Occupational therapist IMAD**: hand oedema, wheelchair, mattress
- **Private physiotherapist**
- **Hospital at home pharmacy**: medication, PCA pump

Conclusions

- The pediatric HAH team's approach, **which combines nursing care with respite care**, has proven to meet the families' request and has been particularly appreciated in palliative care.
- Palliative care (at the end of life) at home requires **good anticipation, strong communication with the prescribing physician and close collaboration with other partners**, including pharmacists.
- For the nursing team, this requires **a high degree of availability and adaptability, clinical knowledge, technical competencies and good interpersonal skills.**[2]
- This service **is psychologically demanding**, as the caregivers also support and comfort the family. A child psychiatrist assists the team with debriefing sessions.
- Geneva authorities are determined to develop palliative care at home, and in January 2024 **the HUG (Geneva University Hospitals) set up a mobile Pediatric support and comfort care team (PASSO)**, who will advise nursing pediatric teams in hospital and at home[3].

References:

1. Winger, A., Kvarme, L.G., Løyland, B. et al. Family experiences with palliative care for children at home: a systematic literature review. BMC Palliat Care 19, 165 (2020). https://doi.org/10.1186/s12904-020-00672-4
2. JM Sousa, FD Alves . Acta Paulista de Enfermagem, 2015 . SciELO Brasil. Nursing competencies for palliative care in home care.
3. https://enfants.hug.ch/soins-support-confort

WORLD HOSPITAL AT HOME CONGRESS – VIENNA, AUSTRIA, 27-29 March 2025

Grèce, qualité de vie. état mental en HAD quand dépendant d'un support ventilatoire, n=48

Background and Aims

- In recent years, there has been an increase in children dependent on technology.
- Severe chronic illnesses in children present multifaceted challenges, affecting various aspects of the lives of caregivers and their families.
- The aim was to assess, through questionnaires, the mental health, quality of life, and satisfaction with healthcare services among families of children dependent on technological equipment.

Methods

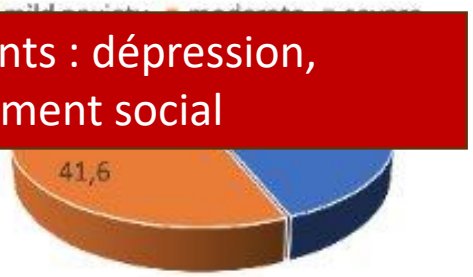
The study included 48 patients with chronic respiratory diseases who are part of the "Home Care" program of the 3rd Pediatric Dept of Aristotle University of Thessaloniki. This is the only organized Hospital at Home program in Greece, running over the last 15 years.

The children's caregivers completed questionnaires to assess the level of anxiety (GAD questionnaire), depression (PHQ-9 questionnaire), quality of life (DISABKIDS questionnaire), and their satisfaction with healthcare services (SHQ-SUN questionnaire).

Results

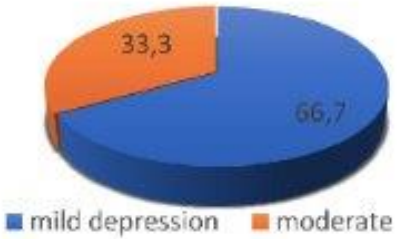
- Of the 48 children, 41.7% (20) were girls, with an average age of 6.73 years (SD 5.754).
- The percentage of caregivers with mild depression was recorded at 66.7%, with the majority (71.4%) appearing to experience social isolation.
- Half of the families (49.1%) were satisfied with their overall quality of life.

GAD score



Aidants : dépression, isolement social

PHQ-9 score



- The majority (71%) were satisfied with the provision of medical services and the clinic's environment.
- Correlation assessments found an association between these parameters and gender but not with age.

Conclusions

Recognizing and addressing the challenges faced by families of children with chronic illnesses who are dependent on technological equipment is essential for promoting targeted interventions aimed at effectively supporting them.

ARISTOTLE UNIVERSITY OF THESSALONIKI

Et les sessions?

Une belle session concernant les aidants

Moderator

A/Prof Penelope Bryant

Speaker

Mrs. Fiona Winckens

ENHANCING CANCER CARE THROUGH HOSPITAL IN THE HOME (HITH) PATIENT - REPORTED OUTCOME AND EXPERIENCE MEASURES (PRMS)

Dr. MARC POTERRE

QUALITY OF LIFE OF 130 PATIENT-CAREGIVER DYADS IN HOSPITAL-AT-HOME IN THE PARIS REGION. THE AQOLHAD STUDY

Mrs. Alexandra Martínez-Roca

HOW TO OVERCOME THE ABCENSE OF A FAMILY CAREGIVER IN AN AT HOME AUTOLOGOUS HEMATOPOIETIC TRANSPLANT (HCT) PROGRAM.

A/Prof Penelope Bryant

VALIDATION OF PATIENT EXPERIENCE MEASURES IN HOSPITAL AT HOME PROGRAMS: THE HOSPITAL-IN-THE-HOME QUESTIONNAIRE (HHQ)

Session 19: ROLE OF HOSPITAL AT HOME IN MANAGING FRAILTY: A MIX OF REAL-WORLD EXPERIE

Chair: Vittoria Tibaldi, Santa Croce and Carle Hospital, Italy

08:30 – 08:47
MANAGING FRAILTY IN HOSPITAL AT HOME: CHALLENGE OR OPPORTUNITY?
Vittoria Tibaldi, Santa Croce and Carle Hospital, Italy

08:47 – 08:59
COMPLEX CANCER SURGERY PATIENTS – THE NEW FRONTIER FOR HOSPITAL IN THE HOME (HITH) SERVICES
Fiona Winckens, Peter MacCallum Cancer Centre, Australia

08:59 – 09:11
PREVALENCE AND CLINICAL IMPACT OF FRAILTY IN OLDER PATIENTS ADMITTED TO A GERIATRIC ACUTE CA
Enrico Brunetti, Città della Salute e della Scienza University Hospital, Italy

09:11 – 09:23
PSYCHIATRIC HOSPITAL AT HOME- EFFICACY, SAFETY AND LESSONS LEARNED AT THE 5-YEAR MARK
Inbal Mayan, Sabar Health, Israel

09:23 – 09:35
EARLY POSTOPERATIVE CARE FOR KIDNEY TRANSPLANT PATIENTS IN HOSPITAL AT HOME: A CASE-CONTRO
Emmanuel Coloma Bazan, Hospital Clinic de Barcelona, Spain

WITHOUT A PRIOR ED VISIT?

