

Referral patterns to Hospital in the Home for patients in an inner Metropolitan Health District -Inequality or Inequity?

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Better, Fairer Health for our Community

Hospital in the Home (HiTH)

- HITH services are a popular alternative to standard inpatient care. They provide acute and post acute care in a patient's residence for specified conditions that would normally require admission to hospital.
- Model: Interdisciplinary teams. Oversight by senior Doctor. HITH Clinic. Assessment and care from community nurses.
- Improved health outcomes:
 - reduction in mortality
 - lower incidences of delirium
 - reduced complications
- Reduced costs: up to 25% cheaper than in-hospital care*
- Patient & carer satisfaction: significantly higher

*NSW Ministry of Health



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Study Aims & Methods

Aim: To identify issues of equity of participation in HITH

Hypothesis:

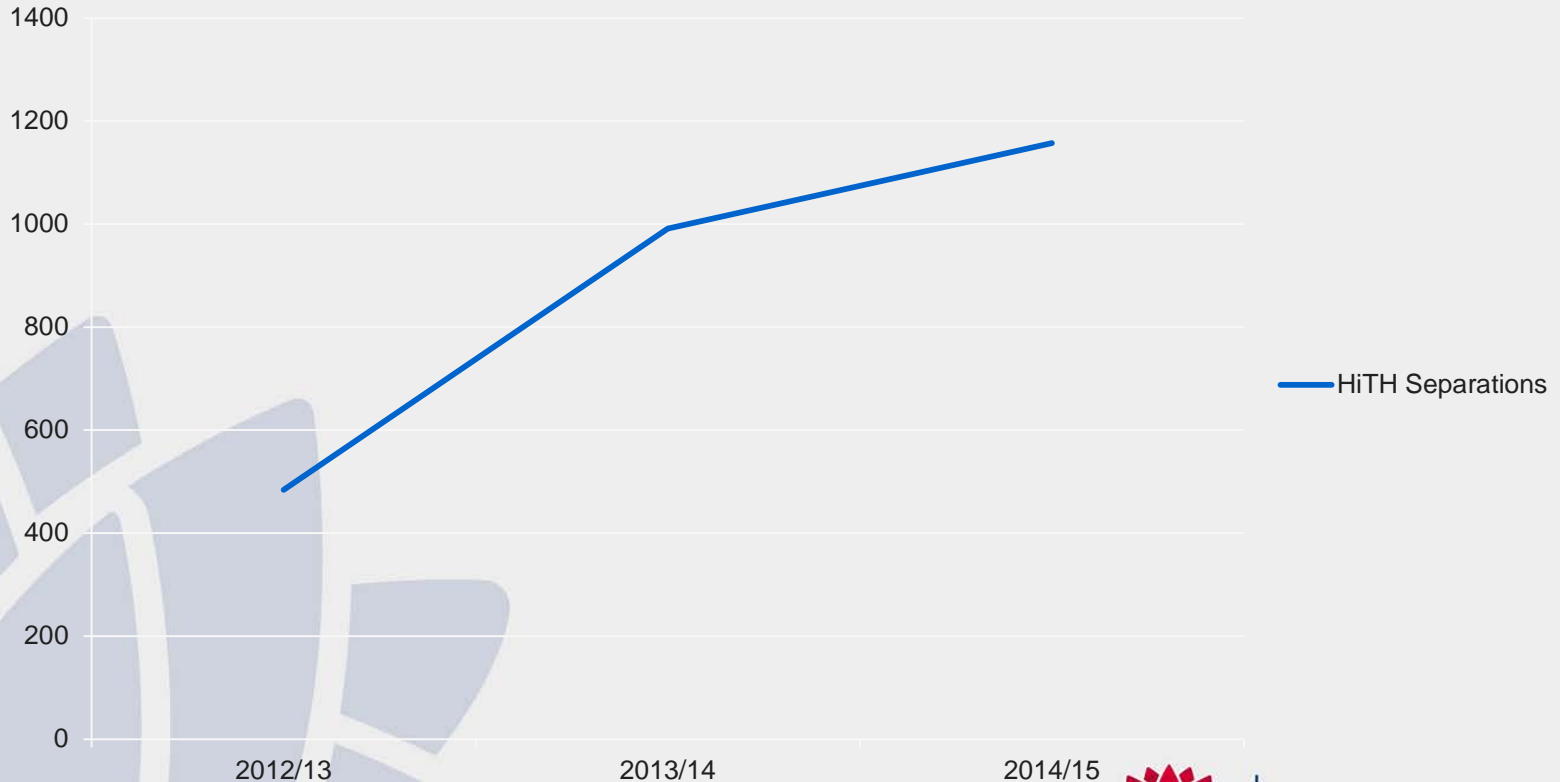
- People of non-English speaking backgrounds & women are less likely to participate in HITH
- There are significant differences in uptake HITH by diagnostic groups and Hospitals

