Hospital in the Home - the State perspective

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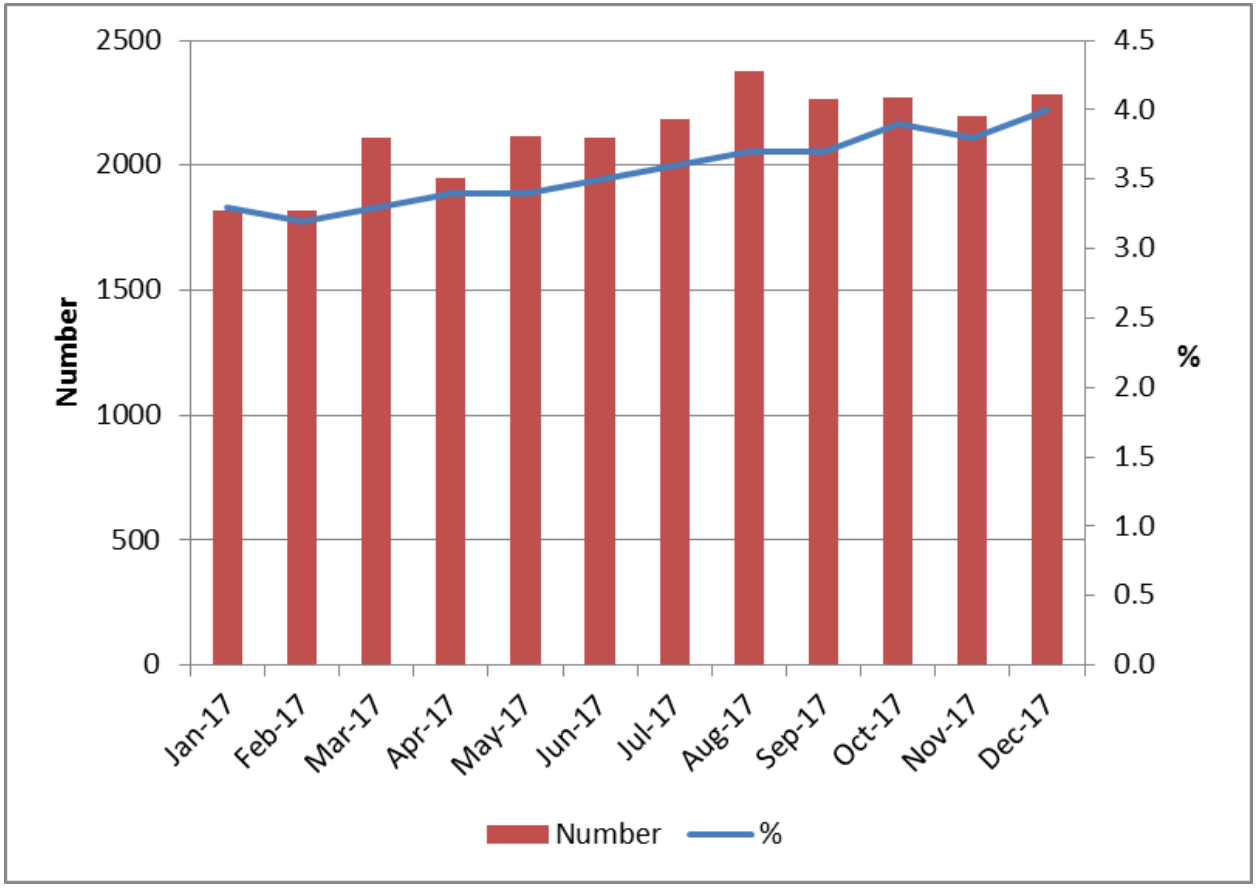
A snapshot of HITH in NSW

