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WORLD HOSPITAL AT HOME COMMUNITY WEBINAR · RECAP

Building a Shared Vision for the Future of Hospital at Home Acute Care

This project is supported by Masimo

SURGICAL PERSPECTIVE
Dr. Oscar Díaz-Cambronero, Head Perioperative Medicine — Hospital La Fe (Spain)

ONCOLOGY PERSPECTIVE
Karen Titchener, Patient Safety Commissioner Scotland — Scottish Parliament (UK)

SESSION HOST
Dr. Jagan Murugachandran, Consultant in Cardiothoracic Critical care — Addenbrookes Hospital and Royal Papworth Hospital (UK)

WHY THIS SESSION
Looking beyond general medicine

Most hospital at home programmes are built around core internal medicine. This webinar asked what it takes to safely extend acute, hospital-level care into two less-established areas, surgical recovery and cancer care, and introduced a new initiative to build global consensus on how to do it.

THE INITIATIVE
Towards consensus understandings

A new programme is building international consensus across acute-care pathways, including surgery, oncology, general medicine, admission avoidance, economics and paediatrics; with the goal of publishing guidance the wider hospital at home community can adopt.

- **Method:** a Delphi consensus process, run in partnership with the University of Cambridge.
- **Starting point:** surgery and oncology pathways, and how each can be delivered through a virtual ward model.
- **Community involvement:** the team is inviting input and experience from colleagues worldwide.

TIMELINE

May to June 2026
Groups formation; consensus-building begins

Next 12 months
Delphi rounds on surgery & oncology pathways

February 2027
Findings presented at the World Hospital at Home Congress in Gothenburg

Two perspectives, one direction. Two independent programmes, one shared conclusion: acute, monitored care belongs at home whenever it can be delivered safely.

SURGERY
Dr. Oscar Díaz-Cambronero — Hospital La Fe (Spain)

3rd
leading cause of death worldwide: postoperative mortality

~4%
postoperative mortality, recent European cohort study

1
readmission in 2 years on the early-discharge programme

- **The two live programmes:** an early-discharge pathway for colorectal surgery (wearable monitoring, discharge on postoperative day 1–2 instead of day 4–5), and PRIME, a perioperative remote monitoring programme for major abdominal surgery using a medical-grade smartwatch.
- **Monitoring starts before surgery, at the pre-anaesthesia visit**, to set each patient's individual baseline, and continues to postoperative day 30.
- **The team reads trends, not single readings**, using a traffic-light alert system built into the electronic health record.
- **Vision:** prehabilitation, perioperative monitoring and future AI-supported predictive analytics as one continuous pathway, shared between surgeons, anaesthesiologists, nurses and patients.

ONCOLOGY
Karen Titchener — Scottish Parliament (UK)

57%
fewer unplanned hospitalisations

48%
fewer emergency department visits

47%
lower cumulative cost of care

1.9 days
shorter average length of stay

3–5 days
typical intensive stay on the programme

~10%
of patients escalated back to hospital

- Figures from a published, matched-cohort study of around 367 patients; the evidence base for oncology hospital at home is now established.
- **Typical patients:** pain crises, dehydration, failure to thrive, nausea and vomiting, hypoxia, and post-surgical discharge.
- **Typical interventions:** pain titration, IV fluids, anti-infectives, antiemetics, physiotherapy, oxygen; the same skills every hospital at home team already has.
- **The gap to close is usually:** targeted oncology upskilling, clear escalation protocols, and a trusted referral relationship with the oncology team, not a new service.

> *"I can't think of anybody who turned the programme down in my 20 years of doing it.*

COMMON GROUND

The pattern behind both talks

From hospital-based to home-based care

Both speakers described acute care shifting from the hospital as default site to the home, supported by remote monitoring.

Watch trends, not single points

Isolated readings create false alarms; both teams review data trends over time and act on deviation, not one-off numbers.

Governance and 24/7 escalation

Clear admission and exclusion criteria, defined protocols, and a round-the-clock route back to hospital keep both programmes safe.

Trust is built, not assumed

Referring clinicians and patients need to see a programme work before they trust it; both speakers described months spent building that relationship.

ASK THE EXPERTS

Q&A Highlights

Q: What percentage of patients don't have a caregiver at home, and does that affect eligibility?

Oscar: A caregiver is currently required for the surgical programme, since patients aren't yet fully recovered and need support. In Spain, family caregiving is common. Removing this requirement may be possible in future.

Q: What's the average length of stay, and how often are patients referred back to hospital?

Karen: Average intensive stay on the oncology programme was 3–5 days, with light-touch follow-up for up to 30 days. Around 10% of patients were escalated back to hospital — expected, given many had comorbidities or metastatic disease.

Q: Is it difficult for oncology patients to accept visits from non-oncology clinicians?

Karen: No, because the hospital at home team operated as part of the same hospital rather than an outside referral, patients readily accepted care from hospitalists and specialist nurse practitioners. In 20 years, no patient turned the programme down.

Q: The smartwatch collects data continuously; who reviews it, how often, and is the response 24/7?

Oscar: Data are captured continuously and uploaded to the health record every second, but reviewed for trends twice a day; daytime readings are noisier than night-time data. Patients can contact the unit at any time, though proactive follow-up is trend-based rather than triggered by every single alert.

Q: Do these programmes raise legal, licensing or credentialing issues?

Karen & Oscar: In the US, formal hospital credentialing and community prescribing licences apply. In Europe/UK, clinicians work within their existing scope of practice, but patient-data storage and cloud/EHR agreements were flagged as a genuinely time-consuming legal challenge (around six months to finalise in Valencia).

TAKE THIS BACK TO YOUR TEAM

10 key takeaways

1. Hospital at home is expanding beyond general medicine; surgery and oncology now have a solid evidence and delivery base.
2. A new World Hospital at Home consensus understandings initiative is using a Cambridge-led Delphi process to build international consensus, starting with surgery and oncology.
3. Findings will be presented at the World Hospital at Home Congress in Gothenburg, 25–27 February 2027.
4. In surgery, postoperative mortality is a leading cause of death worldwide; prehabilitation plus perioperative remote monitoring is presented as a key countermeasure.
5. Valencia's early-discharge colorectal pathway produced just one readmission in two years; its PRIME programme extends monitoring from before surgery to postoperative day 30.
6. The evidence base for oncology hospital at home is now established, with a published study showing large drops in admissions, ED visits and cost, and a shorter length of stay.
7. Most hospital at home teams already have the skills oncology patients need; the real gap is usually protocols, upskilling and a trusted referral relationship, not a new service.
8. Effective remote monitoring means reading trends over time, not reacting to single data points; and designing alerts that avoid clinician fatigue.
9. Robust 24/7 escalation and clear admission/exclusion criteria remain the backbone of patient safety in both surgical and oncology programmes.
10. Data governance and cloud/EHR integration are a real, time-consuming legal and operational challenge; plan for this early.

MISSED THE LIVE SESSION? · NEXT STEPS

Watch

Watch the full recording on the World Hospital at Home Community Education Portal.

Stay updated

Follow WHAHC on social media for updates.

SAVE THE DATE

25–27 February 2027

World Hospital at Home Congress · Gothenburg, Sweden

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