

## Posters

### Clinical Quality - Patient Centredness

#### 685 HOSPITAL @HOME: TREATING SEVERE COVID-19 IN THE COMMUNITY

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**Introduction:** Patient numbers during the second wave of COVID-19 threatened to overwhelm hospital capacity. Hospital @home services bring the ward to the patient; providing acute care in the home, delivered by a specialised multi-disciplinary team. Our Hospital @home was ideally placed to adapt to support the care of COVID patients in the community who would otherwise have required hospitalisation yet were unlikely to benefit from level 2/3 care. Here we report on the process and 30 day outcomes.

**Methods:** An evidence-based guideline for the treatment of severe COVID by Hospital @home was developed. A severe bundle pack including dexamethasone, oxygen, IV fluids and thromboprophylaxis was used at first patient contact. Patients were referred from the community or from hospital and streamed into severe or non-severe pathways. Outcome data was retrospectively extracted from the notes of all COVID positive patients admitted to hospital @home between 16/12/2020 and 14/02/2021.

**Results:** 125 COVID patients were treated by hospital @home. Patients were triaged by infection severity: severe (n = 42, 34%) and non-severe (n = 83, 66%). Average length of stay with hospital @home was 6.8 days (IQR 4–8); equivalent to 855 occupied bed days—i.e. one 28 bed ward for 30.5 days. 33 patients were treated with the severe COVID bundle with an average Clinical Frailty Score 6.9 (IQR 6–8). 30 day outcomes for patients treated with the severe bundle were: 13 (39%) alive in the community (average CFS 6.2), 1 (3%) in hospital and 19 (57%) deceased (average CFS 7.4).

**Conclusion:** Rapid redesign of an existing hospital @home service during the COVID pandemic offered appropriate patients the choice to have Level 1 hospital care in their home. Hospital @home has an essential role in offering alternative pathways of care to patients and optimising local healthcare capacity.