# Experiences from Sweden's First Digi-Physical, High-Acuity Early Discharge Hospital at Home Program

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## Introduction

- Early discharge HaH program (>95% of all admissions) for Capio S:t Goran, a tertiary referral hospital with ≈ 300 bed capacity
- Location: Stockholm, Sweden
- Clinical pathway: Department of Medicine (84 hospital beds)
- Inclusion period: October 2022 to October 2024
- Study cohort: 579 unique patients and 618 care episodes

## HaH Study Population

| | | |
|---|---|---|
| Female sex | 305 (49) | No. (%) |
| Age | 62 (46-76) | Median (IQR) |
| ADL independency index † | 2 (2-3) | Median (IQR) |
| Chronic conditions †† | 1 (0-2) | Median (IQR) |
| > 1 chronic conditions | 320 (52) | No. (%) |
| LOS before HaH admission | 2.1 (1.0-3.8) | Median (IQR) |
| LOS HaH | 3.1 (2.0-5.1) | Median (IQR) |
| LOS total | 5.9 (3.9-9.3) | Median (IQR) |
| Escalation rate | 39 (6.3) | No. (%) |
| 30-day readmission | 43 (7.0) | No. (%) |
| 30-day mortality | 2 (0.3) | No. (%) |
| Serious adverse events††† | 0 (0) | Median (IQR) |
| Patient satisfaction†††† | 10 (10-10) | Median (IQR) |

ADL, activities of daily life; LOS, length of stay
† Local hospital index of ADL independency: 6 p = total dependence; 0 p fully independent
†† Chronic obstructive pulmonary disease, congestive heart failure, atrial fibrillation and flutter, chronic kidney disease, diabetes mellitus, hyperlipidemia, hypertension
††† Fall trauma, pressure ulcer, delirium
†††† Scale 0-10