Methods:

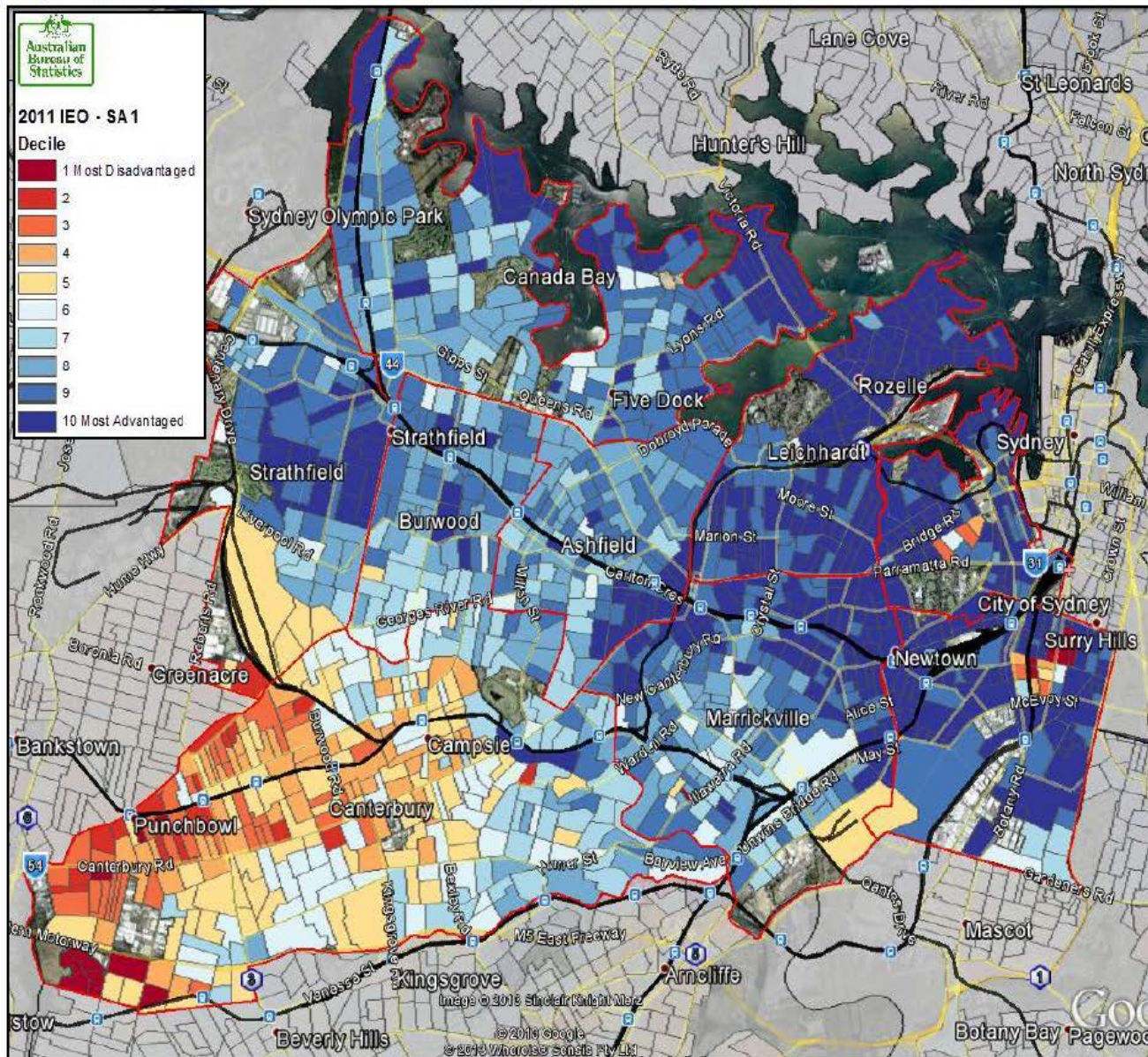
- 4500 people were identified as attending SLHD hospitals with specified conditions between 2013 and 2015
- Patient demographic characteristics were analysed

