

Swot analysis for endorsement of hospital-at-home care

[Health & Medicine](#), [Nursing](#)



Concept Paper Submission

Introduction

Hospital-at-home care offers patients the chance to stay in their own homes and still receive exceptional care, as well as attention, from a hospital-at-home dedicated team (Leff, Burton, Mader, Naughton, Burl, Greenough & Burton 2005). The team works with the same principle that guides a hospital ward group and have scheduled multi-disciplinary meetings wherein they talk about the patients they are providing care to (Leff, et al, 2005). The service is intended to offer patients exceptional assistance so that they do not need hospital admittance or their admission is of a very short period.

Purpose

This purpose of this concept paper is a draft version of my final paper that will be advocating for the widespread endorsement of hospital-at-home care. This draft will basically present a SWOT analysis of this endeavor in order to its significance.

SWOT Analysis

Strengths

Some of the strengths circulating hospital-at-home care include (1) development of present forms and faculty of care, (2) financial system and legal mandates and (3) professional training. According to research, the entire number of patients receiving hospital-at-home care in 2009 was roughly 900, 000 million (Lee, 2009). There are over 2, 000 dedicated hospital-at-home teams. The ACA creates a rule that, hospitals, which are re-admitting excess patients soon after discharging them risk losing Medicare support unless they can enhance their patient outcomes (Leff et al., 2005). In

2009, there were over 30 different hospital-at-home training programs offered in U. S. According to the ACA, health practitioners and nurses should attend a minimum of 40 hours of hospital-at-home training prior to commencing their hospital-at-home work.

Weaknesses

Some of the weaknesses circulating hospital-at-home care include (1) regional disparity and organizational, (2) quality and scope of care, (3) lack of education and awareness on hospital-at-home care among physicians and nurses and (4) most widespread problems of hospitals that offer hospital-at-home care (Lee, 2009). The percentage distribution of hospital-at-home care activities also does not echo the likely complexity and multidisciplinary of this kind of care. Nursing care is what dominates the field of care at a patient's residence, whereas other activities, which are significant to ensuring that the patient is treated successfully such as an all encompassing hospital-at-home care, are not taken in to consideration (Daniels & Dickson, 1990).

Opportunities

Some of the opportunities circulating hospital-at-home care include (1) expansion of management activities, (2) more specifying expert standards and (3) promoting social attitude change, engaging and involving the civil sphere (Leff, et al. 2005). Considering the resources essential for hospitals that offer home care to operate productively, it is significant to remember that the support from the NHS includes only 50 to 70% of the budgets of these organizations. So as to offer quality hospital-at-home care, the institutions should find other resources to support the vital services (Daniels

& Dickson, 1990).

Threats

Some of the threats circulating hospital-at-home care include (1) confusing between home care and hospice care (2) lack of comprehensive and consistent health policy (Leff, et al. 2005). One of the main obstacles to hospital-at-home development is lacking an all-inclusive health policy. Fragmented legislative measures exist, which are the result of frequent political change (Health Bill, n. d). In the U. S., a change in the health ministry happens and every 4 years, thus leading to inconsistency in the health policy (Modin & Furhoff, 2002).

Conclusion

In order to avoid spending so much on patients being admitted in the hospital for care, it is vital to consider hospital-at-home care, which is slightly cheaper compared to receiving care at the actual hospital. This is an endeavor that should be fully supported by the government in order to reducing the huge sums of money spent on healthcare.

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