Chair: Rachel Choe, Alexandra Hospital, Singapore

16:00 – 16:10
Introductions : DIRECT ADMISSIONS TO HAH IN SINGAPORE
Rachel Choe, Alexandra Hospital, Singapore

16:10 – 16:20
DIRECT ADMISSION FROM NURSING HOMES
Li Anne Cheong, Sengkang General Hospital, Singapore

10:45 – 10:55
STABILISING NOTORIOUSLY UNSTABLE ANTIBIOTICS FOR SAFE USE IN HOME INFUSIONS
Penelope Bryant, The Royal Children's Hospital Melbourne, Australia

10:55 – 11:15

16:00 – 16:10
ENHANCING CANCER CARE THROUGH HOSPITAL IN THE HOME (HITH) PATIENT- REPORTED OUTCOME AND EXPERIENCE MEASURES (PRMS)
Fiona Winckens, Peter MacCallum Cancer Centre, Australia

16:10 – 16:20
QUALITY OF LIFE OF 130 PATIENT-CAREGIVER DYADS IN HOSPITAL-AT-HOME IN THE PARIS REGION. THE AQOLHAD STUDY
Marc Pottere, Fondation Santé Service, France

16:20 – 16:30
HOW TO OVERCOME THE ABCENSE OF A FAMILY CAREGIVER IN AN AT HOME AUTOLOGOUS HEMATOPOIETIC TRANSPLANT (HCT) PROGRAM.
Alexandra Martínez-Roca, Hospital Clinic de Barcelona, Spain

Idées globales

- Idée d'une taille seuil pour viabilité des équipes
  - Ode a l'activité ?
- Identification des patients candidats à l'HAD
- Aigu/compexité/chronicité ?
- Expérimentations spécifiques à l'HAD
- Role des liens cliniciens -pharmaciens