Growth of HiTH - Sydney Local Health District

HiTH Separations



Map 2: Index of Education and Occupation by SA1 for SLHD LGAs, 2011



Source: Australian Bureau of Statistics SEIFA 2011

Health Inequity within Sydney LHD

Local, national and international evidence would suggest that within the population of the Sydney LHD there are considerable inequalities in health: (that is differences that are systematic, avoidable and believed to be unfair).

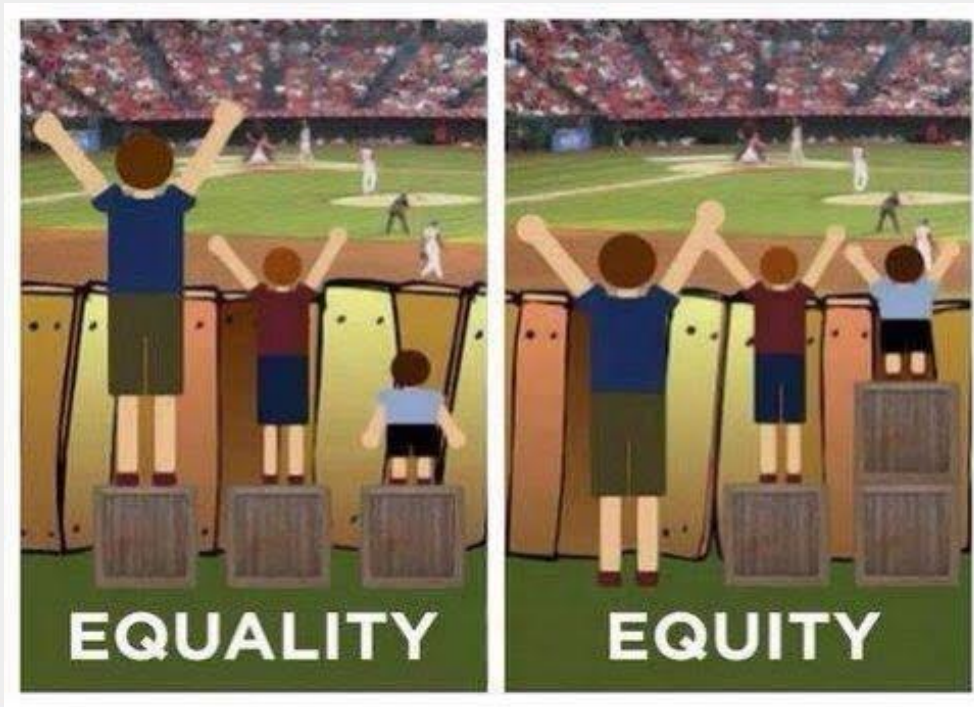
These inequities relate to:

- Some social groups (Indigenous people, children in out of home care)
- Populations of some suburbs/local government areas have:
 - higher rates of premature mortality
 - risks of preventable disease and injury and
 - less access to optimal health care

Sydney Local Health District aims to provide flexible, family and patient-centred healthcare for all in the community



