Hospital in the Home (HITH) in North West HHS

Initiative Type
Model of Care
Status
Deliver
Added
26 August 2021
Last updated
13 December 2023
URL
https://test.clinicalexcellence.qld.gov.au/improvement-exchange/hospital-home-hith-north-west-hhs
Summary
With one 46-bed hospital providing tertiary support to 12 other remote communities, the Mount Isa

Hospital routinely faces bed pressures. But thanks to the Hospital in the Home (HITH) model, the North West is relieving bed block by managing stable patients and conditions in the community. This project was sponsored by Better Health Queensland and a Covid-19 First Nations grant. It utilises technology to remotely monitor how patients are managing in their homes to enhance the

care provided.
Key dates
Mar 2021
Implementation sites
Mount Isa, Mornington Island
Partnerships
Ps, primary health centres and multidisciplinary teams, Mornington Island Wearable Devices, Better Health Queensland
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Aim

The goal of the initiative was to improve patient health outcomes by giving our patients another option of care. Our initiative assists the North West Hospital and Health Service in relieving bed blocks by taking stable patients and conditions and managing these in the community. Our initiative also allows for our Discharge Against Medical Advice (DAMA) patients to be offered to get back to country and receive an alternative delivery of care.

Benefits

Although our patient capacity within any one time is six patients, we have still been able to see a total of 37 patients by mid-June 2021.

We are also assisting our DAMA patients by removing them from the hospital environment and seeing them in the community and provide care. Overall HITH has proved in the last three months prior to the end of June 2021 to be a great benefit for our HHS and the Mount Isa community as we have had great feedback from our patients, healthcare staff and general members of the public.

Background

The Covid-19 pandemic has brought about the need to be responsive to health challenges, in particular in rural communities. This is one such a responsive project, initiated to keep patients in their home on country and safe from Corona virus.

Solutions Implemented

We implemented a medical hostel for our indigenous patients who did not reside within Mount Isa. By doing this we were able to get these patients out of hospital and into temporary accommodation and still receive care from HITH. This allowed for our regular DAMA patients to be satisfied and compliant with this option of care, this meant that they received full treatment and we were able to send them back to country. If HITH was not available these patients would have DAMA and deteriorated in the community and required to return to hospital.

Evaluation and Results

A health economist and evaluation team are compiling a report following the evaluation process.

However, we have received great feedback from our patients on our satisfaction surveys and we	are
confident to receive a good overall result.	

Lessons Learnt

- to involve the right stakeholders from the start
- networking with other HHSs provided valuable benefits

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