TO HAH OR NOT TO HAH: THE PEDIATRIC PERSPECTIVE

Chair: Claire Mehler Jacob, APHP, France

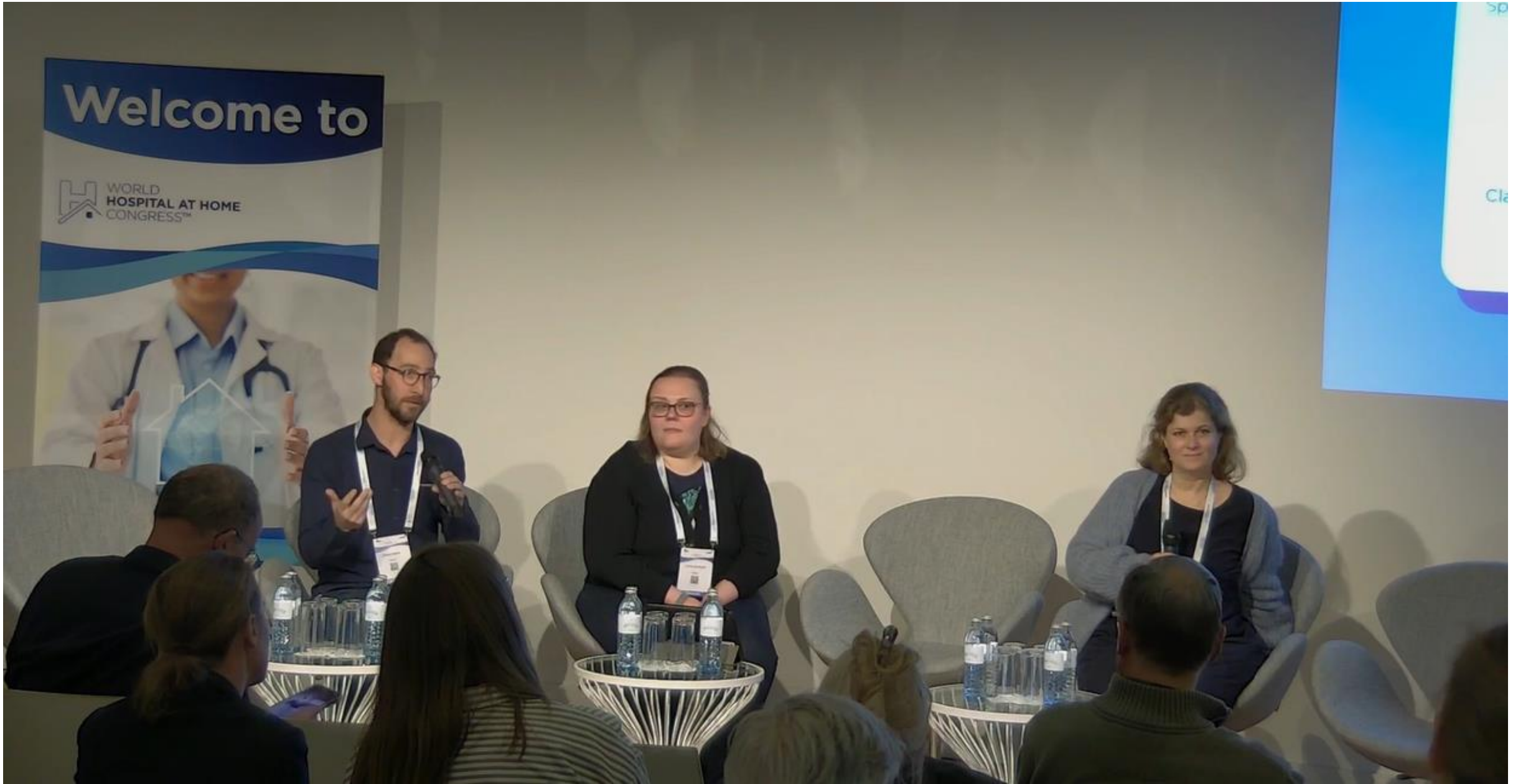
17:10 – 17:20
CLINICAL COMMON THREAD : A STORY OF CONTINUOUS ALBUMIN INFUSION

17:20 – 17:30
PARENTERAL TREATMENTS: WHEN TO HAH OR NOT?
Claire Mehler Jacob, APHP, France

17:30 – 17:40
VENOUS ACCESS: CHOICES AND TROUBLES IN HAH