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Equality = SAME

This is only fair when everyone starts from the same place

Equity = FAIRNESS

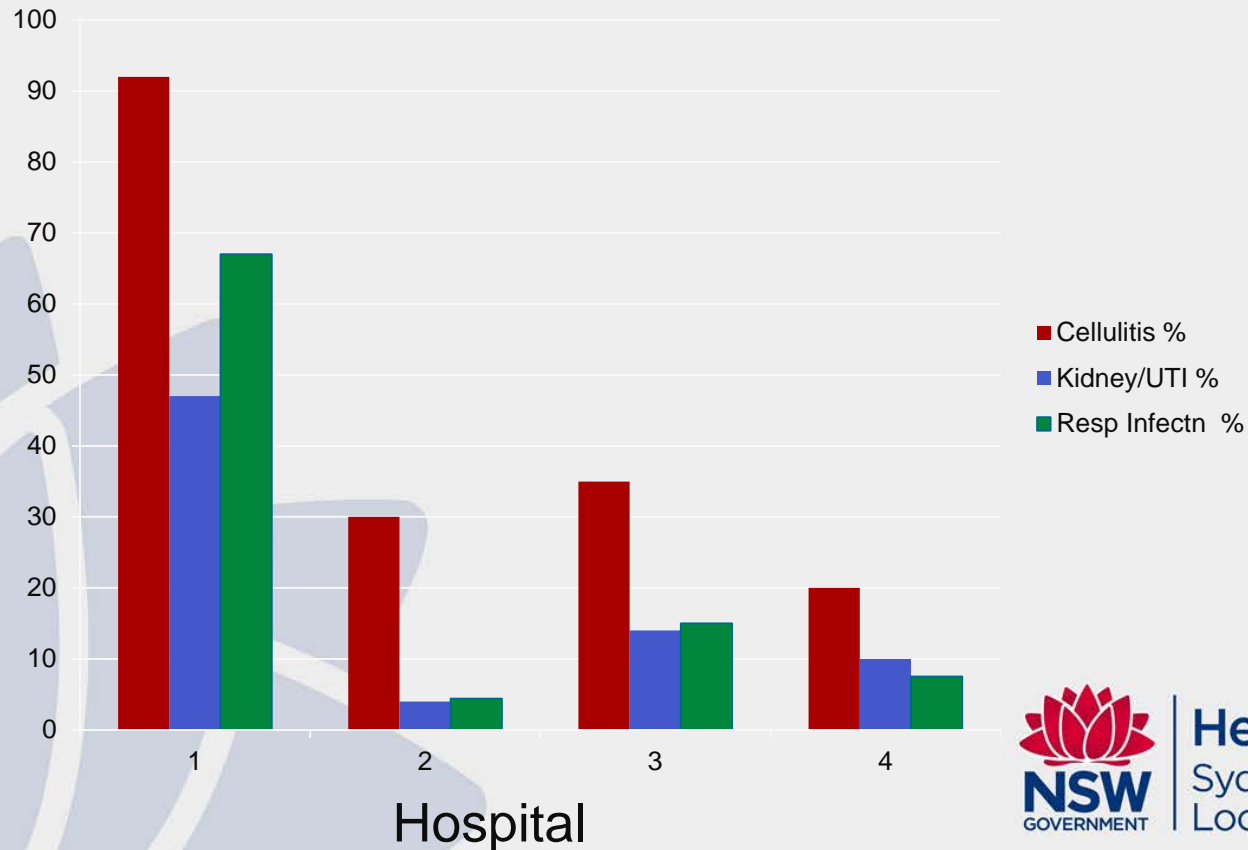
This is where everyone has access to the same opportunities



