
Re-establishing HITH service at Princess Alexandra Hospital

Initiative Type

Service Improvement

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Summary

Promoting and re-establishing Hospital in the Home (HITH) - Acute Care @ Home (AC@H) service - at Princess Alexandra Hospital. HITH service is a hospital substitution service of inpatient care in a virtual HOME ward (HOMEPA) for suitable patients. The service medical governance is provided by a Consultant Physician (FRACP), one for each of the AC@H hubs major four hospitals (Princess

Alexandra Hospital, Logan, Queen Elizabeth I and Redlands).

The HITH service in Metro South Hospital and Health Service (HHS) is provided to patients according to their catchment areas. Metro South is divided into four catchment areas which include; PAH, Logan, QEII and Redlands. The clinical governance is provided to patients from the parent hospital HITH regardless of their location in Metro South. The Nursing governance however is provided according to the catchment areas.

The HITH service is available seven days a week including public holidays. The working hours currently vary depending on facility. The service hours are from 7 am to 7pm. MSHHS has a paperless medical record system (IEMR) which facilitates care for these patients. Nursing staff visiting patients in the AC@H service have access to laptops on which they can enter data which can be reviewed by staff in the acute facilities. We wanted to improve nursing staff numbers, appoint a junior doctor for the service and expand the service in hospital Suitable Conditions under HITH

include:

1. Cellulitis

2. Acute Anti-coagulation for DVT PE or AF

3. UTI, Pneumonia

4. Acute Pre / post-op anticoagulation including daily LMWH injections

5. Hyperemesis

6. IV/A/B management e.g. Wound infections/Abscesses

7. Short term acute IV management for Chronic disease patients (COPD, Congestive Heart Failure -IV Frusemide)

8. Uncomplicated diverticulitis

9. Monitoring of stable AKI

10. Patients from RACF with above mentioned problems (Hospital in The Nursing Home)

11. QEII has recently commenced Geriatric Evaluation and Management/Rehab HITH (GEMRHITH) program

Key dates

Jul 2018

Sep 2019

Implementation sites

Princess Alexandra Hospital

Key Contacts

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Aim

To re-establish the Hospital at the Home Service with the aim to increase uptake of patients under this service by promotion, marketing and building relationship with clinical teams.

Benefits

Use available data or other evidence to outline some of the benefits or impact of the project/initiative:

1. We have been able to provide equivalent in-patient care at home to variety of patients with various medical issues
2. This is cost effective new model of care which will shape medical care in future
2. We have been able to provide cost-effective medical care at home
3. Patient satisfaction for our service has been extraordinary
4. We have been able to off load patients from busy emergency departments and create more beds for patients in need.
5. We are admitting patients at nursing home (Hospital at the nursing home) without them seen at the emergency departments if found suitable

Background

There was a need to improve uptake of HITH in Metro South HHS. Rostered a junior doctor, funding for a HITH registrar, 0.8 FTE Cans, education for nurses, junior docs and other marketing. Pseudo team to proper team. Improved engagement with other teams. PAH team is providing HITH medical governance to patients from RACF across Metro South - HiNH.

Solutions Implemented

We started with very minimal number of patients up to six a month period. The number of patients under the service increased to the maximum of 60 per month in six months.

We were able to get a junior doctor support from medical rostering and now have secured funding for a registrar for next year. We have employed to nursing staff in addition to existent staff.

The service is mostly paperless and notes, medications, blood request, medication administration could be done electronically.

Evaluation and Results

Our service has continued to improve in the past 24 months.

1. Number of patients under our service has increased substantially - from five in January 2018 to 70 in December 2019.

2. We are liaising with all specialties in the hospital.

3. Our team is works in collaboration with HITH teams from other major hospitals in Metro South HHS.

Lessons Learnt

1. Increased workload and current available staffing was a challenge. 2. Engagement with multiple specialties has been interesting.

References

New South Wales and Victoria HITH guidelines.

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