Online Resource 1. Inclusion and exclusion criteria for HaH admission

Manuscript: "Complicated urinary tract infections managed in a Hospital-at-Home program: clinical, urological and microbiological profile and 30-day outcomes".

Title:

Complicated urinary tract infections managed in a Hospital-at-Home program: clinical, urological and microbiological profile and 30-day outcomes

Authors:

Lira Pelari Mici[1], Elena Arranz Canales[2], Alexia Constanza Espiño Álvarez[2], Eva María Fernández Bermejo[2], Ángela Sánchez Juez[2], Victoria Gutiérrez Gómez-Lus[2], Fernando Ruiz Berraco[2], Saida Alonso Marrero[2], Jaime Bustos Carpio[2], José Curbelo[3], Eduardo Albers Acosta[4], Pablo Rodríguez Cortés[2].

Affiliations:

[1] Department of Urology, Hospital Universitario de La Princesa, Madrid, Spain.

[2] Hospital-at-Home Unit, Hospital Universitario de La Princesa, Madrid, Spain.

[3] Faculty of Medicine, Universidad Francisco de Vitoria, Madrid, Spain.

[4] Department of Urology, University Hospital Basel, Basel, Switzerland.

Corresponding author:

Lira Pelari Mici

lira.pelari@gmail.com

C/ Diego de León 62, 28006 Madrid, Spain

Inclusion criteria:

• Confirmed diagnosis - or at least a syndromic approach - must be established.

• Hospital-level care must be required because of the complexity or intensity of the patient's needs.

• The patient must be clinically and haemodynamically stable, with comorbidities that can be managed at home.

• For inclusion in an antimicrobial programme (OPAT), there must be diagnostic certainty of an infectious process defined by clinical and laboratory criteria (with or without microbiological documentation) that requires intravenous therapy after alternative routes, including oral therapy, have been ruled out as inadequate or inappropriate.

• A primary caregiver capable of caring for the patient during the HaH admission must be available. Admission without a caregiver may be considered in young and fully autonomous patients.

• The patient and the primary caregiver must agree to HaH admission and provide verbal consent. HaH may be declined at any time, in which case the patient can be admitted to a conventional ward. The patient also retains the right to request voluntary discharge.

• Telephone communication must be available and the home must offer hygienic conditions compatible with safe and aseptic practice.

• The patient must reside within the catchment area of the reference hospital.

Exclusion criteria:

• Failure to meet any of the inclusion criteria.

• Complexity of care exceeding the capacity of the HaH unit.

• Cognitive or physical impairment of the patient in the absence of a caregiver able to assume care.

• Poor treatment adherence or non-compliance with the HaH team's rules and recommendations.

• Lack of electricity or running water.

• Unsafe environment for healthcare professionals.

• Uncontrolled acute psychiatric disease (suicidal ideation, acute psychosis) or substance use compromising safe healthcare delivery (intravenous drug use).

• Absence of a post-discharge plan from the referring service.