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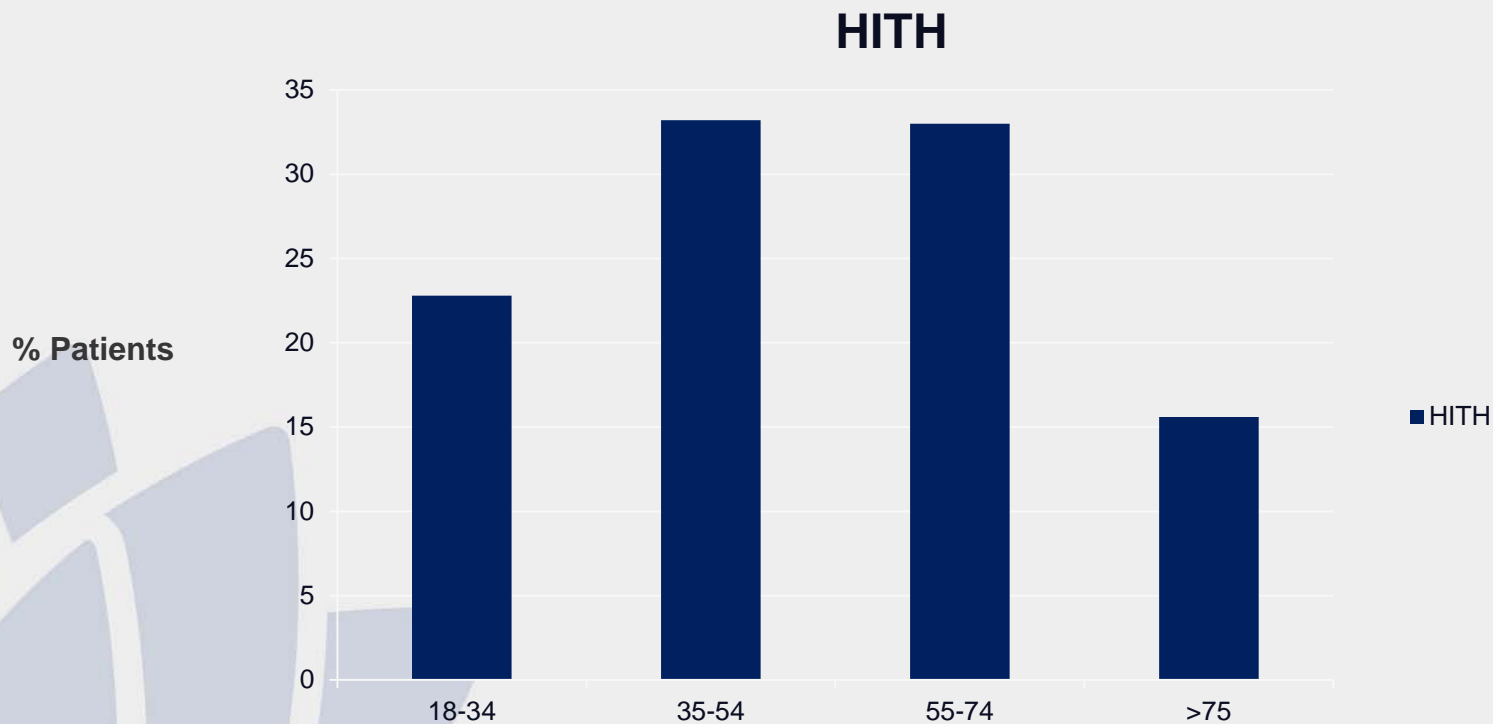
Variation in admission to HiTH by condition and facility

