

Interprofessional Synergies in Hospital at Home in the German-speaking Part of Switzerland

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INTRODUCTION

Hospital at Home (HaH) provides hospital-equivalent acute care in patients' homes and represents an innovative model of decentralized acute care [1,2]. The model requires close coordination between healthcare professions and therefore places specific demands on interprofessional collaboration (IPC) [3,4].

IPC is defined as a coordinated partnership between different health professions who share responsibility for patient care and decision-making [5]. Previous research shows that effective IPC is associated with improved quality of care and higher patient satisfaction [6].

In Switzerland, several HaH programs have recently been implemented, but empirical evidence on how IPC is practiced and experienced in these settings is limited.

AIM

To explore how IPC is experienced, practiced, and evaluated in Swiss HaH programs that operate with an interprofessional core team.

RESEARCH QUESTIONS

1. How is IPC collectively practiced and experienced in Swiss HaH programs in the German-speaking part of Switzerland?
2. How do health professionals individually assess IPC across the four SIPEI dimensions?
3. How do collective practice and individual perceptions of IPC relate to each other?

METHODOLOGY

Design: Complementary mixed methods design [7]

Study period: November 2024 – February 2025

Setting: Two institution-based HaH core teams (nurses and physicians) in the German-speaking part of Switzerland

Qualitative data collection

- 4 interprofessional group discussions
- Participants: nurses and physicians from two Swiss HaH programs, n=14
- Analysis: Documentary Method according to Bohnsack [8]
- Focus: reconstruction of collective orientations and shared practices

Quantitative data collection

- Swiss Interprofessional Evaluation Instrument (SIPEI) [9]
 - Domains: Practiced IPC, Perceived Outcomes, Structural Conditions, Interprofessional Education
 - 46 Items
- Online survey (SurveyMonkey)
- Participants: n=17 nurses and physicians (response rate 85%)
- Analysis: Descriptive statistical analysis

Integration

- Thematic triangulation of results from qualitative and quantitative data [10]

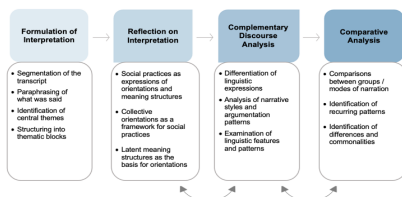


FIGURE 1: Own illustration of the four-step process of the documentary method, highlighting its iterative analytical approach.

CONCLUSION

Interprofessional collaboration in Swiss HaH programs is experienced as strong, flexible, and practice-oriented. Informal learning and intrinsic motivation compensate for limited formal educational structures. Effective IPC in HaH requires: ☆ adaptive and flexible ways of working ☆ shared responsibility and trust ☆ stable organizational and structural support

Given the currently limited political and financial frameworks for HaH in Switzerland, further development of supportive structures and formal learning opportunities is essential to sustain and strengthen interprofessional collaboration in this emerging care model.

REFERENCES

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KEY RESULTS – RECONSTRUCTIVE DIMENSIONS OF IPC

The documentary analysis identified five central dimensions of IPC in HaH:

- Trust & Collective Identity
- Collaboration at Eye Level
- Flexibility & Adaptability
- Interprofessional Learning & Development
- Patient-centeredness as a Shared Attitude

These dimensions reflect collective orientations and social practices that shape everyday collaboration within HaH core teams.

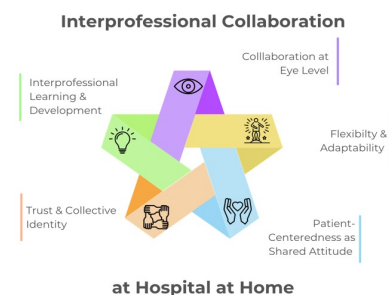


FIGURE 2: Illustration of the five reconstructive dimensions of IPC and their interrelated connections. Trust forms the basis for equality and flexible collaboration. Through shared practice, interprofessional learning emerges and is expressed in a patient-centred attitude.

KEY RESULTS – QUANTITATIVE HIGHLIGHTS (SIPEI)

Normed SIPEI Scores:

- Perceived Outcomes: 93.3 %
- Practiced IPC: 84.3 %
- Structural Conditions: 77.8 %
- Interprofessional Education: 60.8 %

Results indicate that professionals perceive IPC in HaH as highly effective, while formal interprofessional education and structural support are rated lower.

INTEGRATED FINDINGS

Quantitative results indicate limited formal opportunities for interprofessional education. In contrast, qualitative findings highlight intensive informal learning processes and strong intrinsic motivation for collaboration. This reveals a gap between formal structures and the realities of everyday interprofessional practice.

Effective IPC in HaH is driven by trust, shared responsibility, and flexible practice structures.

High perceived outcomes and strong professional satisfaction underline its impact, while sustainable implementation requires stronger structural support.