Organization Logo(s)

Re-envisioning Hospital-at-Home Care in Nursing Homes: A Descriptive Qualitative Study in Singapore

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Aim / Objectives

This study aims to explore nursing home healthcare staffs' perceptions and experiences when engaging in HaH services.

Background

Hospital-at-Home (HaH) programmes extends hospital-level care into nursing homes, offering a strategy to reduce avoidable acute transfers and enhance continuity of care for frail older adults. By enabling timely provision of medical interventions within familiar environments, HaH has the potential to enhance patient experience while optimizing care delivery. However, the success of HaH within nursing homes depends heavily on the readiness and confidence of nursing home healthcare staff, who play a central role in recognizing deterioration, coordinating with medical teams and supporting care delivery. Despite their pivotal role, evidence on how nursing home staff perceive and experience HaH remains limited.

Interventions / Implementation

A descriptive qualitative research design was used. Semi-structured interviews were conducted with 11 nursing home healthcare staff between February and May 2025. Interviews were audio-recorded, transcribed verbatim and thematically analyzed.

Results & Outcomes/ Discussion

Three themes were identified. First, bringing the hospital to the nursing home captured how HaH fundamental reshapes nurses' clinical roles, expanding their scope of practice while demanding sustained vigilance, both clinical and emotional in the absence of a hospital safety net. Second, prepared but not fully equipped revealed a tension between nurses' confidence in routine geriatric care and significant gaps in clinical competency, resources, escalation pathways, and family trust that complicate implementation. Third, towards a more integrated future articulated nurses' own voiced conditions for success, encompassing workforce upskilling, responsive inter-institutional systems, and trust as a multi-directional relational foundation spanning residents, families, and institutional partners.

Conclusion

Nursing home healthcare staff expressed strong support for the HaH model, recognizing its potential to enhance timely care and reduce avoidable hospital transfers. However, their experiences also underscored uncertainties related to operational clarity, resource limitations, and clinical preparedness. Therefore, strengthening training, establishing clear care pathways, and fostering cross-sector collaboration are essential for safe and sustainable HaH delivery in nursing homes.