Cellulitis (J64B) admission rates 20-92%



Participation in HITH by Age group

Older people are less likely to participate in HITH

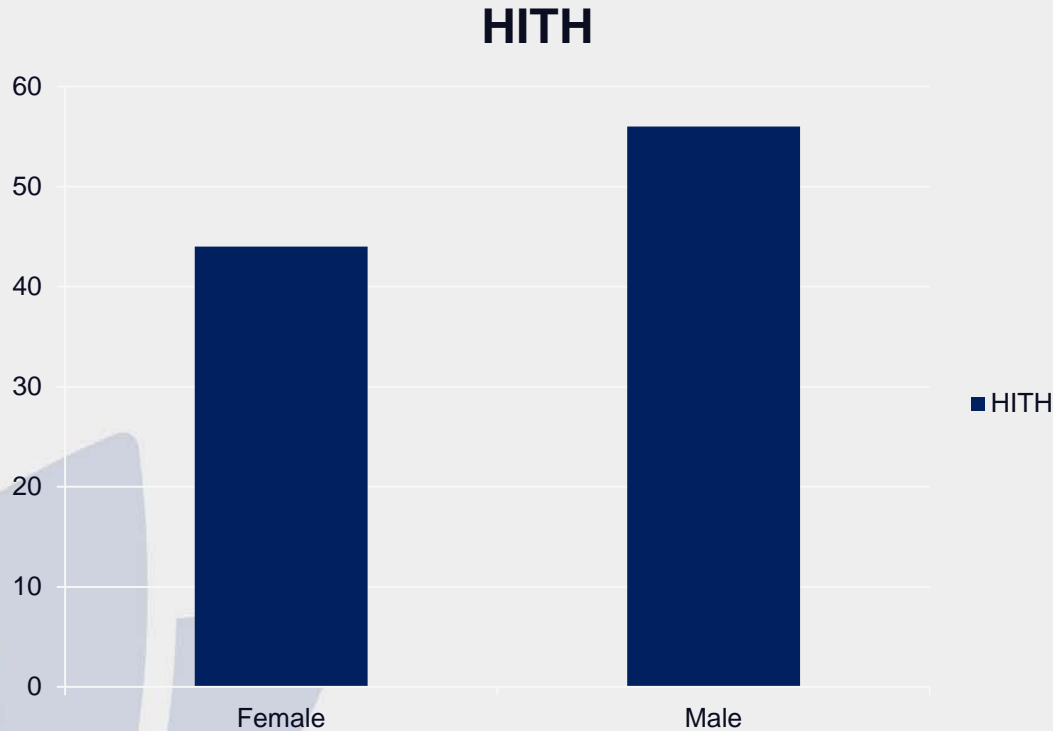


Mean age of cohort 57.5 years



Demographic characteristics - Sex

More females in cohort but less likely to be referred to HITH



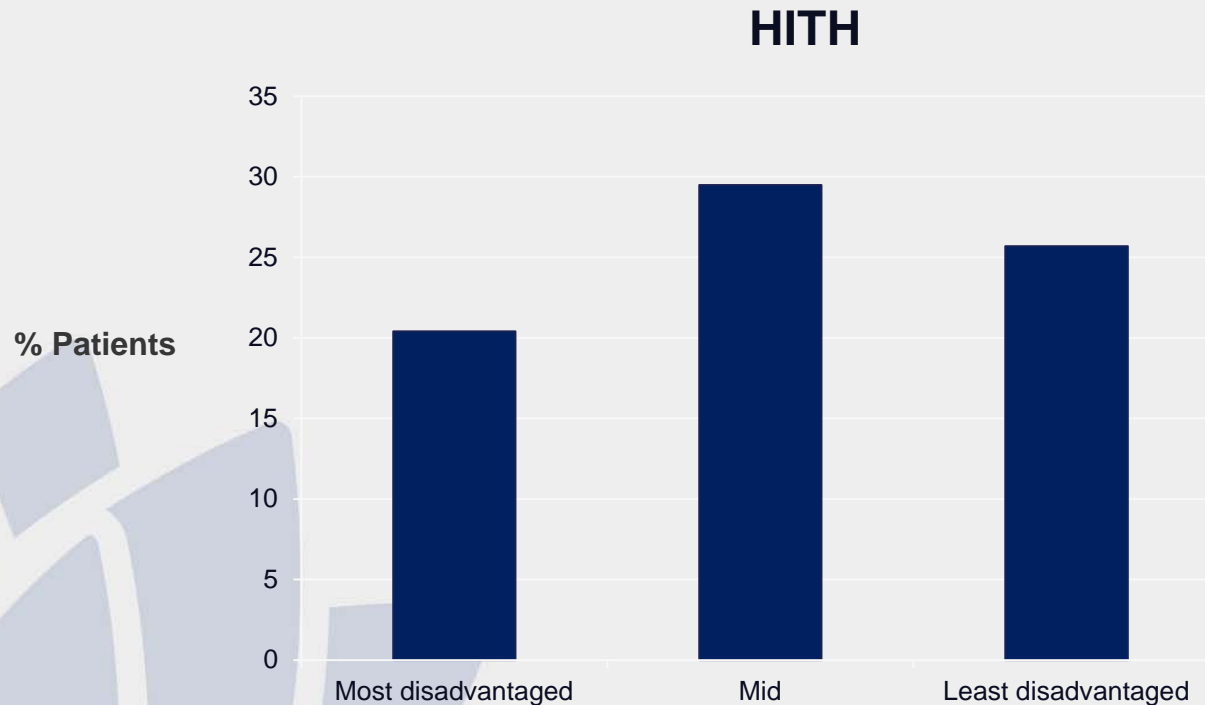
P < 0.001
OR 0.61 (0.52-0.71)