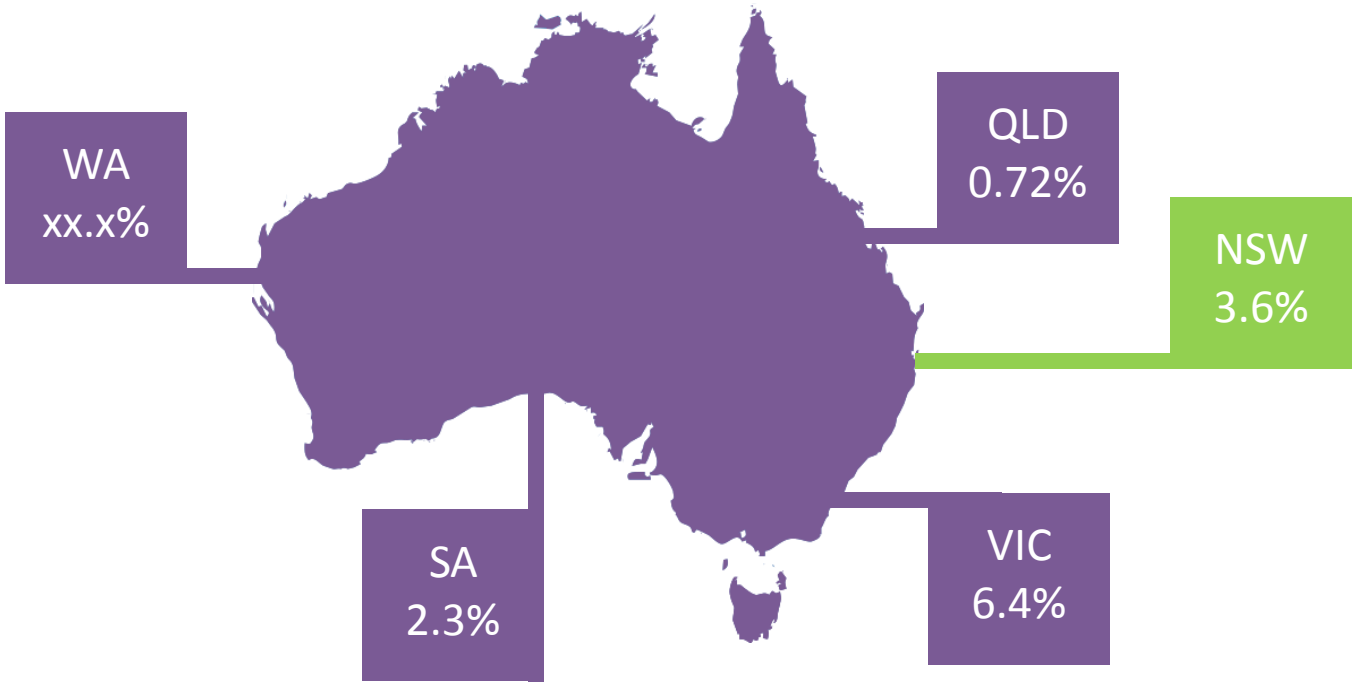
In NSW in 2017:

- 47 hospitals provided adult HITH
- 16 hospitals provided paediatric HITH
- ~ 25,500 HITH admissions
- On average 2,125 HITH admissions / month
- Admissions increased (~ 21%) compared to 2016.
- Overnight HITH admissions /total overnight admissions = 3.6%

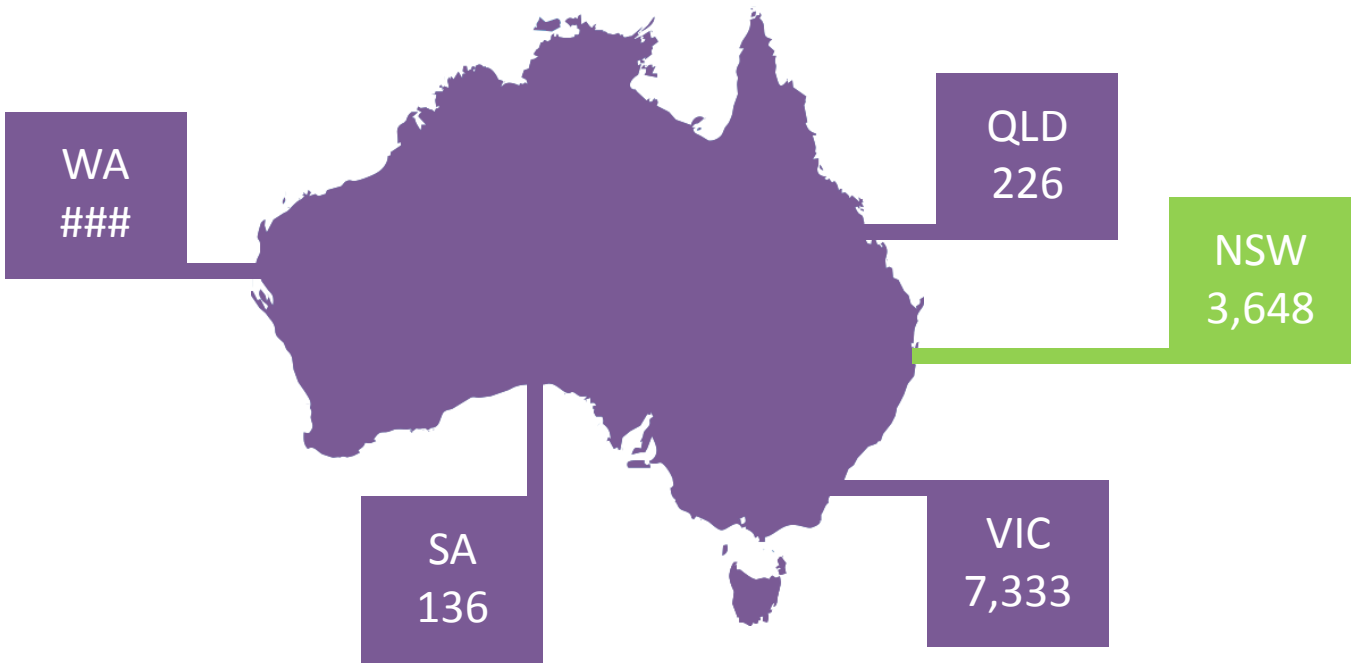
What do we want to achieve ?