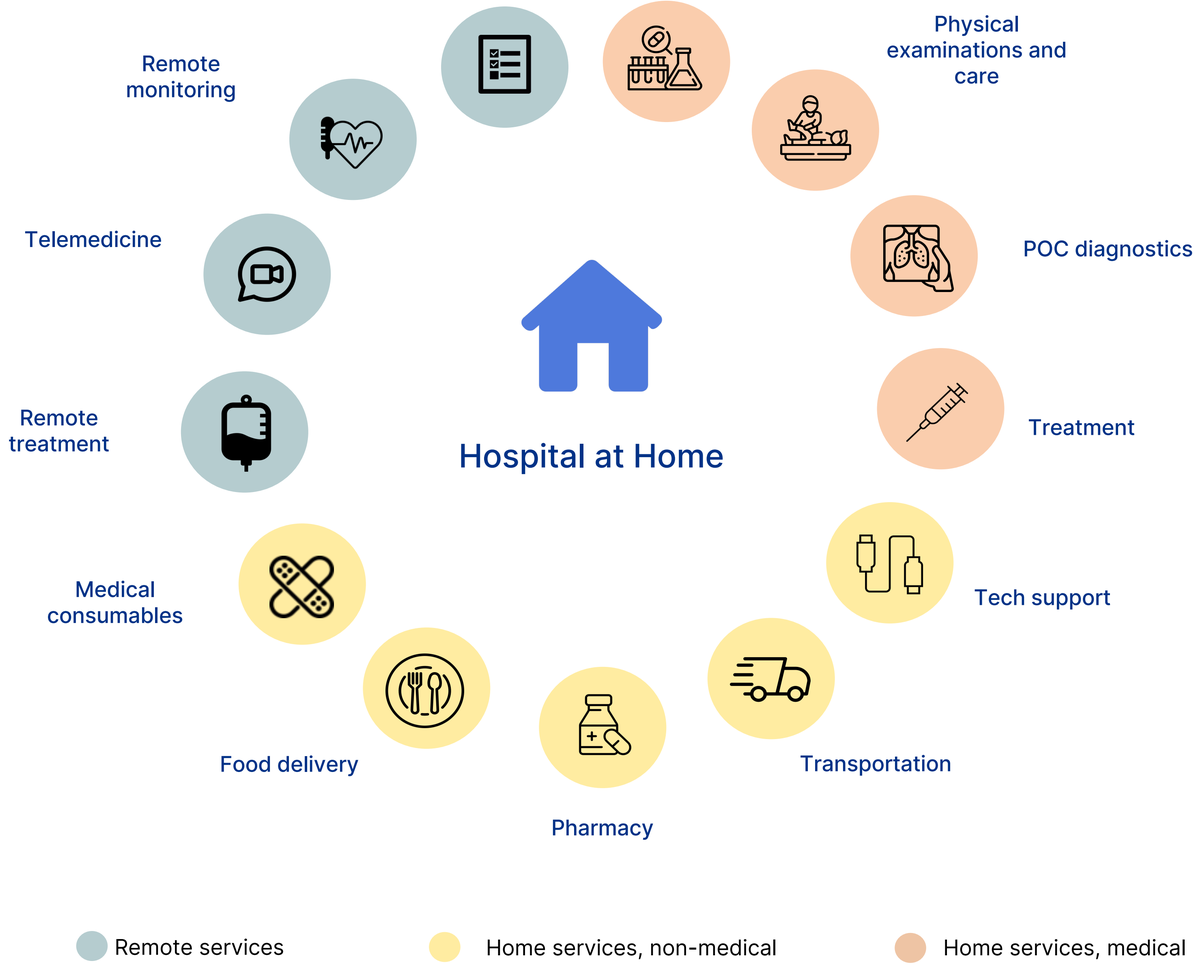
## The Hybrid Care Model

**30%** Remote care

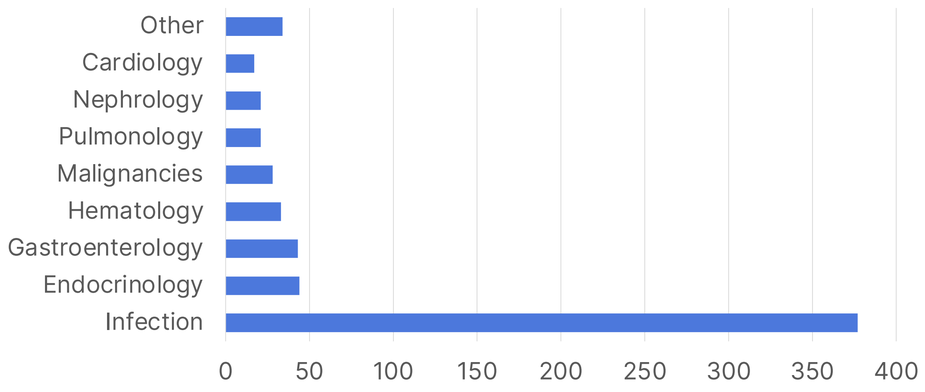
**30%** Of all home services can be performed by non-medical personell