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Participation in HITH by postcode

People from the most disadvantaged postcodes are less likely to participate in HITH



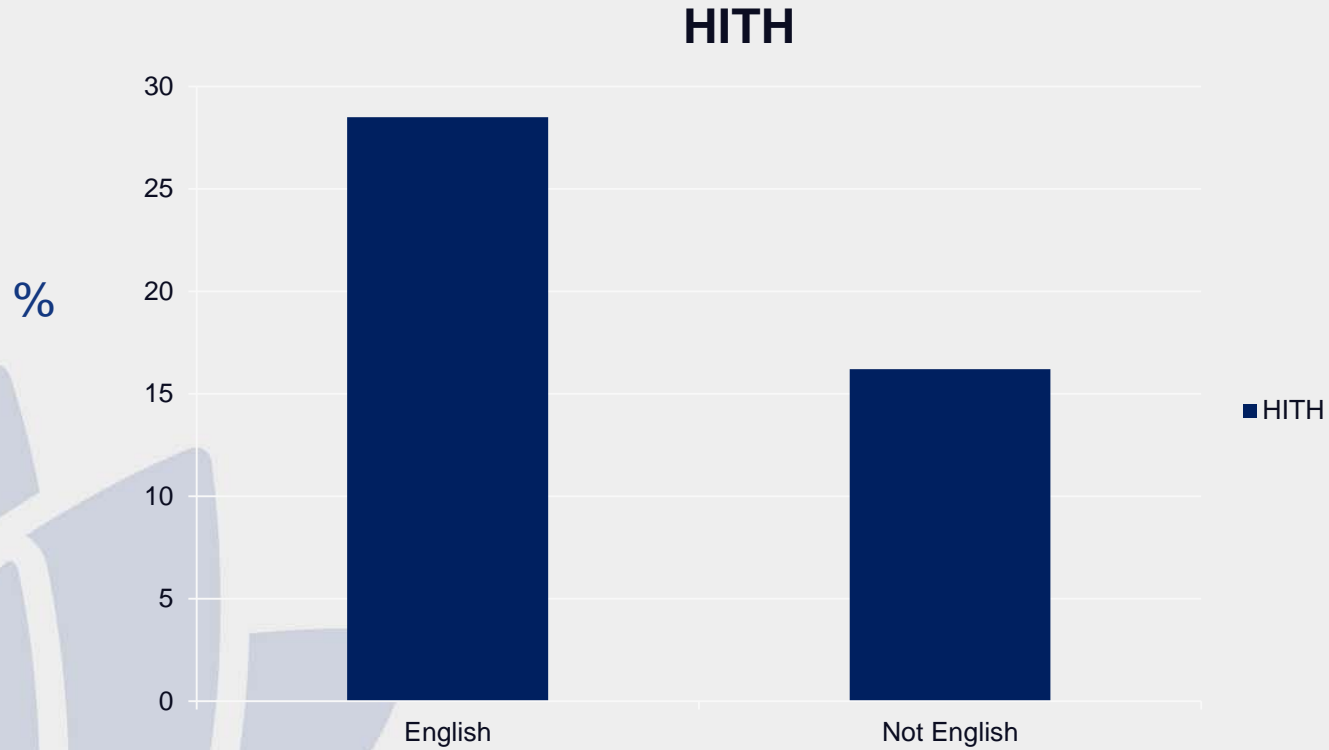
Most disadvantaged 1-2
Mid 3-8
Most advantaged 9-10
ABS SEIFA, 2011

P < 0.001



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Participation in HITH - Speak Language other than English at Home



P < 0.001
OR 0.62 (0.48-0.81)



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Key findings

Different patterns of referral to HITH by:

- Facility (maturity of program, patient acuity, demographic characteristics, model of care)
- Postcode (least advantage, less participation)
- Language (non English less likely)
- Sex (women less likely)
- Age (co morbidities, nursing homes excluded)



Thank you

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Research

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Data

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