Caroline Miler, Fondation Santé Service, France

17:40 – 17:50
AND AFTER TRANSPLANTATION: IS THERE A ROLE FOR HAH ?
David Avran, APHP, France

Superbe session pédiatrique



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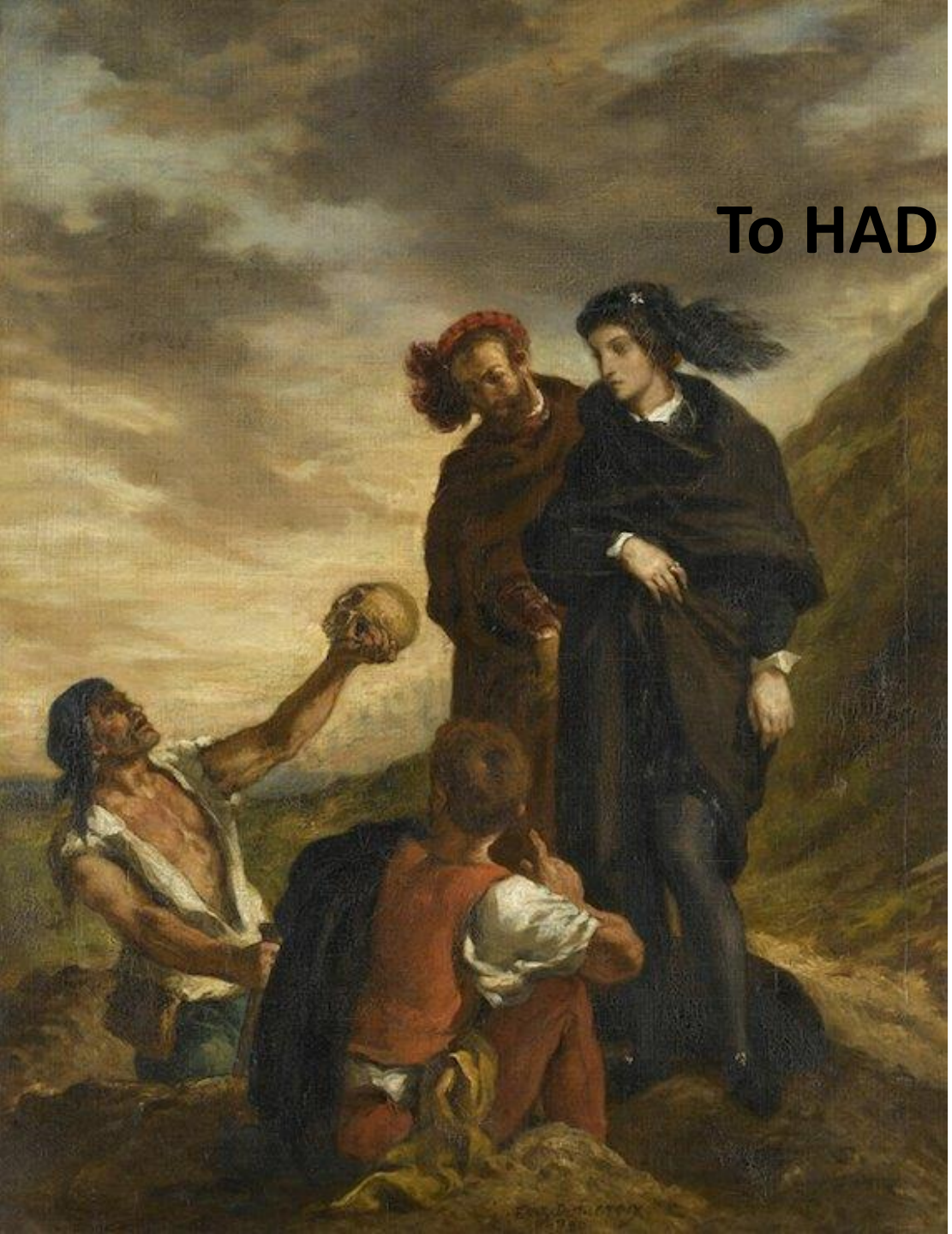
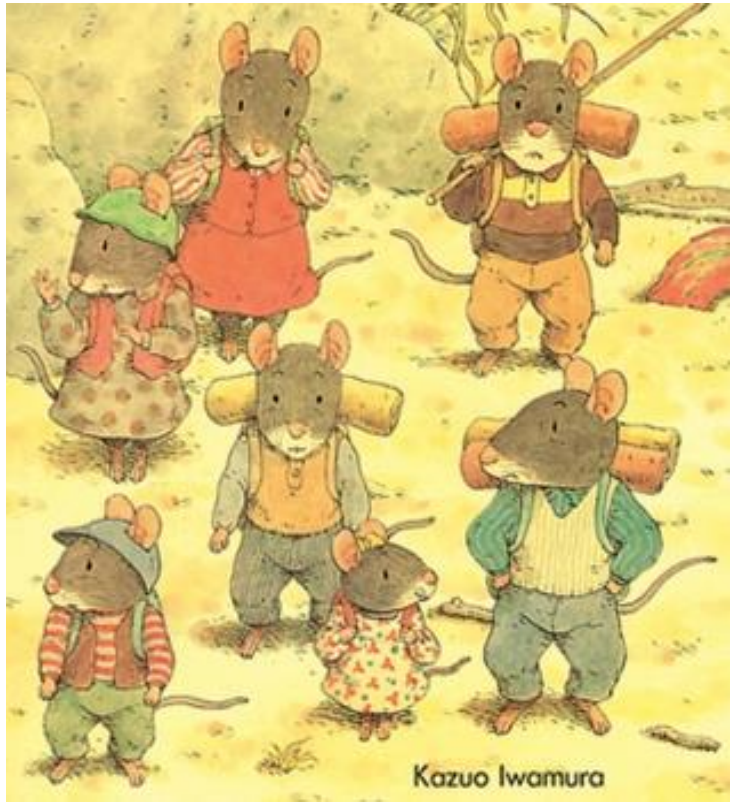
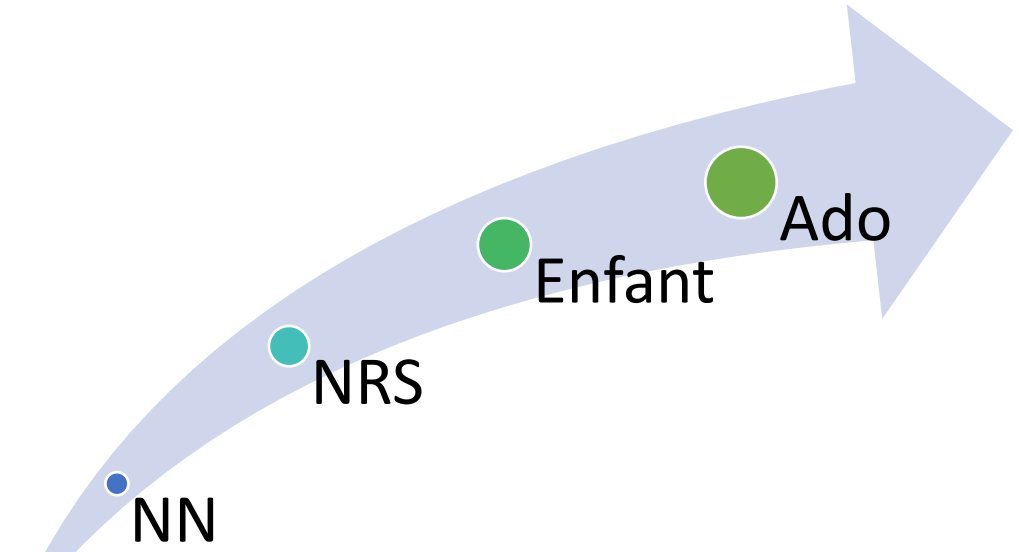


