











So, What If Something Happens (SWISH): An International Multi-centre Retrospective Cohort Study of Escalations Back to Hospital during Hospital at Home Admissions

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Background

Hospital-at-home (HaH) delivers hospital-level care at home and is safe, effective, and acceptable internationally.

Patient safety concerns remain, particularly around unplanned clinical deterioration during HaH episodes, since existing measures (mortality, postdischarge readmission) are low-frequency or fail to capture in-episode risk.

Unplanned escalation events (return to hospital with overnight stay) offer a standardized, meaningful safety outcome to assess clinical risk detection, response, and outcomes in HaH.

Study Aims

- Describe the rate, reasons, and characteristics of unplanned escalations across three HaH units in different countries.
- Identify risk factors associated with unplanned escalations to inform safer implementation and monitoring of HaH programs.

Methods

A multi-centre, retrospective study from January 1 to December 31, 2023, across three HaH units: Epworth Hospital (Australia), Mass General Brigham (USA), and National University Health System (Singapore).

All HaH patients during this period were included, except those with day admissions <24 hours (e.g., single IV therapy, procedural changes). Patients were identified via electronic health records.

Primary outcome: Unplanned escalation (return to brick-and-mortar hospital for ≥ 1 one night).

Secondary outcomes: Planned escalations, pre- and post-escalation mortality.

Results

Escalation rates were consistent across international sites (6 -7%), most often due to deterioration of the primary condition.

Table 1. Demographics

n = 3114	n = 558	n -1515	
	00 -	n =1515	n =1041
20	15	28	11
41	38	45	38
39	47	27	51
65	63	70	61
45	44	42	50
1	5	O	O
77	11	88	96
23	89	11	4
27	25	31	23
64	64	69	57
8	11	O	20
HaH, %			
65	66	54	79
9	2	17	17
8	O	16	O
6	27	2	1
12	4	11	18
89	56	100	92
9	41	O	4
1	2	O	3
0	O	O	1
O	1	O	O
%			
22	11	38	4
23	18		9
32	19		38
8	6	8	8
4	6	2	5
31	34	42	14
-4		-4	-
1	3	1	1
_		4	A
5	7	4	4
	41 39 65 45 1 77 23 27 64 8 HaH, % 65 9 8 6 12 89 9 1 0 0 % 22 23 32 8 4	41 38 39 47 65 63 45 44 1 5 77 11 23 89 27 25 64 64 8 11 HaH, % 65 66 9 2 8 0 6 27 12 4 89 56 9 41 1 2 0 0 0 1 % 22 11 23 18 32 19 8 6 4 6 31 34 1 3	41 38 45 39 47 27 65 63 70 45 44 42 1 5 0 77 11 88 23 89 11 27 25 31 64 64 69 8 11 0 HaH, % 65 66 54 9 2 17 8 0 16 6 27 2 12 4 11 89 56 100 9 41 0 1 2 0 0 0 0 0 1 0 % 22 11 38 23 18 35 32 19 33 8 6 8 4 6 2 31 34 42 1 3 1

Table 2. Unplanned Escalation Outcomes

Characteristic	IUIAL	LI VV	MOD	MOIIS
Characteristic	n = 3114	n = 558	n =1515	n =1041
Unplanned Escalation, %	6	6	7	7
Deterioration of existing condition for which the patient was admitted, %	54	53	46	66
Deterioration due to new condition	32	35	40	18
Social/Environmental	4	6	5	1
Patient/Caregiver preference	13	3	6	15
Nonadherence	1	O	2	O
Other	1	3	0	0
Reasons for deterioration, %	n = 173	n = 30	n = 86	n = 57
Haemodynamic instability	22	10	23	26
Bleed	1	O	1	O
Suspected TIA/CVA	4	0	1	11
Chest pain	4	10	3	2
Arrhythmia	4	0	3	7
Altered mental status	10	O	13	11
SOB	19	13	19	21
Fall	9	10	8	9
Biochemical abnormality	10	3	14	9
Other pain	7	10	9	2
Worsening infection	6	33	0	O
Other	5	10	5	4
Escalation during weekend (2000	0.4	0.1	06	0.0
Friday-0800 Monday), %	24	21	26	22
Destination of escalation, %				
ED	75	44	90	68
Ward	25	56	10	32
ICU	0	0	0	0
Subsequent transfer to ICU within 24 hours of escalation, %	2	O	3	1
Subsequent return to HaH after escalation, %	24	41	20	21
Median number of nights in HaH prior to escalation	4	8	4	1
Median number of nights in hospital prior to return to HaH	2	4	1	1.5
Median number of further nights in HaH	7	14	5	5
Second escalation? %	3	1	1	0
Death in hospital after escalation, %	4	12	1	6
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Table 3. Risk Factors for Unplanned Escalation

Characteristic	Unplanned Escalation n = 201	No escalation n = 2859	Adj OR (95% CI)
Age, %			
85 or older	25	20	Ref
65-84	49	41	0.93 (0.64 - 1.37)
Less than 65	26	40	0.61 (0.38 - 0.96)*
Male, %	51	44	1.32 (0.98 - 1.79)
Lower SES, %	77	77	1.18 (0.81 - 1.77)
Point of entry, %			
Ward	70	64	Ref
ED	22	28	0.91 (0.62 - 1.32)
Direct	8	8	1.37 (0.76 - 2.37)
Primary condition			
treated in HaH, %			
Infection	63	64	Ref
Heart Failure	10	9	0.79 (0.45 - 1.34)
COPD/Asthma	10	8	0.83 (0.45 - 1.44)
Surgery	6	6	1.64 (0.81 - 3.1)
Other	10	12	0.81 (0.47 - 1.3)
Major Comorbid Conditions, %			
Heart Failure	31	21	1.3 (0.86 - 1.95)
COPD/Asthma	24	23	1.08 (0.75 - 1.53)
Diabetes	43	31	1.39 (1.02 - 1.89)*
Stroke	14	7	1.76 (1.12 - 2.69)*
Dementia	5	4	1.25 (0.6 - 2.4)
Cancer	33	31	0.99 (0.71 - 1.36)
Mean (95% CI)	00	0-	
Number of different types of treatments provided in HaH	2.88 (2.64 - 3.11)	2.60 (2.55 - 2.66)	1.09 (0.97 - 1.22)
Mean (95% CI) Number of nights treated in HaH	7.72 (6.45 - 8.98)	6.59 (6.34 - 6.84)	1.01 (0.99 - 1.03)
Mean (95% CI) Number of nights in the hospital prior to HaH	3.93 (3.07 - 4.79)	2.83 (2.60 - 3.06)	1.02 (1 - 1.04)
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*statistically significant difference between unplanned escalations and no escalation

Discussion

- A standardized definition of unplanned escalation provides a reliable patient safety benchmark for HaH programs, with consistent rates across international units reflecting a shared threshold of acceptable risk.
- Escalation due to deterioration of the existing condition was most prominent. Escalation due to caregiver preference demonstrates the need to further study caregiver supportive measures.
- Return to HaH after escalation appears valuable for the majority of patients.
- Patients with diabetes or stroke had a higher risk of unplanned escalation, while those under 65 years had a lower risk. No other demographic or treatment factors were significant.
- Broader validation across international and rural HaH settings is needed to confirm the applicability of this measure.