INESSS
LE SAVOIR PREND FORME

APRIL 2025

Hospital at home in Québec healthcare institutions: considerations to support program implementation

English summary

Une production de l'Institut national
d'excellence en santé
et en services sociaux (INESSS)

Québec

SUMMARY

Hospital at home in Québec healthcare institutions: considerations to support program implementation

The Ministère de la Santé et des Services sociaux (MSSS) is aiming to implement hospital at home (HAH) services in all regions of the province by 2026. To achieve this goal, the MSSS has launched the pre-deployment of HAH with several pilot projects in 2023, with financial support from the Institut de la pertinence des actes médicaux (IPAM). In this context, the MSSS wishes to be informed on the aspects to be considered to promote the sustainable implementation of HAH for the adult population requiring physical care in Québec's health and social services institutions. The MSSS has therefore mandated the Institut national d'excellence en santé et en services sociaux (INESSS) to draw up a portrait of the HAH situation in Québec.

In order to describe the scope of HAH in Québec, explore pilot experiences and share challenges and possible solutions adapted to the provincial context, a scoping review of the scientific and grey literature was complemented by consultations with various stakeholders. This approach included a public call for contributions to identify key informed parties, a meeting with the users' and caregivers' panel of the INESSS Direction de l'évaluation et du soutien à l'amélioration des modes d'intervention - services sociaux et santé mentale, *ad hoc* meetings with various stakeholders such as HAH program managers, a meeting with a multidisciplinary advisory committee, and an online questionnaire for citizens, users and caregivers.

Definition and aim of hospital at home in Québec

- The implementation of HAH in Québec is primarily aimed at improving the experience and optimizing the care pathway for patients with acute and stable conditions.
- Patients hospitalized at home receive the same services as those staying in hospital, including priority access to diagnostic tests and medical consultations. In particular, patients benefit from remote medical follow-up and home visits as needed.
- To promote its adoption, HAH needs a clear definition of its role, which should cover specific needs of the healthcare system and complement existing care services as part of a continuum of care.

Overview of hospital at home experiences

- The pre-deployment of HAH is underway in Québec through several pilot projects. Given such recent development, few scientific publications report on the Québec HAH experience. Two programs differing in their level of maturity and geographical location are presented in this report.

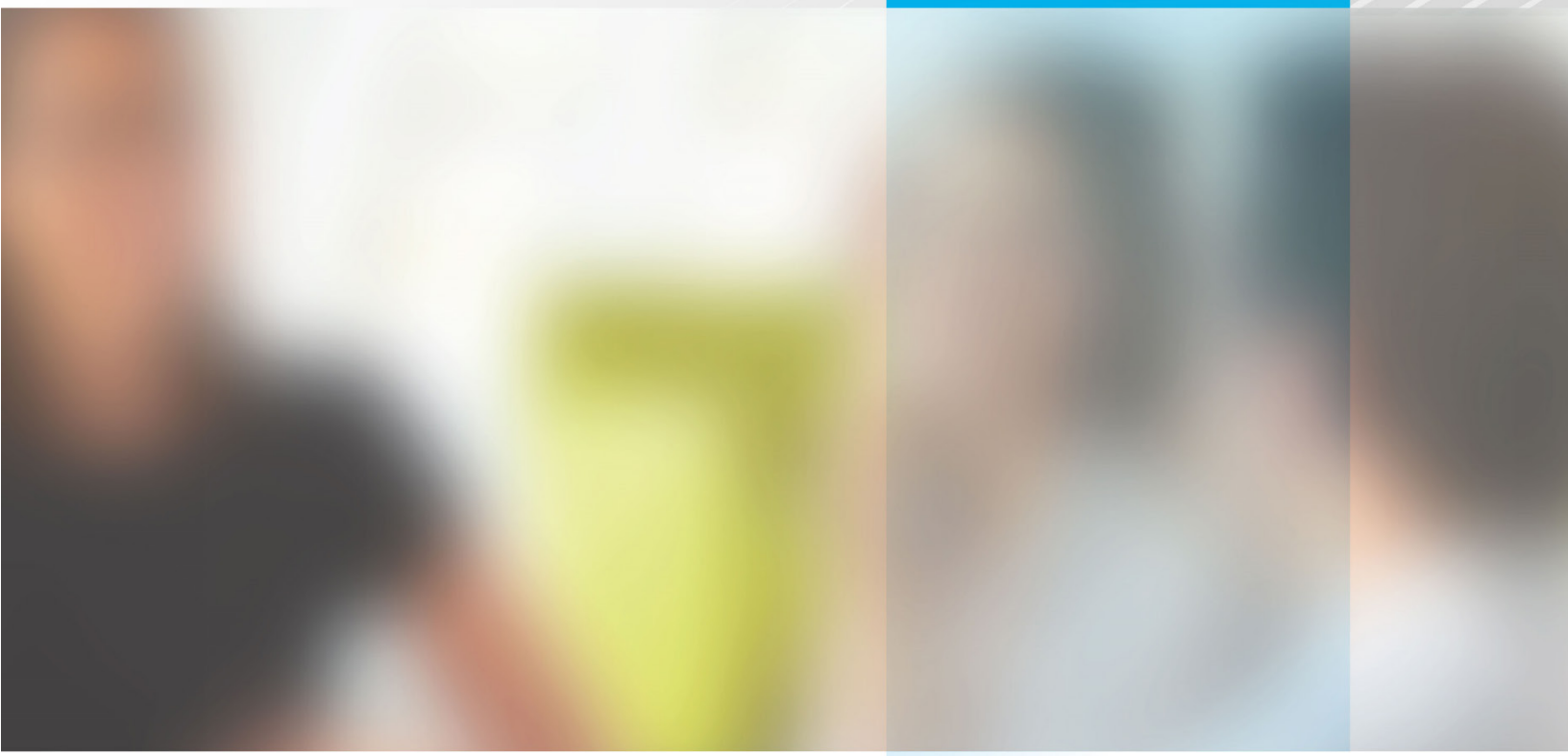
- HH modalities may vary according to the context and needs of each institution. The hospital is the main gateway to HH. Virtual medical follow-up is provided by the HAH team, and home care, when required, is provided by home support services. Medication management is handled by the hospital pharmacy.
- Implementing a HAH program requires numerous collaborative efforts and initiatives to promote adhesion from the various stakeholders within the hospital and professional associations.