To HAD or not to HAD?

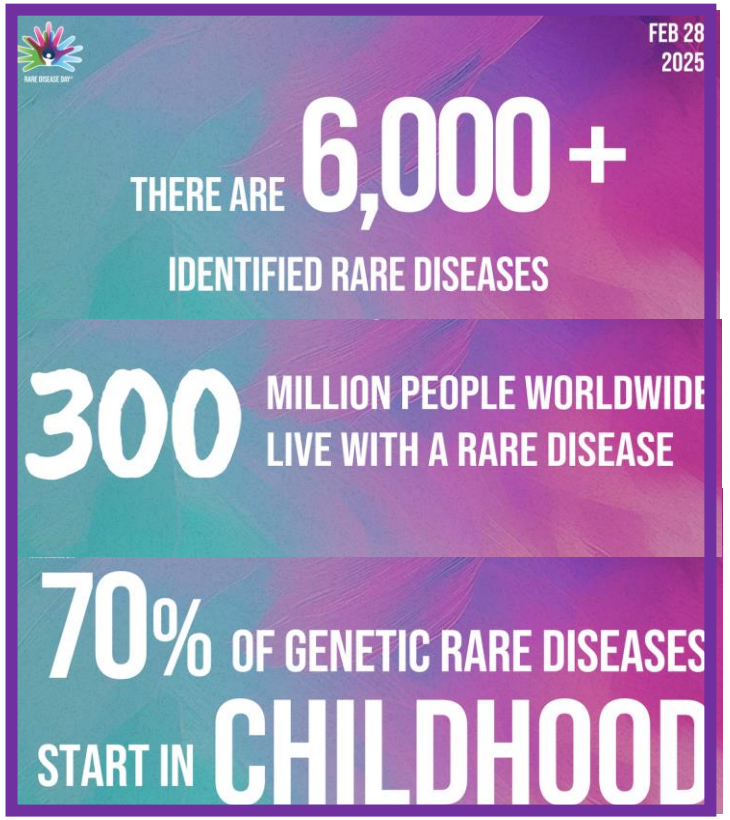
Spécificités pédiatriques



A la maison,
Il y a une famille



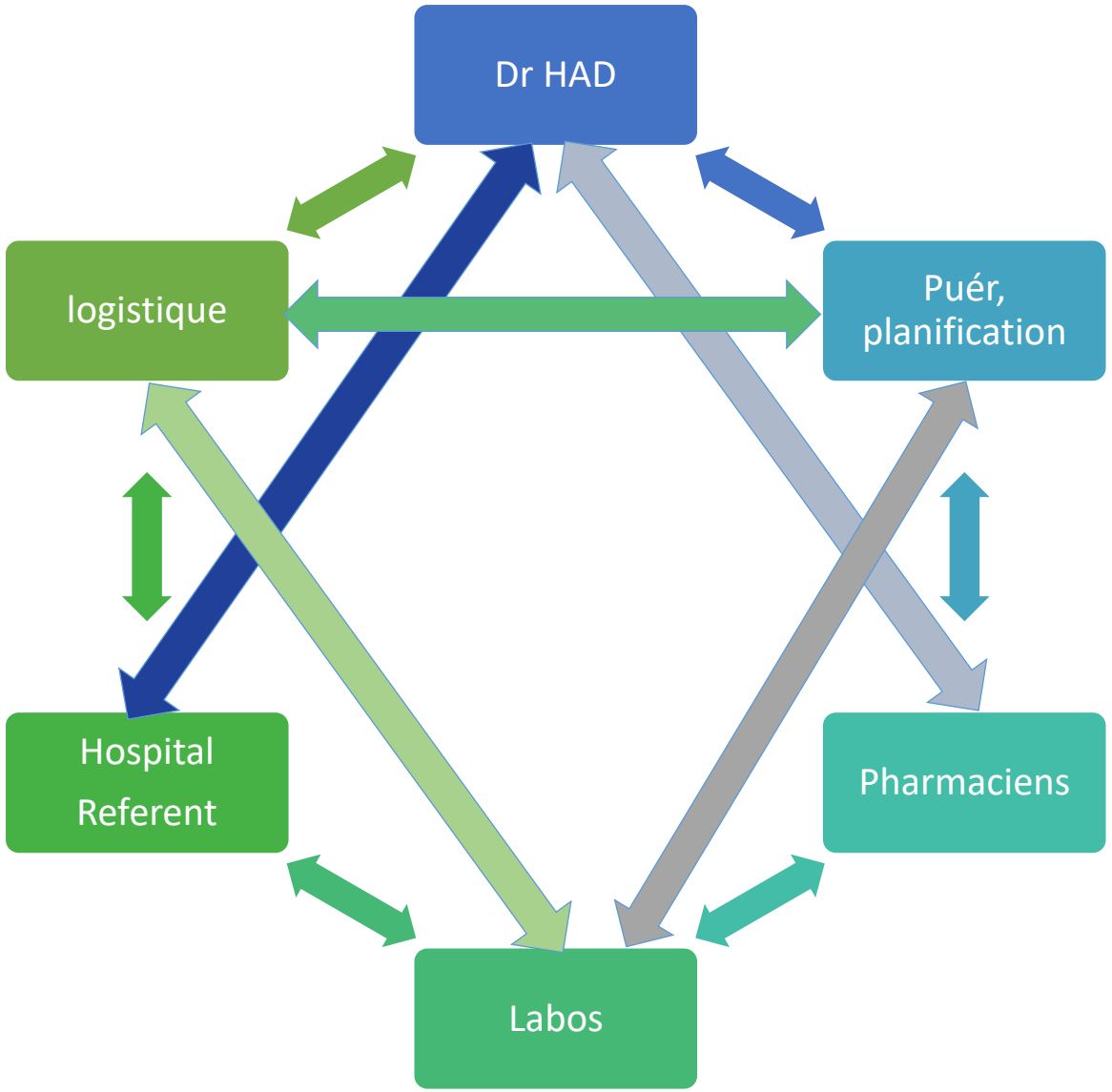
Un être en développement



Maladies rares
pas si rares en l'HAD

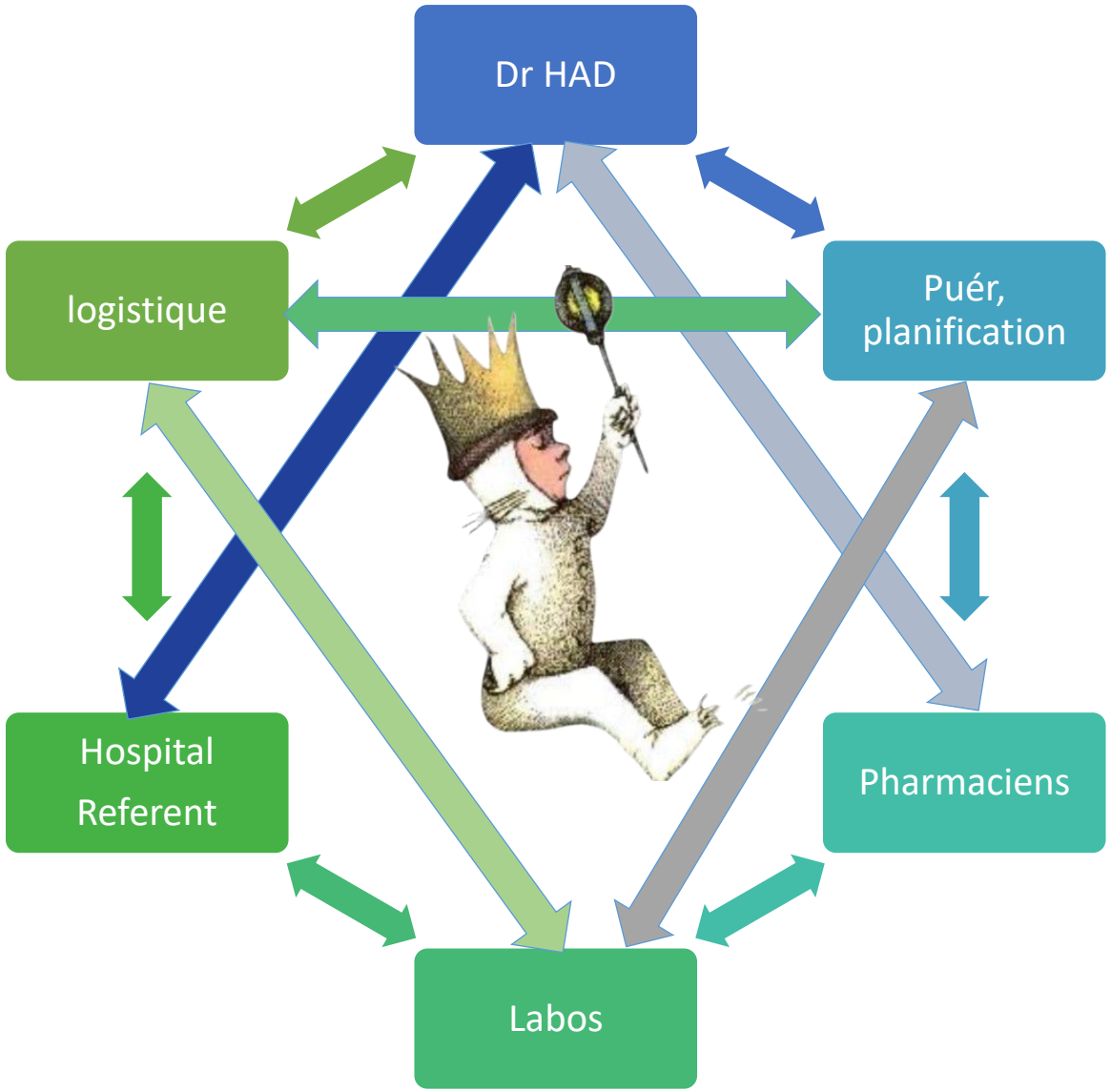
Hospitalisation à Domicile AP-HP

Construction du projet de transfert en HAD



Hospitalisation à Domicile AP-HP

Construction du projet de transfert en HAD



Hospitalisation à Domicile AP-HP

2ème partie: Voies d’abord en HAD

- Types de voies
  - voies centrales
  - VVP
  - SC

- Dans quel but?
  - bilans
  - TT IV (chimio, enzyme therapy, antibiotics)