**1.5** Home visits per patient per day

**20%** More patients per nurse




## Main Causes of Admission

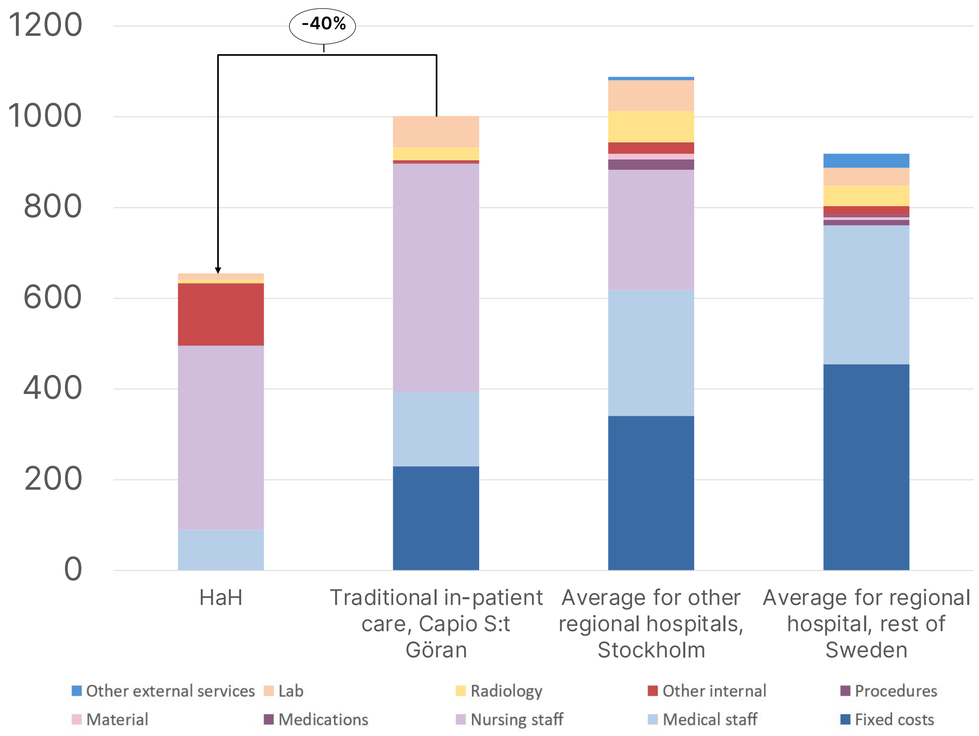



## Conclusions

- **Early discharge HaH** offers a **resource-efficient** and **high-quality** alternative to traditional inpatient care.
- Effective implementation requires **continuously optimized workflows**, achieved through **iterative refinement of care routines** and a **smart orchestration platform that enables planning, route optimization, and capacity forecasting.**
- One of the greatest challenges remains **patient recruitment—ensuring the right patients are identified and included at the right time.**

## Cost of Care – HaH vs Traditional Inpatient Care

Cost per patient per day for unspecified pneumonia (ICD J18.9), euro.

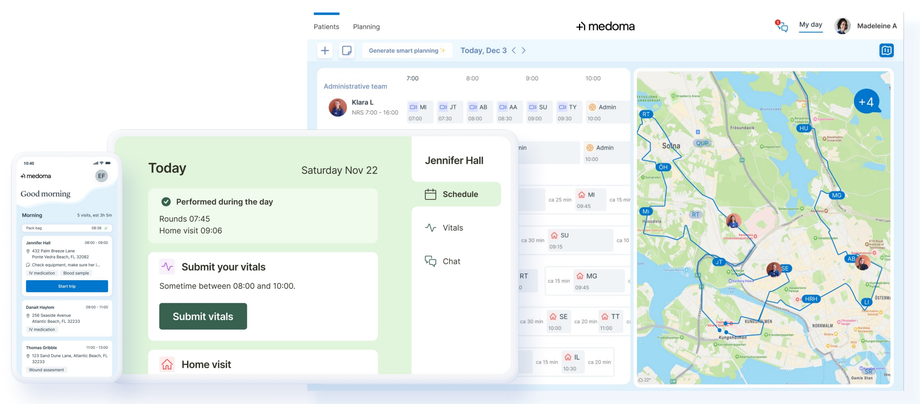



Cost analysis based on national registry data with detailed per-patient costs and the following assumptions:

1. Increased internal costs by €130 per patient for HaH due to technology and logistics-related expenses.
2. Reduced lab and medical imaging costs for HaH by 72–80%, based on Levine et al., 2020.
3. Lower staffing costs, as estimated by Medoma, assuming full occupancy.

## Planned Future Research

- Matched case-control study comparing HaH to traditional inpatient care for a more detailed evaluation of clinical and resource outcomes.
- Development of a predictive model for resource utilization based on individual patient characteristics, aiming to optimize HaH care planning and enhance capacity forecasting.




*Medoma's all-in-one solution tailored for Hospital at Home.*

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