

Western NSW Integrated Care Strategy



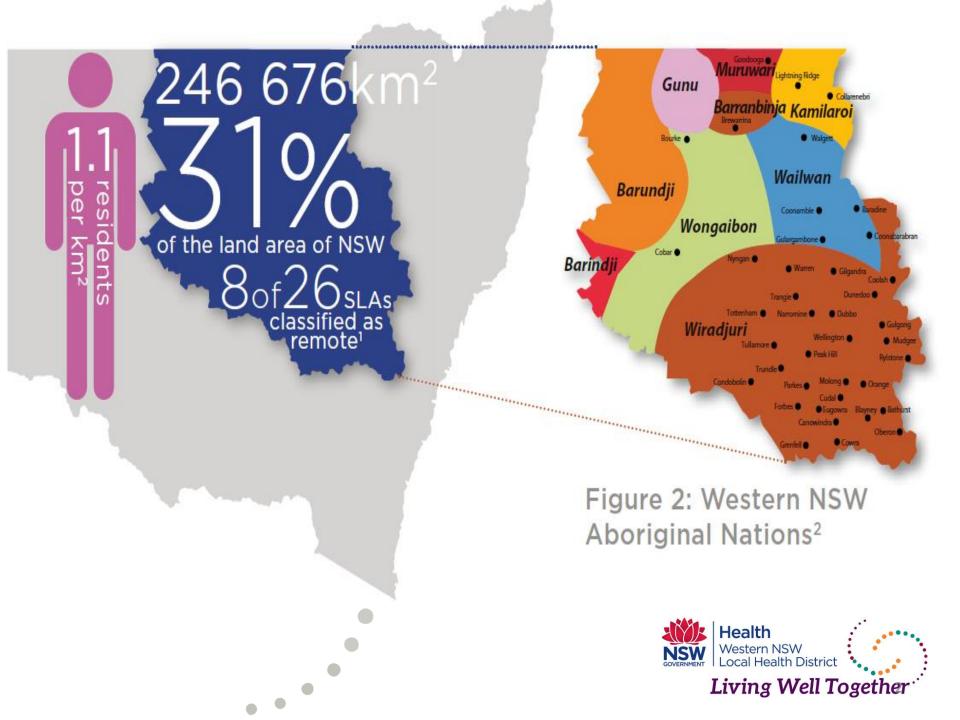
New Horizons – HITH in rural NSW



Monica Murray
Western NSW Local Health District







38 Hospitals in Western NSW LHD



3 Base Hospitals — Bathurst, Dubbo and Orange.



130-300



Large Ambulatory Care Units, on site medical specialists



4 District Hospitals — Cowra, Forbes, Mudgee, Parkes



30



10-12 GP/VMO's



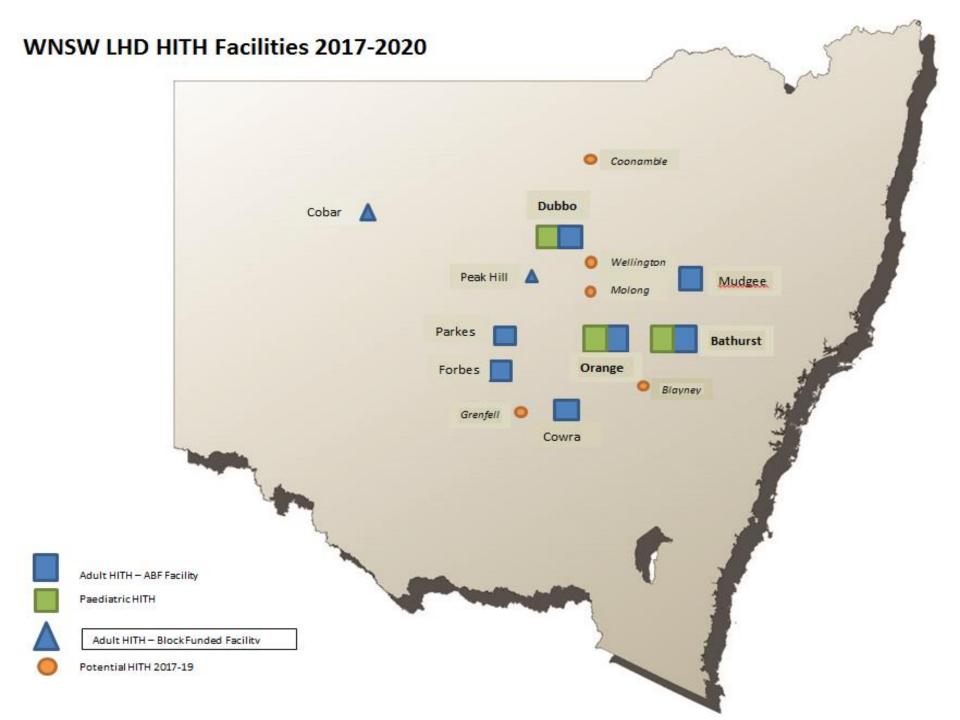
6 Rural/Remote Hospitals & 25 Multi-Purpose Services (MPS)