- Limites/complications

- Influence de l’HAD sur le choix en amont du transfert

To HAD or not to HAD?

Liste des soins

SC Anticoagulation /j
Soins cicatrice x2/j
Mesure TA /j
NED (gastrostome)
Bilans bio x2/semaine
Prise TT (x3/j)

To HAD or not to HAD?

Liste des soins	Hôpital	HAD formelle
SC Anticoagulation /j		
Soins cicatrice x2/j		
Mesure TA /j		
NED (gastrostome)		
Bilans bio x2/semaine		
Prise TT (x3/j)		

To HAD or not to HAD?

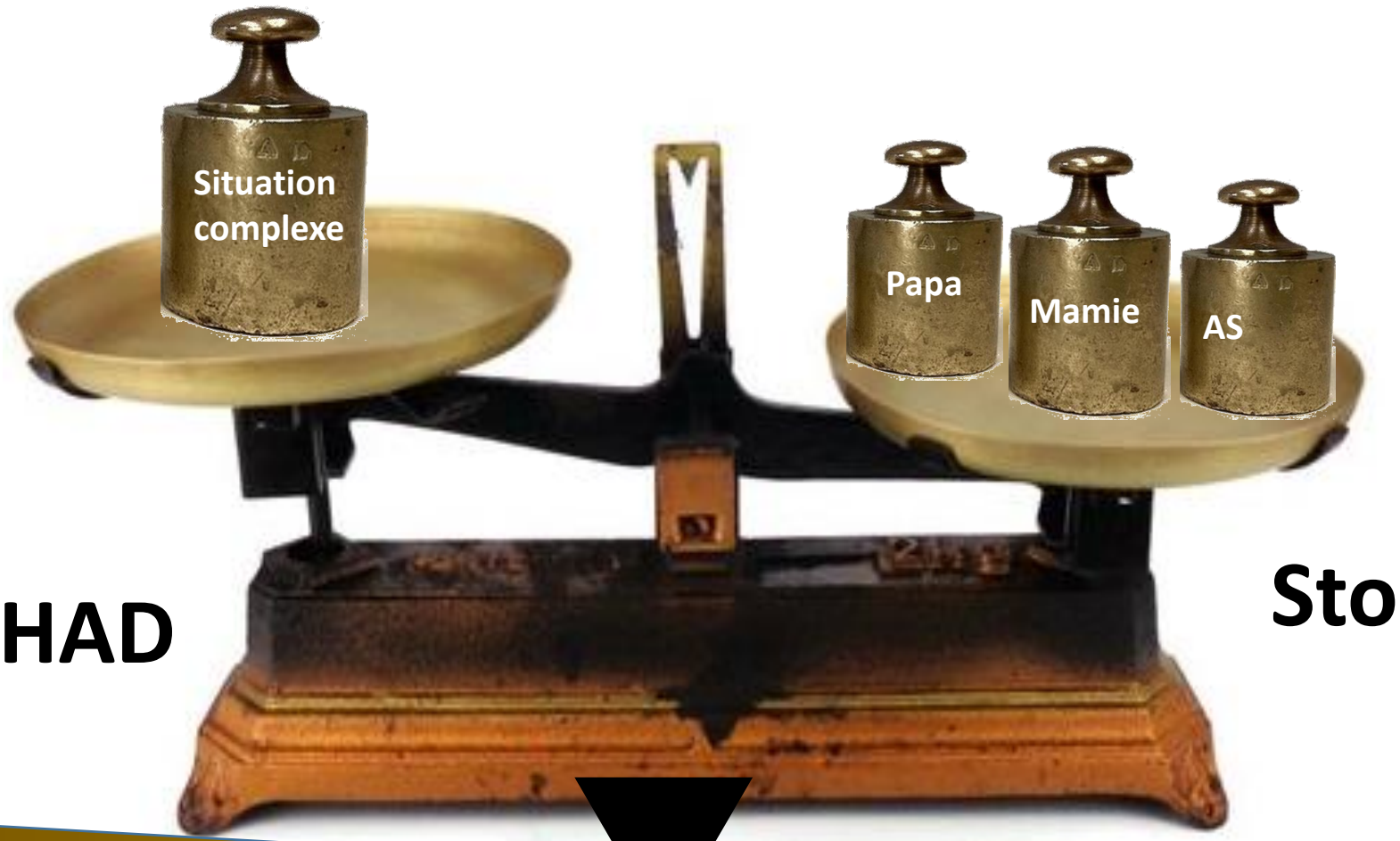
Liste des soins	Hôpital	HAD formelle	Pas HAD
SC Anticoagulation /j			
Soins cicatrice x2/j			
Mesure TA /j			
NED (gastrostome)			
Bilans bio x2/semaine			
Prise TT (x3/j)			

