HOSPITAL IN THE HOME

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Community Rapid Response Service (ComRRS) Hospital in the Home (HITH)

Hospital avoidance: collaborating to improve patient and system outcomes

Presenters

Miena Arnol - ComRRS/HITH NUM
Tammy Harvey - Nurse Practitioner
Naomi Bayliss - Nurse Practitioner
Dr Frank Nicklason – HITH Consultant
Dr Iestyn Lewis – HITH Consultant

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Background

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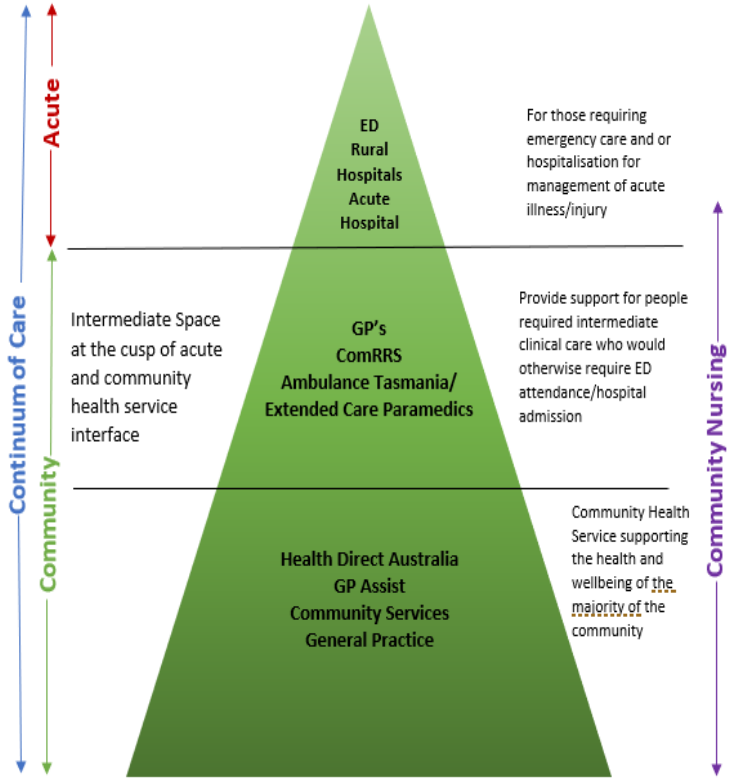
- 2016 pilot program looking at hospital avoidance initiatives
- Aimed to "fill a gap"



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Why the need?

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- GP referrals to the LGH ED account for approximately 30% of presentations (Unwin et al, 2016)
- Flexible service needed for high acuity community patients (Young et al, 2015)
- Hospital avoidance initiative
- Right care, at the right place, at the right time, by the right provider

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Successes

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- 12 month ComRRS North evaluation - 358 referrals, 3878 client contacts
- 96% of GP's surveyed said they would otherwise have referred the patient to ED
- In 2018 ComRRS received ongoing funding for the North service and a state-wide roll-out

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ComRRS Principals

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- Nurse Practitioner led ComRRS team - works in a shared care relationship with the patient's usual GP
- GP provides a referral/treatment plan, and maintains clinical governance
- Person focused
- Multidisciplinary care

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ComRRS South

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- Commenced July 2019
- Base - Glenorchy Health Centre
- Hours – 7:30pm – 10:00pm, 365 days per year
- 4 hour response time to referral
- Short term intervention – up to 4 weeks
- **Inclusive** of RACF residents

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ComRRS Inclusion Zone

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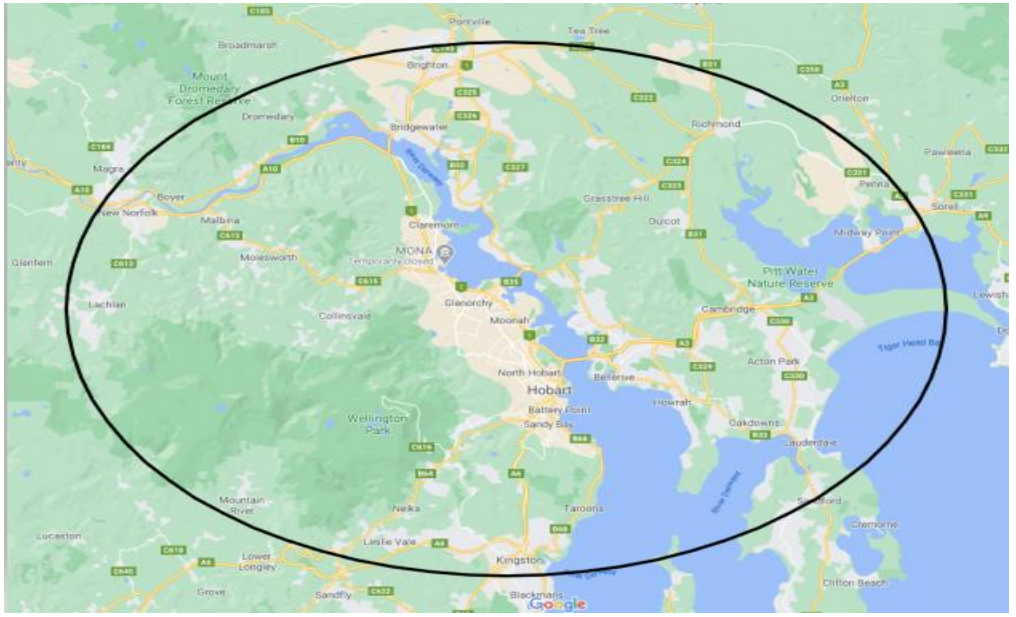
Approximately 30 minute inclusion area from the Glenorchy Health Centre:

- New Norfolk
- Brighton
- Kingston
- Midway Point
- Lauderdale



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Referral Data

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Total # of ComRRS South referrals	**563**
Total # of referring GP Practices	77
Total # of referring GPs	165
Av LOS	2.69 days
Top 5 Diagnostic Groups	Cellulitis
	UTIs
	Pneumonia
	AKI/dehydration
	CCF

Data range 29/07/2019 – 16/03/2021

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Referral and Communication

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- Phone call – discussing referral and outlining request
- ComRRS GP Treatment Plan – fax or email
- GP Assist
- HCS
  - Informal communication
  - Formal communication

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GP & Consumer Feedback

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- ‘They were nothing short of fantastic - thoroughly professional, great communicators, empathetic and clearly dedicated to a good outcome for mum’
- ‘What an amazing service! It is my pleasure to help you or your colleagues’
- ‘What you’re doing to help keep patients out of the hospital is amazing’

ComRRS Key Point

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- Hospital avoidance initiative
- GP referral only
- GP/ComRRS shared care relationship
- GP governance
- Nurse Practitioner clinically lead ComRRS team
- High intensity, flexible, responsive person centred care, delivered in the community setting (including RACF)
- No cost to patient (with the exception of GP consultations and pharmaceuticals)
- Catchment area – 30 minutes from Glenorchy

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Background

- Started in Melbourne during mid-1990s
- RHH had a program in the early 2000s
- RHH HITH MOC discussions and feasibility studies in 2017
- Acceleration of the service rollout in response to the COVID 19 pandemic

HITH Evidence Base

- Patients have better or equal clinical health outcomes compared to admissions to inpatient settings
- Patients and their carers report increased satisfaction when treated via HITH models
- Healthcare expenditure relating to service provision is lower

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Why the need?

- Limited availability of hospital beds
- Reduced capacity to flexibly use beds
- Increasing demand for hospital care:
  - Ageing population
  - COVID -19 Pandemic

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Goal

- Strategy to improve RHH patient flow and capacity
- Cost-effective acute care delivery option
- Enables acute patients, requiring specialist care and intervention to safely receive care in a community setting
- Integrated service model
- Flexible, patient-centred approach to care

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HITH PRINCIPLES

- Care delivered in community setting, as a substitute for in-hospital acute care.
- Patients remain as ‘in-patients’, admitted to the virtual HITH ward, under the care of the HITH Medical Consultant
- Care equivalent to care received in the hospital

RHH HITH

12-bed trial approved in December 2019

Integrated service

- Using existing Community Rapid Response Service (ComRRS) to implement service with Gen Med

Current annual HITH's budget is $2.315m

- 12 occupied beds the CPD = $528.50

HITH Team

Clinical & Community Services Supporting HITH	Administration Support for HITH
• Transit Lounge • Imaging • Pathology • Ambulance Tas • Short term community support services	• ComRRS/HITH Admin • General Medicine Admin • ED & Ward Clerks • Health Information Management (GHC)

HITH Data

Total # of HITH patients	**280**
Total bed days	1423
HITH patients transferred back to RHH	19 (6.78%)
Av LOS (HITH competent)	5.21
Top 5 Diagnostic Groups	Cellulitis
	CCF
	Pneumonia
	UTI
	AKI/Nephritis

Communication

GP HCS

- On transfer to HITH
  - Outline HITH Treatment Plan
  - GP unable to bill Medicare. Patient will be an inpatient of the RHH HITH
- Upon discharge

HITH Key Points

- RHH virtual ward
- Acute in-patient care in the community setting
- High intensity, flexible, responsive person centred care, delivered in the community setting (including RACF*)
- Catchment area – 30 minutes from Glenorchy
- GP unable to bill Medicare. Admitted as HITH RHH inpatient

Where to from here?

- Current DHHS evaluation – ComRRS & HITH
- Business case submission requesting permanent funding
- Service growth
  - Expansion of inclusion zone
  - Telehealth
- Nursing professional growth – NP Candidate

Questions

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References

- Unwin M et al, 2016 “Why are we waiting? Patients’ perspectives for accessing emergency department services with non-urgent complaints”. *International Emergency Nursing* issue 29:3-8
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