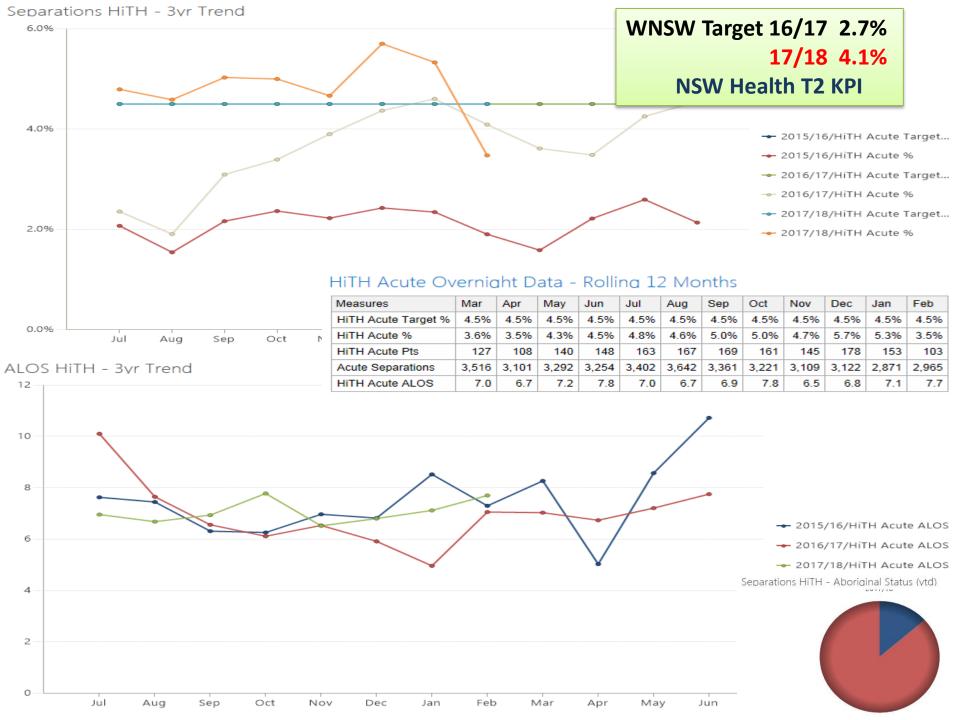


2-10



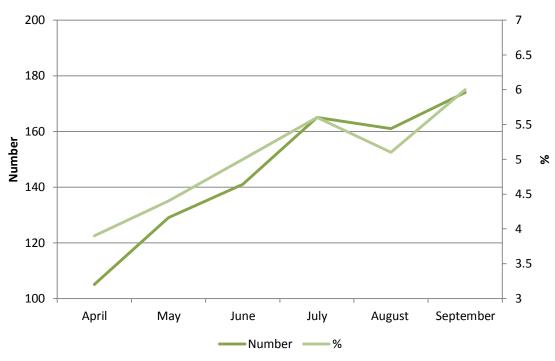
1-3 **GP/VMO's**





HITH - WNSWLHD

| Western NSW LHD | | | | |
|-----------------|--------|-----|--------|-----|
| | Month | | FYTD | |
| | Number | % | Number | % |
| April | 105 | 3.9 | 1,083 | 3.9 |
| May | 129 | 4.4 | 1,213 | 4.0 |
| June | 141 | 5.0 | 1,345 | 4.1 |
| July | 165 | 5.6 | 165 | 5.6 |
| August | 161 | 5.1 | 326 | 5.4 |
| September | 174 | 6.0 | 501 | 5.6 |