To HAD or not to HAD?

Liste des soins	Hôpital	HAD formelle	Entre-2	Transition hôpital-ville	Pas HAD
SC Anticoagulation /j			?	?	?
Soins cicatrice x2/j			?	?	?
Mesure TA /j			?	?	?
NED (gastrostome)			?	?	?
Bilans bio x2/semaine			?	?	?
Prise TT (x3/j)			?	?	?

Entre 2

Transition hôpital-ville



Poursuite HAD

Stop HAD

Maladies chroniques en HAD
→des histoires à écrire en plusieurs actes

Envisager l'HAD pour chaque enfant

A chaque chapiter de son histoire

Afin d'éviter/raccourcir une hospitalisation

Même si cela n'a jamais été écrit avant

Hospitalisation à Domicile AP-HP

Merci de votre *whahc*tention

Aim: To determine the safety and efficacy of fluid boluses as an alternative to 24H maintenance fluids in the HaH setting

Study Design:

Retrospective cohort study of all admitted patients to NUHS@Home from 1st June 2022 to 31st Oct 2023

Inclusion criteria:

All patients that received isotonic IV fluids or 0.45 NaCl

Exclusion criteria:

Unstable patients given IV fluids for hypotension or tachycardia > 120

Primary outcome:

Incidence of fluid overload

Fluid overload definition:

Clinical diagnosis documented in EMR, or

Radiographical report of fluid overload, or

Requiring oral or IV diuresis

Risk factors for fluid overload*:

Heart failure

CKD stage 3-5

CFS score 5 or more

Weight < 40kg

* As defined by NICE guidelines

Demographics and Diagnosis

166 patients received fluid boluses as substitute for maintenance IVF

32 patients at risk of fluid overload

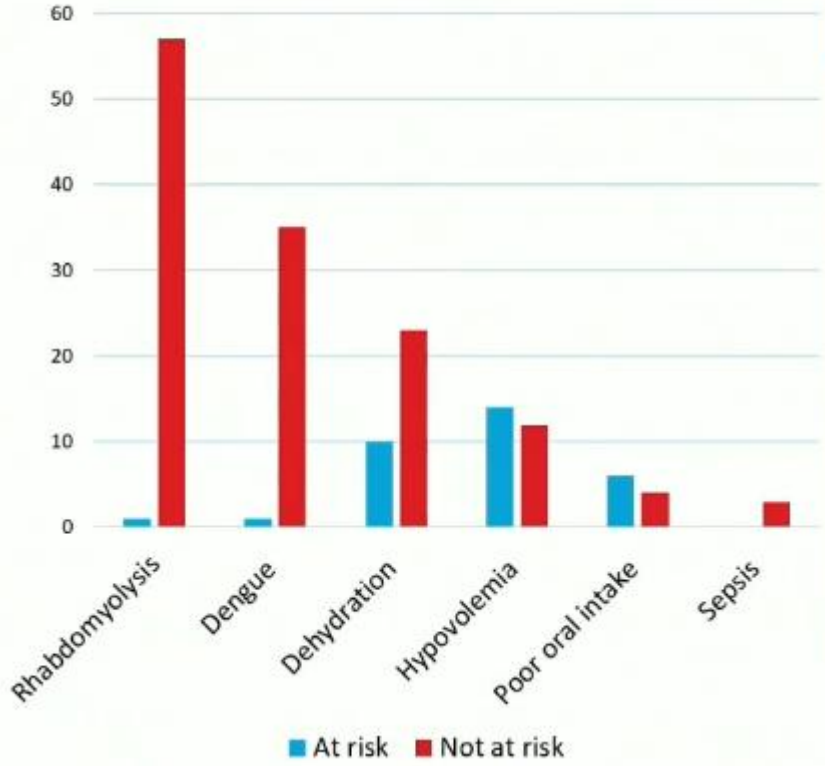
134 patients not at risk of fluid overload

History of HF - 15%
History of CKD 3-5 - 44%
Frail (CFS >/= 5) - 83%
Weighed < 40kg - 16%

*20 patients had multiple risk factors

	Total	At risk	Not at risk
N (%)	166 (100)	32 (19)	134 (80)
Age (mean +/- SD)	49 +/- 22	78 +/- 10.4	42 +/- 18.4
Male N (%)	77 (46)	13 (40)	64 (48)
Race N (%)			
Chinese	127 (76)	25 (78)	102 (76)
Malay	24 (14)	6 (19)	18 (13)
Indian	12 (7)	1 (3)	11 (82)
Others	3 (2)	0 (0)	3 (22)
CCI (median + IQR)	0 (0-4)	7 (5-7.25)	0 (0-2)
Diagnosis (%)			
Rhabdomyolysis	57 (34)	1 (3)	56 (42)
Dengue	36 (21)	1 (3)	35 (26)
GI infection	20 (12)	3 (1)	17 (12)
Urinary infection	20 (12)	12 (38)	8 (6)
Respiratory infection	10 (6)	4 (13)	6 (4)
Dehydration	7 (4)	4 (13)	3 (2)
Sepsis/Complex infection	7 (4)	4 (13)	3 (2)
Skin infection	4 (2)	1 (3)	3 (2)
Others	5 (3)	3 (1)	2 (1)

