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**Oncology Hospital at Home:
A retrospective chart review examining whether oncology patients placed under
observation status by the ED could be managed in the home setting**

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Introduction: Hospital at Home (HaH) programs deliver hospital-level care in the home setting rather than in the traditional inpatient unit. In the US, this model of care has focused on the general medicine population, but no such models for adult oncologic care have been described in the literature to date. The current study seeks to identify whether certain diagnoses of patients with cancer admitted to observation status are predictive for early discharge and potentially model diagnoses on which to build a HaH program.

Methods: Electronic medical records were reviewed for 130 adult cancer patients presenting to the Thomas Jefferson University Hospital ED from 2018-2019 who were subsequently placed under observation status. Patients were placed into 13 groups according to the primary conditions that warranted their update to observation status. Kruskal-Wallis analysis was done to identify differences in length of stay between groups. Chi-squared analysis was done to identify differences in likelihood of admission vs. discharge following observation.

Results: There was no significant difference in length of stay between groups ($p = 0.83$). No significant differences were observed for either time in observation ($\chi^2 (24, N=130) = 46.05, p = 0.12$) or observation end event ($\chi^2 (36, N=130) = 20.26, p = 0.68$) among diagnostic groups.

Discussion: The lack of significant statistical findings highlights the need to increase the sample size and to redefine the diagnostic categories. We anticipate that with improved study design we will be able to identify the right patient population with which to pilot the HaH intervention.