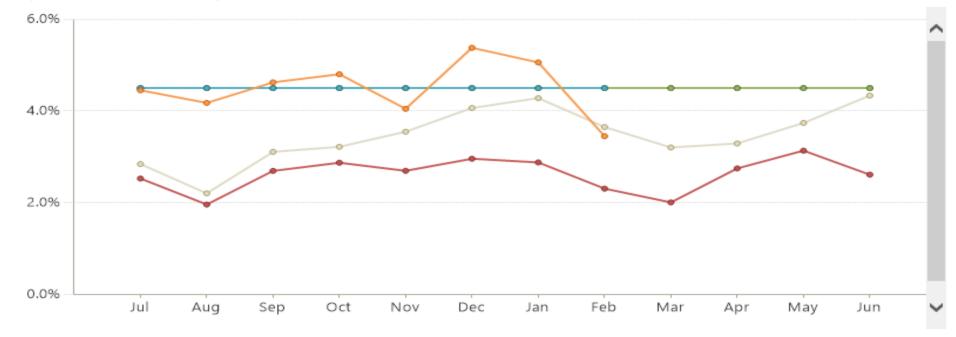


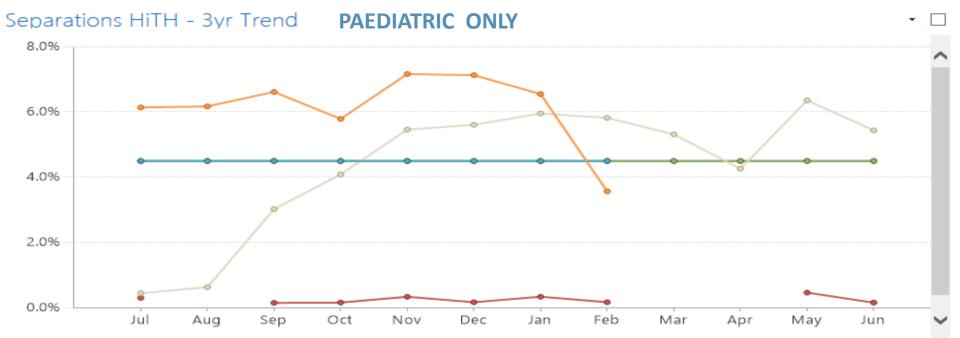
Private Health Insurance (PHI)

| HITH EPISODES WITH IDENTIFIED PHI | | | | | | |
|-----------------------------------|---------|---------|---------|--|--|--|
| Month | 2015/16 | 2016/17 | 2017/18 | | | |
| July | 13 | 14 | 27 | | | |
| August | 8 | 9 | | | | |
| September | 8 | 9 | | | | |
| October | 18 | 7 | | | | |
| November | 9 | 13 | | | | |
| December | 14 | 21 | | | | |
| January | 12 | 19 | | | | |
| February | 13 | 16 | | | | |
| March | 10 | 21 | | | | |
| April | 11 | 17 | | | | |
| May | 18 | 21 | | | | |
| June | 12 | 24 | | | | |
| Yearly Total | 146 | 191 | 27 | | | |



Separations HiTH - 3yr Trend ADULT ONLY



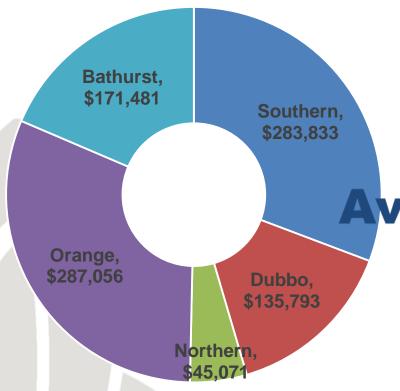


HITH Productivity Efficiencies

Quarter 1 2017/18

July - September 2017





Average cost per day

Acute Patient

HiTH Patient

\$1,754

\$627













Hospital in the Home (HITH)

Orientation Package

(Rural/Procedural Sites)