Indication for maintenance IV fluids



Indication	Definition
Rhabdomyolysis	
Dengue	
Dehydration	Diarrhea Hypernatremia Hypercalcemia Hyperemesis gravidarum
Hypovolemia	Pre-renal acute kidney injury Tachycardia with a heart rate of 100-120 Depletional hyponatremia Objective postural hypotension
Poor oral intake	Documentation of poor oral intake
Sepsis	Infection without any signs of hypovolemia or documentation of poor oral intake

Outcomes

- **2 patients (1%) were diagnosed with fluid overload**
- Both patients were at risk of fluid overload
- Both patients were returned to hospital for desaturation
- 8 other patients were returned to hospital
  - Requiring surgical procedures – 3
  - Unable to care at home – 2
  - Clinical deterioration – 2
  - Logistical issues - 1
- No 30-day readmissions from fluid overload
- No 30-day mortality from fluid overload

The Clinical Outcomes of a Canadian Hospital at Home Program: A Matched Cohort Analysis

WORLD HOSPITAL AT HOME CONGRESS™
27-29 March 2025
Vienna, Austria

ORIGINAL EVENT
KENES GROUP

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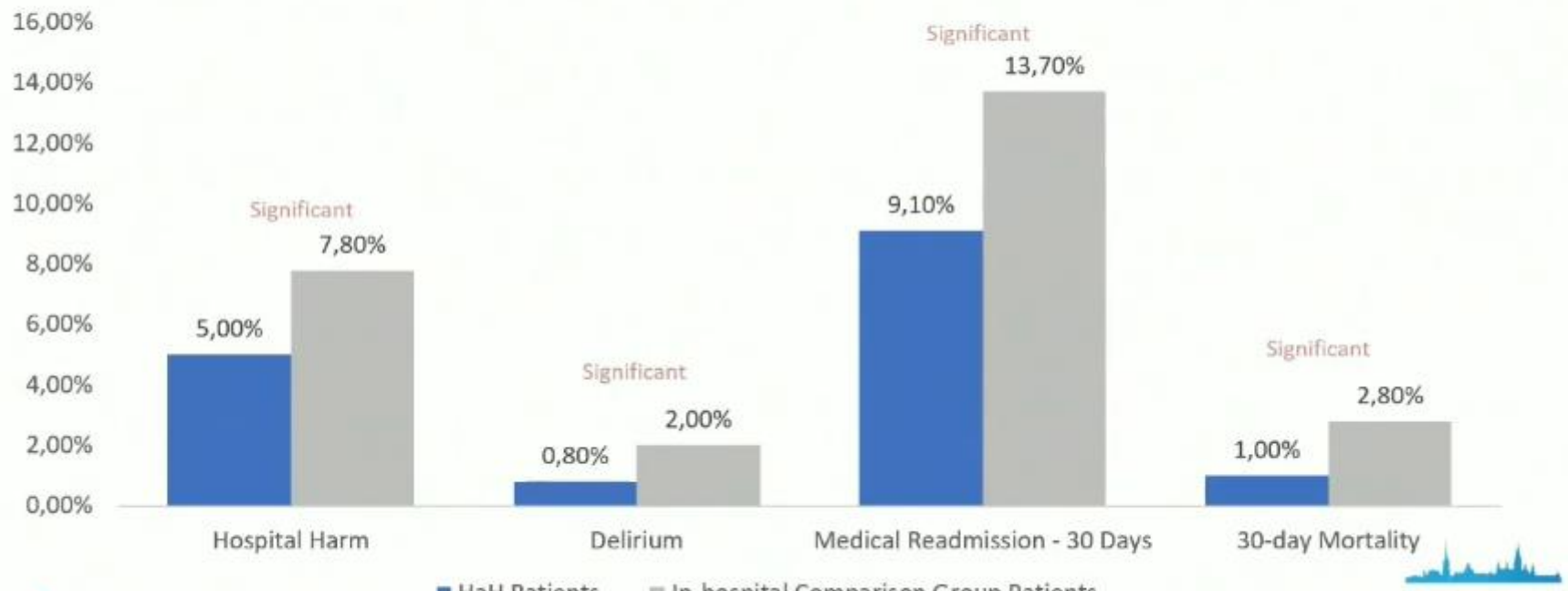
Clinical Outcomes



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SESSION 04 : PATIENT & CAREGIVER EXPERIENCE – PART 1.

Moderator

A/Prof Penelope Bryant

Speaker

Mrs. Fiona Winckens

ENHANCING CANCER CARE THROUGH HOSPITAL IN THE HOME (HITH) PATIENT - REPORTED OUTCOME AND EXPERIENCE MEASURES (PRMS)

Dr. MARC POTERRE

QUALITY OF LIFE OF 130 PATIENT-CAREGIVER DYADS IN HOSPITAL-AT-HOME IN THE PARIS REGION. THE AQOLHAD STUDY

Mrs. Alexandra Martínez-Roca

HOW TO OVERCOME THE ABCENSE OF A FAMILY CAREGIVER IN AN AT HOME AUTOLOGOUS HEMATOPOIETIC TRANSPLANT (HCT) PROGRAM.

A/Prof Penelope Bryant

VALIDATION OF PATIENT EXPERIENCE MEASURES IN HOSPITAL AT HOME PROGRAMS: THE HOSPITAL-IN-THE-HOME QUESTIONNAIRE (HHQ)