

Hospital@home (South) Fact Sheet for Health Care Professionals

What is Hospital@home?

Hospital@home is an integrated service, expanding existing services previously known as Hospital in the Home (HITH), Community Rapid Response Service (ComRRS), and Allied Health Rapid Response Team (AHRRT).

Hospital@home is an interdisciplinary service that provides urgent rapid response intervention and admitted hospital-level care to patients in the community in Southern Tasmania if it is safe to do so. This service is for adult patients and provides care in their community residence, including Residential Aged Care Facilities (RACFs).

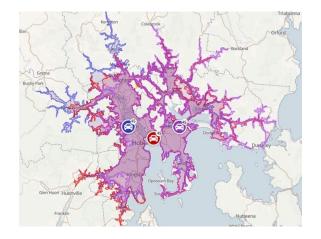
Why the need for an integrated Hospital@home service?

The Department of Health's *Long-Term Plan for Healthcare in Tasmania 2040* recognises the relevance of and need for providing hospital level care within people's place of residence and the community. Contemporary best practice allows for treatment of individuals to be provided in their home when clinically appropriate. There is also the need to expand service delivery, leverage virtual care and digital technologies to meet future demand for health care.

Hospital@home provides an in-reach and home-based interdisciplinary Model of Care, focused on improving efficiency and coordination across our health system and optimising health outcomes for Tasmanians.

What is different about Hospital@home?

- Increased capacity 22 virtual beds.
- Single, centralised point of referral.
- Expanded catchment and locations:



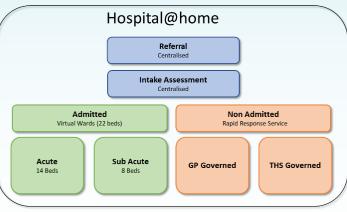
- Rapid Response Service: dedicated urgent care service that provides episodic non-admitted care to patients for up to 48 hours, preventing hospital presentations and admissions.
- Acute Service: acute inpatient admitted care provided in the community when safe, that would otherwise be provided in the hospital setting. The acute treatment is intensive and time-limited and allows for earlier transition home from the hospital environment and/or complete hospital substitution.
- Subacute Geriatric Evaluation and Management (GEM) Service: subacute inpatient admitted interdisciplinary care to older patients who require Comprehensive Geriatric Assessment.



Areas of Service:

The Hospital@home team works from Cambridge Park Virtual Hub, Glenorchy Health Centre (GHC), and Clarence Integrated Care Centre (CICC). Care is provided in the patient's place of residence or in the community clinics.

Catchment area for care delivery is around a 45-minute radius from Glenorchy and Cambridge.



What care and treatment is provided by Hospital@home?

Rapid Response	Acute Care	Subacute Care (GEM)
 Examples of Care Provided: Acute injury – lacerations, skin tears Infections – respiratory tract, cellulitis, urinary tract, gastroenteritis, influenza Acute renal conditions – urinary retention or blockage of in-dwelling catheters Nutritional deficiencies – anaemia, dehydration Acute geriatric syndromes – falls, delirium Palliative care Outpatient service: ongoing medicines will be provided by a community pharmacy. Examples of Treatments Provided: Rapid (4 or 24 hrs) assessment with direct feedback to primary care provider, i.e. GP, RACF staff Acute medication management or infusions, including intravenous medications Intravenous or sub cutaneous fluid management Acute urinary catheter management Complex wound review 	 Examples of Care Provided: Infections – respiratory, cellulitis, urinary tract, gastroenteritis, influenza Exacerbations of chronic conditions – heart failure, COPD, acute renal failure, diabetes Acute geriatric syndromes – falls, delirium Pain management Fluid balance management Complex wound management and pressure injury prevention Palliative care Inpatient service: medicines will be provided by the Hospital Pharmacy. 	 Examples of Care Provided: Comprehensive geriatric assessment and management, overseen by a Staff Specialist Geriatrician Patients have identifiable GEM goals, which may include assessment of function and safety at home Management of conditions associated with ageing and chronic disease, including multi-morbidity and polypharmacy Formal cognitive assessment Falls assessment and prevention Delirium management Functional reablement Inpatient service: medicines will be provided by the Hospital Pharmacy.

At the end of the patient's clinical episode, discharge correspondence will be sent to the patient's General Practitioner.

Patient Eligibility:

- Care can be safely delivered in the community setting.
- Patient or medical decision-maker consents to the referral.
- Patient lives within the designated geographical area. Patients outside of this area can be discussed on a case-by-case basis.
- Patient has 24-hour access to a working telephone and can use it to escalate care.
- Patient is aged 18 years or over.

Hours of Operation:

Clinical hours for service delivery and referrals are 7:30am - 10:30pm, 7 days per week. Patients will have access to 24/7 clinical phone support as required.

How to Refer:

Hospital@home provides a single point of referral for health care providers (including General Practitioners, Specialist Outpatient Clinics, Community Health Care Professionals, Ambulance Tasmania and Residential Aged Care Facilities) via: T: 1800 329 042 F: (03) 6173 0832 E: hospitalathomesouth@ths.tas.gov.au

Hospital@home is not an emergency service, if your patient requires emergency care, call 000.