HOSPITAL IN THE HOME EFHIA

The proposal being assessed is a briefing note to the General Manager (GM) Concord Repatriation General Hospital (CRGH) relating to the establishment of an interim Hospital in the Home service for Concord and progressively, Canterbury Hospital. These services are already operating in Royal Prince Alfred and Balmain Hospitals. Establishment of a service in Concord would, over time, lead to a District wide service using common operating procedures, co-ordinated/ complimentary models of operation, cross accreditation of key staff and shared after hours care. This cannot be done within existing resources.

# What is the initiative trying to do?

The briefing note aims to provide the GM of CRCH with information on issues related to the establishment of an interim Ambulatory/Hospital in the Home Service for Concord Hospital with view to extending this to Canterbury Hospital. It seeks to inform on actions that need to be taken, as well as additional costs involved. This is seen as a necessary step in establishing a District wide service.

# Is there any evidence that it is likely to work?

There is convincing evidence of the effectiveness of Hospital in the Home Services (HITH) nationally and internationally. Its popularity has grown to avoid hospitalisation and address safety issues associated with admission to hospital. In NSW, a number of conditions have been identified that potentially benefit for HITH programs. These are:

Pneumonia and acute exacerbation of Chronic Obstructive Pulmonary Disease

Urosepsis

Cellulitis

Osteomyelitis

Septic arthritis

Endocarditis

Septicaemia

Deep Venous Thrombosis

Pulmonary Embolism

Anticoagulation for Atrial Fibrillation

Acute exacerbations of Congestive Cardiac Failure

* Post-Orthopaedic rehabilitation eg for Fractured Hip, shoulder, hip and knee replacements
* Post-operative treatment for other surgical patients, e.g. post mastectomy or chole-cystectomy.

There are other systems in place for # NOF post surgical care, CCF and COPD management.

A recent meta-analysis of HITH programs found these were associated with reductions in mortality, readmission rates, costs (overall the cost of HITH was 73% of the control group) and an increase in patient and carer satisfaction, but no change in carer burden. These findings are similar to three previous Cochrane reviews.

# Is there evidence of inequity?

1. Currently services do not extend across the Sydney Local Health District (SLHD). Canterbury, the most socio-economically and culturally diverse area in SLHD, does not have a service, nor does Concord. Concord’s service will be in operation by November 2013; Canterbury’s planning is underway. Although no specific studies on equity could be identified, other evidence would suggest there may be reluctance to refer some groups into the program (due to poor living conditions, lack of family support, cultural beliefs, health literacy and lack of transport to attend ambulatory care programs). To ensure access and equity, these issues need to be studied if an LHD program is established.

# Who would be the winners if a district wide system was developed?

1. Over time SLHD would have another component of a world class health system in place.
2. There are potentially significant savings in the costs of admission for conditions that can effectively be managed in Hospital in the Home services.
3. A fully integrated service would provide LHD wide benefits and enable any new services to benefit from existing infrastructure.
4. Patients will benefit from the reduction in disruptions caused by admission (separations from children, aging partners, pets) and being cared for in familiar environments.
5. Home based assessments can be made for other services that could be brought in to improve safety through housing modification, functioning through referral to other services and programs.

# Who are the losers if a district wider service is not developed?

1. The LHD will face unnecessary additional costs.
2. A key component of a world class health system will be missing.
3. Patients and their families will continue to experience unnecessary disruptions associated with hospitalisation.
4. Students of all professions will not have experience in a high quality, integrated system of HITH.
5. Some population groups could find it difficult to use the service if they are living in Boarding houses, poor quality housing, marginal or no housing, have limited English, have no social support.

# Recent developments

An initial recommendation was to fund the extension of the service to Canterbury and Concord Hospitals. A LHD Committee has been established to develop consistent guidelines and protocols.

The Working group held a teleconference to discuss specific issues related to the equity of access to HITH and also ongoing capacity issues.

**Equity concerns**

A number of population groups were identified as having potential problems in accessing services: those who are homeless, living in hostels and boarding houses, living in residential aged care facilities, living in poor quality housing, migrant populations and people with no social support or not covered by Medicare. It was felt that with continued flexibility in the way services were delivered these groups did have access to services. There were some migrant groups who felt HITH was not as good as hospital care and ultimately this needed to be respected. Intra venous drug users were the main group who did not complete treatment.

**Capacity requirements**

A number of areas were identified where capacity needs to be further developed.

* An organisational structure (such as that which had currently been convened) is required to ensure that an LHD-wide approach is taken to developing services. This needs to include flexibility to deal with the needs of patients, especially vulnerable and disadvantaged groups.

The current level of resources and infrastructure should be reviewed in 12 months.

* Providing staff with electronic tablets that will allow access to services and resources available in hospital settings.
* Use of electronic records for referral, assessment, care planning, progress notes, medication management, and discharge documentation, and generation of activity reports, - (needs to be an integrated CERNER based system to link with results, scheduling and so forth across the LHD), will facilitate quality care.

In order to know if the groups identified as at risk of having problems accessing services an information system will be needed. This should allow for identification of these “at risk” groups.

# Recommendations.

1. A district wide HITH Service should be established as soon as practicable, with shared guidelines, protocols and procedures.
2. A district wide committee to oversee the development of the Service should continue and be adequately resourced.
3. Staff should be provided with electronic resources that will allow use of electronic records for referral, assessment, care planning, progress notes, medication management and discharge documentation, and generation of activity reports. This needs to be an integrated CERNER based system to link with results, scheduling and so forth across the LHD to facilitate quality care.
4. The Service should be reviewed in 12 months (September 2014) to assess progress and future developments.
5. In the short term a special data collection system should be put in place to profile current users and outcomes of the HITH service. In the long term, develop a data system that can provide regular reports that can provide data on who is using the service and any access and equity issues.
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The benefit of HITH should be publicised within the SLHD and the wider community through newsletters, website, and presentation to the Clinical Council.