Hospital at Home Worldwide 2025: Program characteristics from the World Hospital at Home Congress survey

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Background

The 2023 World Hospital at Home Congress (WHAHC) survey identified substantial global variation in Hospital at Home (HaH) staffing, diagnoses treated, patient complexity, and technological infrastructure.

As HaH programs expand, greater attention is being placed on how quality and safety are defined, measured, and monitored.

Methods

A survey was administered to attendees of the 2025 WHAHC, held March 27–29 in Vienna, Austria, and findings were compared with the 2023 WHAHC survey.

Shared Survey Domains

- Participant demographics
- Operational characteristics
- Program capabilities

New 2025 Module

- Routinely collected clinical/quality metrics
- Types of data collected
- Willingness to share aggregated data
- Willingness to share patient-level data

Results

- **Survey responses reported broad adoption of digital infrastructure.**
- **Among the 21 clinical quality indicators assessed in the survey, only five were reported as being routinely collected by ≥75% of programs.**
- **A majority (68.3%) of respondents were willing to share their program's aggregated data to a registry; yet, less than half (47.6%) were willing to share patient-level data to a registry.**

Table 1. 2023 vs 2025 Operational Characteristics

	2025 (n=96)	2023 (n=94)	p-value
Maximum geographic catchment, %			
Kilometers	23	30	0.28
Miles	5	6	0.73
Minutes of car travel	27	29	0.80
None	22	15	0.22
Other	23	20	0.65
Admission location, %			
Emergency department	92	82	0.05
Home	69	63	0.39
Hospital ward	94	93	0.74
Outpatient clinic	68	57	0.14
Residential aged care/Nursing home	52	52	0.10
Top 3 diagnosis, %			
Arrhythmia	2	1	1.00
Asthma	7	6	0.80
COPD	40	46	0.39
Diabetes	8	9	0.97
Heart failure	69	60	0.19
Infection	88	81	0.21
Oncologic	28	25	0.57
Psychiatric	2	2	1.00
Surgical	19	22	0.54
Service availability, %			
Operate 7-days per week	95	88	0.11
Provide overnight urgent visits	49	50	0.89
Acutely ill patients admitted yearly	2025 (n=92)	2023 (n=94)	p-value
<1000	48	62	0.06
1,000-3,999	42	30	0.07
4,000+	10	9	0.76

Table 1. Continued

	2025 (n=96)	2023 (n=94)	p-value
Mean daily census, %			
<25	50	63	.07
25-49	23	19	.50
50-99	15	12	.54
100+	13	6	0.14
Technology Infrastructure, %			
Uses an electronic health record	92	85	0.16
Use intermittent (e.g., spot checks) remote monitoring?	76	61	0.02
Use continuous remote monitoring	18	21	0.54
Use video communication	73	64	0.18
Clinical Capacity, %			
Administer continuous intravenous infusions	86	79	.24
Administer intravenous opioid medications	43	43	.93
Administer intravenous anticoagulation	15	23	.13
Administer intravenous insulin (e.g., insulin drips)	13	30	< .005
Administer intravenous chemotherapy	25	19	.31
Perform blood transfusions	31	30	0.91
Perform advanced procedures such as paracenteses	23	23	0.97

Table 2. 2025 Routinely Collected Information

	n=82
Clinical Information, %	
All-cause mortality during HaH	88
All-cause mortality 7-days after HaH	45
All-cause mortality 30-days after HaH	54
Unplanned mortality during HaH	77
Unplanned mortality 7-days after HaH	39
Unplanned mortality 30-days after HaH	42
All-cause escalation to BAM hospital during HaH	81
Unplanned escalation to BAM hospital during HaH	77
Unplanned readmission 7-days after HaH	54
Unplanned readmission 30-days after HaH	59
Emergency room visit 7-days after HaH	40
Emergency room visit 30-days after HaH	44
Unplanned urgent home visit during HaH	54
Fall with severe injury during HaH	78
Pressure injury during HaH	70
Delirium during HaH	54
Clostridioides difficile during HaH	49
MRSA during HaH	44
Line-associated sepsis during HaH	67
Anaphylaxis during HaH	63
Hypoglycemia during HaH	49
Catheter-associated urinary tract infection during HaH	57

Table 2. Cont.

	n=82
Demographic Information, %	
Age	95
Sexual orientation and gender identity	55
Race or ethnicity	54
Care Experience Information, %	
Time-based process measures	55
Patient-reported experience	81
Caregiver-reported experience	59
Length of stay	98
Location of admission	93
Data Registry Information , %	
Willing to share program's aggregated data to a registry	68
Anonymously	34
Identifiable as your program to the registry (not publicly available)	66
Willing to share program's patient-level data to a registry	48
Anonymously	36
Identifiable as your program to the registry (not publicly available)	64

Conclusions

Most operational characteristics did not change between 2023 and 2025. Routinely collected information varied significantly, with a minority of programs willing to share patient-level data. Establishing a standardized core set of clinical measures that programs are open to reporting may be critical to ensuring quality, comparability, and sustainability as HaH models continue to scale.