Considerations for optimal deployment of hospital at home in Québec

- Identifying patients potentially eligible for HAH is a complex process, requiring close collaboration between the HAH team and hospital staff. Unfamiliarity with HAH can be a barrier to this collaboration and limit the identification of potential candidates.
- A change management strategy is needed to ensure the effective implementation and to encourage adhesion from the various stakeholders. It combines training for healthcare staff, the creation of communities of practice and inclusive planning and coordination phases with the participation of the various services involved, including pharmacy and home support services.
- The technologies chosen to assist HAH must meet specific needs and consider the intended user (patient, family caregiver or healthcare staff) to ensure ease of use and plan appropriate technical support.
- Clear, appropriate and comprehensive communication of the process, potential benefits and risks of HAH must be provided to the patient and family before admission. Support measures (e.g., financial assistance, respite care, home support) for the patient and family caregiver must also be in place.
- Establishing, at the provincial level, a standardized and secure medication pathway that is adapted to virtual care, would mitigate issues associated with handling and delivering medications in these care and service models.
- In the context of a learning system, the deployment of this type of program should be part of a strategy to generate value for patients, for the system and for Québec society as a whole. The potential for value creation can be assessed by analyzing its alignment with the goals of the health and social services system, using a multidimensional approach (population, clinical, organizational, economic and sociocultural dimensions).
- Measuring the success and impact of HAH projects should also consider an adjustment period following its implementation and should go beyond volumetry. In particular, it should include indicators of responsiveness to needs, such as the satisfaction of patients and family caregivers, and the degree of commitment of professionals.

- HH adds to an ecosystem of services already facing staff shortages. Long-term planning is needed to ensure the sustainability of HAH programs.

In summary, HAH could play a complementary role to existing services in the Québec healthcare system. As with international HAH programs, however, certain challenges must be overcome to ensure successful implementation. By drawing on the experience of projects set up in Québec and internationally, key stakeholders will be able to actively contribute to the evolution and ongoing improvement of this model of care and service.



Siège social

2535, boulevard Laurier, 5e étage
Québec (Québec) G1V 4M3
418 643-1339

Bureau de Montréal

2021, avenue Union, 12e étage, bureau 1200
Montréal (Québec) H3A 2S9
514 873-2563
inesss.qc.ca

Institut national d'excellence en santé et en services sociaux
Québec