HITH in Australia - Overnight Separations

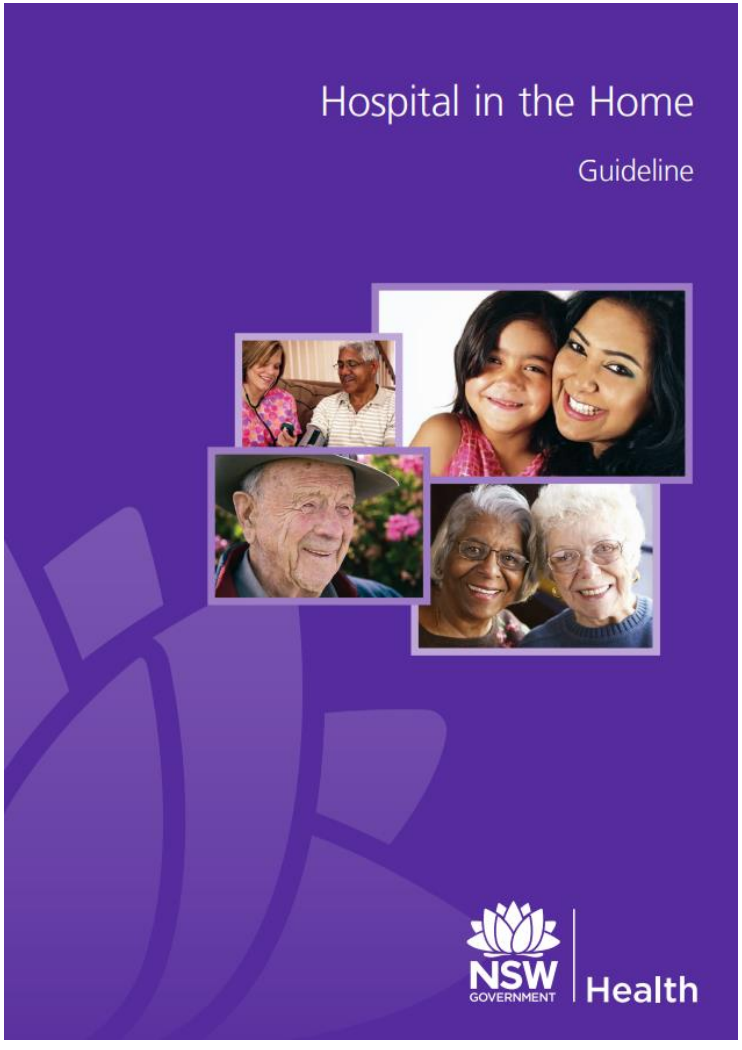


HITH in Australia - Same Day Admissions



What do we want to achieve ?

- HITH as a true extension of the hospital
- Adult and paediatric services
- Going beyond “avoidable admission” DRGs
- Standardisation
- Clear governance lines
- Better data



Adult and Paediatric Hospital in the Home Guideline

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HITH = Admitted Patient Care

- A HITH patient must fulfill the same criteria for admission as any other admitted patient
- Admission is based on the **decision** of the clinician with admitting rights
- Admitting clinician assumes responsibility for ongoing care planning, treatment regimens and medication orders

Criteria for HITH admission

- Patient has an acute/sub-acute condition but is medically stable enough to allow treatment at home or outside of a hospital ward
- The care required is clearly defined with a predictable prognosis and minimal risks of complications
- The home environment is suitable
- The patient/carer is competent to manage the condition and know when to escalate care

