



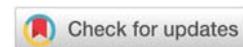
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Editorial

Hospital at home, an innovative approach in geriatric care during the COVID-19 Pandemic

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The COVID-19 pandemic has profoundly affected the elderly people (those aged 60 years or above as per the definition by the World Health Organization) who are found to have higher rates of infection and poorer health outcomes in this pandemic compared to other age groups [1,2]. Nevertheless, elderly adults, despite having a wide range of chronic illnesses, are experiencing critically inadequate access to care as healthcare organizations are emphasizing more on patients primarily affected by COVID-19 [3,4]. Furthermore, Elderly people remain most vulnerable in this pandemic as most of the nations do not have adequate preparedness to ensure acute and chronic geriatric care in public health emergencies [4,5].

Although community-based gerontological care may alleviate health-related problems of elderly people, such efforts may appear to be inadequate for acute exacerbation of chronic diseases or other clinical scenarios that cannot be avoided [6,7]. In these circumstances, visiting health centers may expose the older adults to corona virus, or other hospital acquired infections, which could be a perfect disaster leading to adverse health outcomes.

Hospital at Home (HAH) is a concept that emphasizes on providing active treatment in the home environment of a patient who would otherwise requires in-patient hospital care [8]. Such services, originating in the mid-twentieth century, has been increasingly adopted by many healthcare organizations in the US, Canada, Netherlands, Australia, and the UK [8,9]. Under the HAH program, an emergency or community-level healthcare provider identifies a patient with a health problem and conducts an initial assessment using predetermined criteria to check if the patient needs hospitalization or if the HAH care can effectively fulfill the requirements of clinical care [9]. For understanding the concept of HAH, suppose a patient requiring surgical intervention may need acute care through

hospitalization, but the post-operative and follow-up care can be delivered through HAH. Clinical conditions prevalent in elderly adults, including congestive heart failure, chronic obstructive pulmonary disease, cellulitis, or community-acquired pneumonia can be effectively treated through HAH. Once HAH is established, a healthcare team is assigned to ensure that the patient's home is transformed for providing hospital-grade care through scheduled visits by healthcare providers and coordinated care facilities on an emergency basis. As required, clinical and laboratory services can be delivered through HAH care and the patient can be discharged once a clinically stable health status is achieved [10]. The increasing adoption of HAH in recent years is informed by a wide range of advantages that includes lowering the demand for hospital beds, reducing operational costs of clinical care, and decreasing the risks of hospital-acquired infections [9]. However, there are several additional or collateral benefits for the elderly population who receive HAH. First, HAH offers hospital-level care at home environment, which can be desirable for older adults who prefer to receive clinical services in their regular environment and close contacts with their informal caregiver rather than institutionalized care [8,9]. Secondly, elderly people usually require long-term care for chronic conditions that usually does not require acute in-patient care. Such services can be organized within the scope of HAH. Thirdly, the autonomy and control over own health and associated decisions can be ensured within the home environment, which may contribute to better mental health and overall psycho social well being in elderly peoples [11]. Last but not the least, in-patient care may provide acute medical or surgical care, but it clearly lacks a comprehensive approach, including psychological support, gerontological social care, and a wide range of community resources that can be delivered at doorstep rather than at the in-patient setting [9,11].



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