Revised November 2017





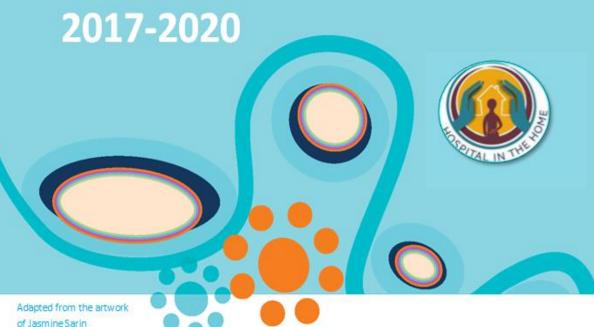
Monica Murray

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Hospital in the Home (HITH) Service Plan



Western NSW Local Health District







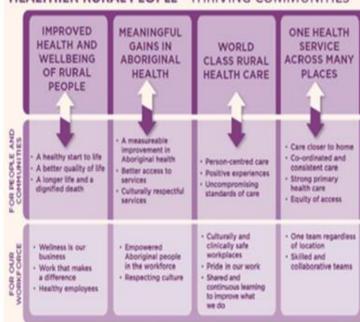
Key strategic influences

Planning priorities

Our goals

WESTERN NSW LHD STRATEGIC PLAN

HEALTHIER RURAL PEOPLE -THRIVING COMMUNITIES



Principles of HITH - Hospital Substitution

- Person-centred
- Ease of Access
- Voluntary and cost neutral to patient
- Full involvement of patient and carer
- Time-limited
- 24/7 Emergency Response
- High quality safe care by appropriately skilled workforce

Better awareness of service availability and eligibility-

Implement/audit or evaluate services/Standards of Care to reduce clinical variation

Increase access by priority groups

Greater collaboration between HITH sites

Development, training & support of permanent HITH workforce (increase CNE & JMO)

Develop further evidence of clinical outcomes or patient experiences in rural HITH

HITH is the natural first option

- Plan, promote & integrate
 rural HITH services to more
 effectively reach priority
 populations
- Design, deliver & evaluate rural HITH services with uncompromising standards of care
- HITH will be both a service of choice for patients & employer of choice for staff

Rural Shared-Care HITH Model

Overarching Principle

 Integration - 'One patient-one health team' or one team regardless of location

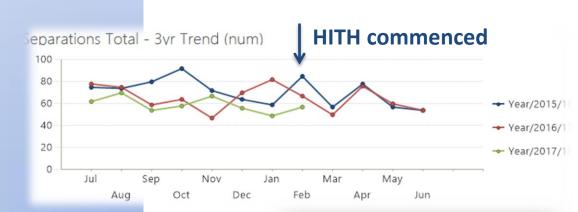
Features

- Change Management
- Acute Community shared responsibility
- 24 hour accountability
- *HITH patients on ward electric journey board
 - *HITH patients on ward nurse patient list
 - *After hours ward nurse allocation for
 - HITH patient care

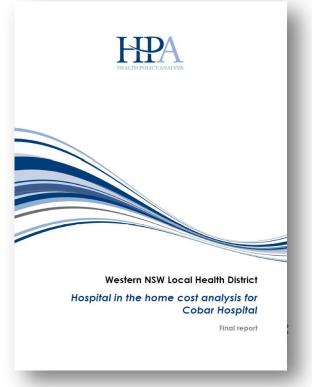


Trial Cobar Health Service 16/17

- First remote HITH service
- 12 months 60 patients
- HPA HITH Cost Analysis 2017
- Improved care coordination
- Improved AMS
- Predictable pathway of care
- ward admissions



"As a GP/VMO, HITH meets the patients needs but it also meets my needs. I know the increased care & monitoring they receive in HITH and that's reassuring "



Challenges

LHD:

- Variation within LHD different stages of adaptation
- Linking so many facilities of varying sizes
- Growth of HITH service as a clinical specialty across LHD
- Service of choice for Aboriginal people

Base:

- Increasingly complexity in HITH patients & sufficient workforce support
- Geography 40% admissions <u>not l</u>ocal postcode (100-300 km)

Rural sites

- Continue gather evidence HITH benefits to patient, workforce and health system <u>specific to small rural communities</u>
- Change management engagement of acute &



HITH Future in WNSW LHD

- HITH Strategic Plan 2017-2020
- HITH Clinical Advisory Group
- HITH Nurse Forum
- HITH Consumer Group
- Patient Flow Unit 'eAcute Project'
 - 24 hour medical/nursing access
 - Remote Tele-Health in-hospital and in-home





HITH as a innovation or disrupter in Rural Health Services