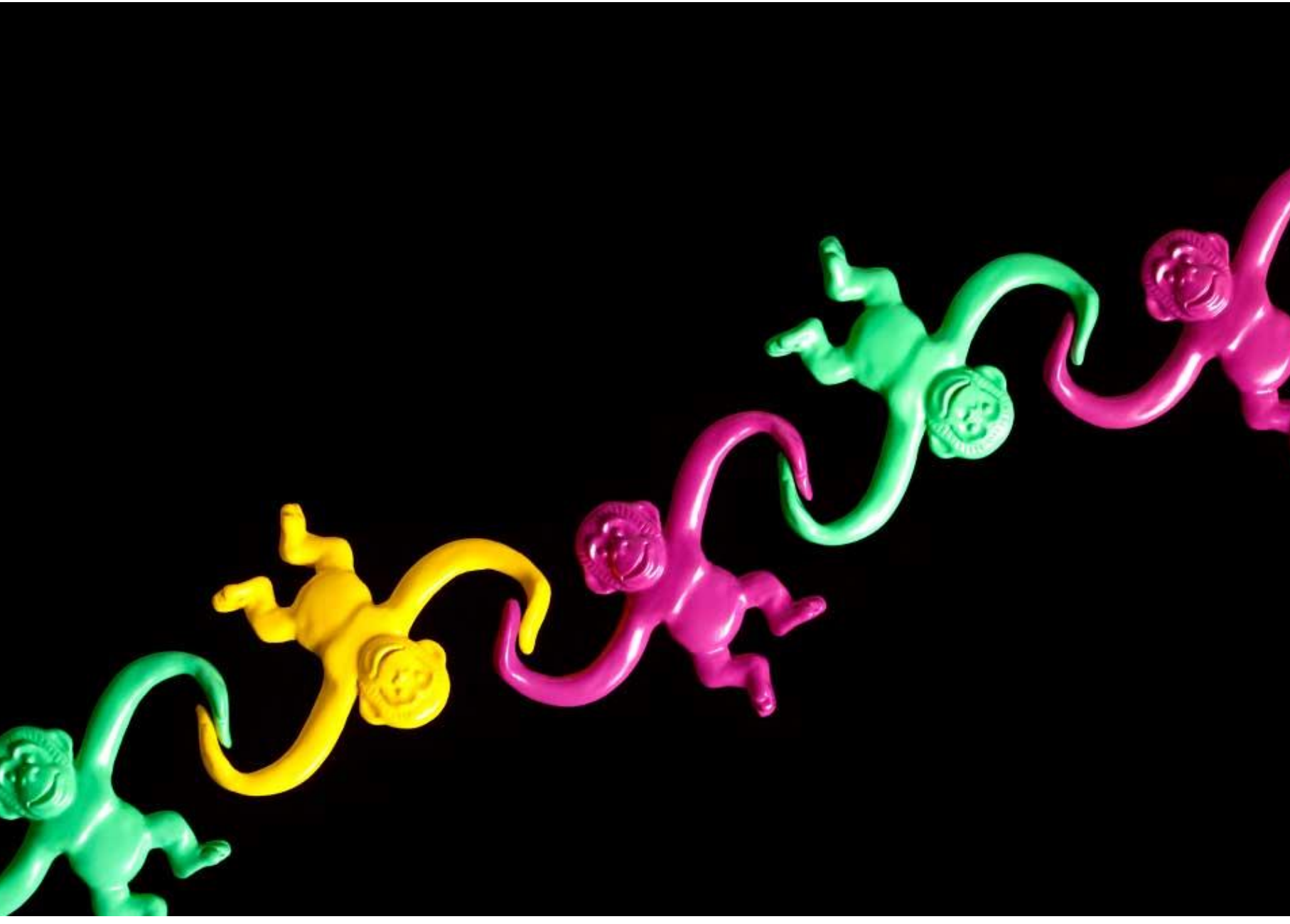
HITH Care

- Care should be patient and family orientated
- Assessment and treatment is performed by an experienced clinician
- A care plan is developed
- Care should be standardised and based on evidence based guidelines
- Clinical review should occur within 24 hours of admission into HITH
- A set of vital observations should be conducted once per day (minimum)

HITH Team as a Hybrid

Admitted Substitution + Non Admitted = HITH Service

The clinical champion



- The **intent** of HITH is that the patient is treated at home.
- The care delivery setting will depend on :
  - Initial clinical & risk assessment
  - Local service delivery model
  - Patient preference
  - Available resources

