INTEGRATING INPATIENT NURSES INTO HOSPITAL-AT-HOME CARE: DEVELOPMENT AND TRAINING OUTCOMES OF THE INAT ROLE

Ong S.F., Low S.E., Liu D., Ong L.D., Farhana B.S.
Department of Nursing
Khoo Teck Puat Hospital

Aim / Objectives

To develop and evaluate a structured training programme that prepares ward-based nurses for rotation to the KTPH Hospital-at-Home (HaH) programme as Inpatient Nurses Activation Team (INAT) members, enabling flexible deployment between home care activations and inpatient ward duties.

Background

Hospital-at-Home (HaH) programmes deliver acute care in the home setting, requiring nursing support that is both clinically competent and flexibly deployed. At KTPH, the INAT role was introduced to meet this need through a rotation model. During their rotation, INAT nurses are primarily based within the HaH programme and activated to conduct home visits as needed. When not activated, they return to their ward to carry out their usual inpatient duties. This flexible deployment model allows the HaH programme to maintain responsive nursing coverage while making productive use of nurses' time across both care settings. When activated, INAT nurses travel to patients' homes to perform physical assessments, deliver nursing interventions, and escalate to doctors where necessary. As the home care setting differs meaningfully from the inpatient environment — in terms of available equipment, assessment approach, and the degree of independent clinical judgement required — a structured training programme was developed to prepare ward nurses for this dual-setting role.

Interventions / Implementation

A two-week structured attachment was implemented prior to commencing the INAT rotation (April–May 2025, repeated April 2026), comprising:

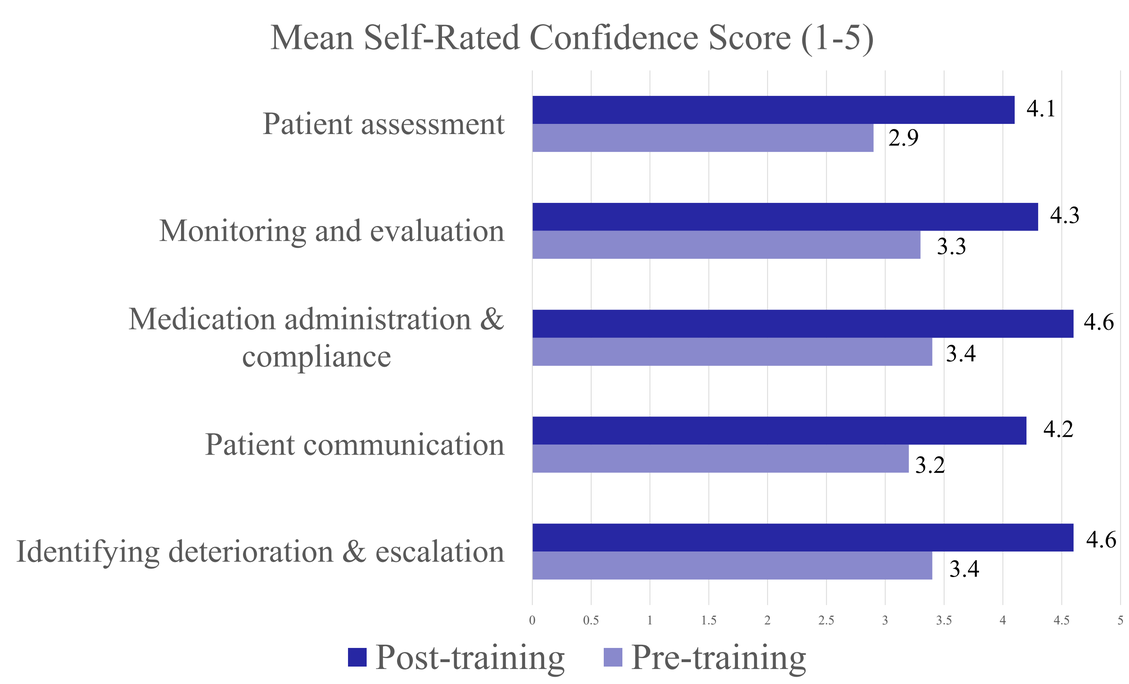
- Orientation to HaH workflows and the EPIC documentation system
- A half-day physical examination theory lecture and workshop
- Competency training for home care-specific tasks, where equipment and procedures differ from the inpatient setting
- On-the-job training with senior HaH nurses, including supervised first visits (FV) and review visits (RV)

Training outcomes were assessed using Direct Observation of Procedural Skills (DOPS) for basic physical examination, and pre- and post-attachment self-rated confidence surveys across five domains. Qualitative feedback was collected and analysed thematically.

Results & Outcomes/ Discussion

All participants (n=9) achieved the expected entrustment level (≥3A) and completed DOPS for basic physical examination.

Self-rated confidence scores improved across all five domains after the attachment:



The 2-week attachment was rated highly overall (mean 4.2/5), and the physical examination lecture was similarly well-received (mean 4.6/5). However, the majority of participants (7 out of 9) felt the 2-week duration was insufficient, recommending an extension to 3–4 weeks — particularly to allow greater exposure to first-visit assessments, which require more comprehensive clinical assessment skills compared to review visits.

What nurses said about their attachment:

Enhanced clinical role
"Able to be more involved in patient care like doing assessments and asking questions which we don't do much in ward."

Patient centred care
"Interesting… patients are all happier to have their treatment at home."

Supportive learning environment
"Friendly, approachable staff... the excitement of trying something different and the ability to make bigger impacts on our patient lives."

Recommendations for improvement included a structured orientation guide, dedicated workstations for independent documentation, and the inclusion of weekend or after-hours attachment sessions to better reflect the range of conditions encountered during the rotation.

Conclusion

The INAT rotation model demonstrates that ward-based nurses can be feasibly prepared for flexible deployment across inpatient and home care settings. The structured 2-week training programme produced meaningful improvements in confidence across all assessed domains, with all participants meeting the required competency standard. Feedback suggests that extending the attachment to 3–4 weeks would further strengthen readiness for independent home visits. Future phases will focus on progressive role expansion — including discharge planning responsibilities — to deepen INAT nurses' contribution to HaH service delivery and enrich their professional development across care settings.