Letter to the Editor

Hospital-at-Home as an Alternative to Release the Overload of Healthcare Systems During the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Pandemic

To the Editor:

The novelty and fast spread of the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) have made it impossible to scientifically determine the best approach for its management and to take evidence-based political measures to try to tackle it. Several countries worldwide have adopted political measures of confinement of the population and restriction of free movement within their territories to mitigate the collapse of their healthcare systems. In this scenario of countries’ quarantine and of lack of healthcare resources, a potentially effective and efficient alternative to provide healthcare for noncritical patients with a confirmed SARS-CoV-2 infection is the promotion of Hospital-at-Home (HaH) services.

HaH is a healthcare modality that administers specialized medical care to patients within their own homes for illnesses that usually would require a hospitalization. This healthcare modality has been successfully used for the treatment of acute exacerbations of chronic respiratory diseases, as is the clinical presentation of a great number of patients infected with SARS-CoV-2. Furthermore, it has shown at least noninferiority in comparison to traditional hospital in-patient treatment options. In a context of lack of evidence on SARS-CoV-2, and given its similarity with viral infections (eg, picornaviruses or influenza A) that are a major cause of acute respiratory exacerbations, it is reasonable to assume that HaH could be an effective option for its management.

Considering the overload of the hospital emergency and intensive care departments and their limitation in the number of beds, previous research shows that the use of HaH might help to release this burden liberating them. The adoption of this type of attention could be particularly relevant in the prevention of new cases caused by potential nosocomial infections. Despite this, given the possibility of infection of other individuals living in the same home, the referral of HaH should be done in all cases, providing advice to the patient and relatives on specific self-isolation guidelines. Furthermore, as it was observed during the current pandemic, the lack of healthcare professionals caused by the necessary self-isolation after infection during their working time could be an important determinant of the collapse of the healthcare system. Therefore, promoting the fast implementation of HaH services might help to prevent the consequences of a likely upturn of SARS-CoV-2 infections, as well as the collapse of healthcare systems.

References


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