Recognising Clinical Deterioration

- Processes in place for early recognition, timely response and rapid escalation
- Earlier and lower threshold
- Documented processes for escalating care

Medication

- Second person checks
- Supply
- Medicine supply on referral from another service

Same Day Admissions

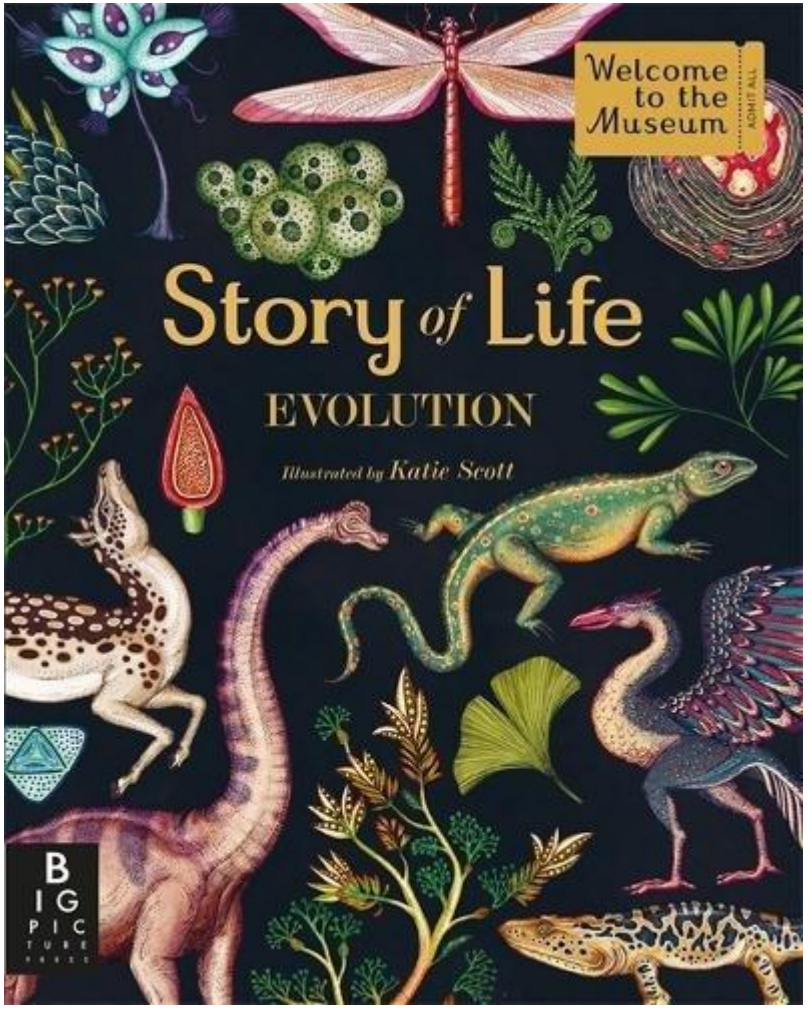
- Admission & separation occur on the same day
- Not about duration of the stay
- Based on condition, acuity, clinical and support needs of patient
- Admission warrants clinical review & oversight

Costing HITH

- Understanding cost drivers of HITH
- Insights into the mix of cases and how this compares with other HITH service
- Capacity to compare costs with other HITH services in NSW
- Capacity to undertake higher quality costing of HITH into the future
- Quantifying the impact of different models of care and service delivery options

Relative Value Unit Study

- In routine costing of admitted care, HITH is often not differentiated from ward-based care
- Most hospitals do not have information for the allocation of clinical staff costs (nursing, medical and allied health) amongst patients receiving HITH
- RVUs specify, in relative terms, the costs that should be allocated to each patient based on their clinical profile and other relevant characteristics



HITH is an evolving model of care

Human brian is still evolving, says scientist

THE human brain is still evolving, scientists said today.

Researchers at the University of Chicago have identified two genes linked to brain size which are rapidly evolving in humans.

man evolution — the growth of brain size and complexity — is likely still going on.

"Meanwhile, our environment and the skills we need to survive in it are changing faster then we ever

“I believe it is an honour to be accepted into a person’s life during an often vulnerable time when they need care. To then be accepted into their home to deliver that care is a true privilege”.

What do we need to make it happen?

- Medical governance
- Developed clinical pathways for referral
- Presence
- Ability to flex - No bed block
- Sticking to real acute care substitution
- Vision