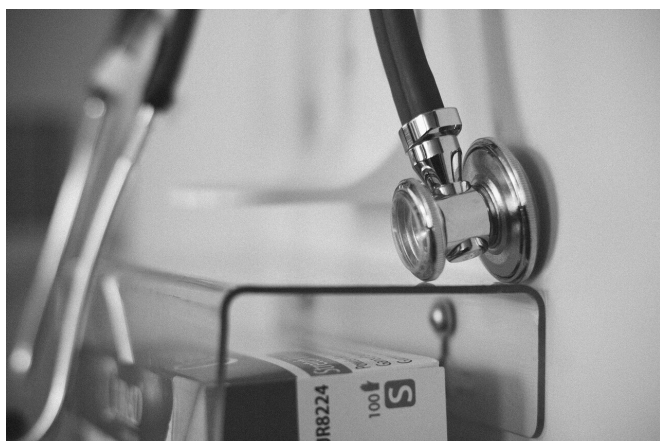


# Most COVID-19 patients receiving home-based hospital care did not require escalation to traditional hospital setting

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A retrospective, single-center study found that the majority of COVID-19 patients receiving home-based hospital care did not require care escalation to a traditional hospital setting, even if the patients were older or obese. The findings are published in *Annals of Internal Medicine*.

The COVID-19 pandemic has challenged health care systems to rapidly transform care to address resource demands. Early in the pandemic, a large integrated health system implemented a hospital-at-home program to deliver home-based, hospital-level care to patients with COVID-19 and increase the health system's bed capacity.

Researchers from Atrium Health studied 391 adults 18 or older who met evidence-informed inclusion criteria and received treatment for COVID-19 in their program between March and November 2020 to determine which hospital-at-home patients were at increased risk for care escalation to traditional brick-and-mortar facilities. The researchers found

that most patients did not require care escalation, with approximately 1 in 5 admitted within 14 days. More severe respiratory involvement was observed among transferred patients, particularly those requiring immediate care escalation. In addition, overall comorbidity burden was associated with transfer. The researchers expressed surprise that they did not observe independent associations between [older age](#) or obesity and transfer and speculate that this could be due to physician hesitation to enroll such patients with additional risk factors into the program.

According to the authors, this study is important because it provides practical initial evidence to help inform patient selection guidelines for [hospital-at-home care](#) as it becomes a standard care delivery option.

**More information:** Shih-Hsiung Chou et al. Factors Associated With Risk for Care Escalation Among Patients With COVID-19 Receiving Home-Based Hospital Care, *Annals of Internal Medicine* (2021). [DOI: 10.7326/M21-0409](https://doi.org/10.7326/M21-0409)

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