

Hospital In The Home
in the 21st Century
Combined Day Hospital/Third
Door/Hospital in the Home Hybrid
Model

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Hospital in the Home services

- ◆ Significant variation in HITH service models:
 - acute, post acute, subacute or palliative
 - outpatient antibiotic infusion centre, hospital or community based home treatment services, HITH clinical unit
- ◆ Multiple synonyms:
 - HITH, OPAT, COPAT, PAC, APAC, Hospital Outreach, Community Inreach
- ◆ Effective but narrow in scope and restricted eligibility

Key issues in HITH care

- ◆ HITH activity needs to increase as demand for hospital inpatient beds increases
- ◆ HITH will always involve multiple providers – hospital, primary and community carers, family
- ◆ Essential to delineate responsibilities and roles; and communicate
- ◆ Effective working relationships will produce significant efficiency gains


History – Bankstown Ambulatory Care Unit

- ◆ Commenced in 1994
- ◆ Started as early discharge program initially
- ◆ Expanded fully as HITH program with direct admissions
- ◆ Broad range of treatment options – outpatient therapy, treatment at home or in an Aged Care facility, self treatment, shared care with GP; combination

Key components of Bankstown Ambulatory Care Unit

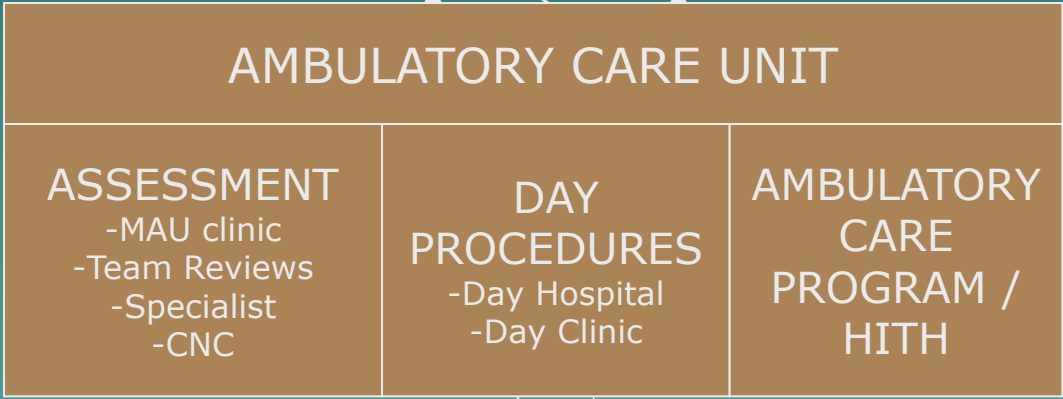
- ◆ Ambulatory Care Program (HITH/CAPACS) include DVT, pulmonary embolism, osteomyelitis, cellulitis, perioperative anticoagulation
- ◆ Day Hospital –procedures include blood transfusions, drug infusions, catheter changes
- ◆ Day Clinic / Third door – rapid assessment clinics, post discharge reviews
- ◆ Secondary and tertiary care role

Drivers for Bankstown service model

- ◆ Outpatient / Community role of Hospital
 - ◆ Acute and subacute care role
 - ◆ Interface between hospital and community
 - ◆ Service gaps and needs identified in collaboration with hospital departments, private specialist services, primary and community care services
 - ◆ Need for flexible treatment choices
- 

GP
Specialist Rooms
Outpatient Clinics

Emergency
Other hospitals



Community Nurses

Hospital Inpatient

Bankstown HITH program

- ◆ Course of treatment of a condition in the community or as an outpatient that would otherwise require acute hospital inpatient care
- ◆ Direct admission or early discharge
- ◆ Direct provision or coordination of services with hospital or external teams
- ◆ Case conferences, clinical guidelines
- ◆ Medical or nurse led (eg perioperative anticoagulation program)
- ◆ Medical review is mandatory

Bankstown Day Hospital

- ◆ Day only procedure or treatment include drug infusions eg iron, blood transfusion, pleural and catheter taps, intravenous fluids
- ◆ Patients need not be admitted for procedures and go home the same day
- ◆ Generally nurse led with direct liaison with consultant specialist or team registrar
- ◆ Agreed clinical guidelines
- ◆ Supported by ambulatory care specialist or medical officer

Bankstown Day clinic / Third door

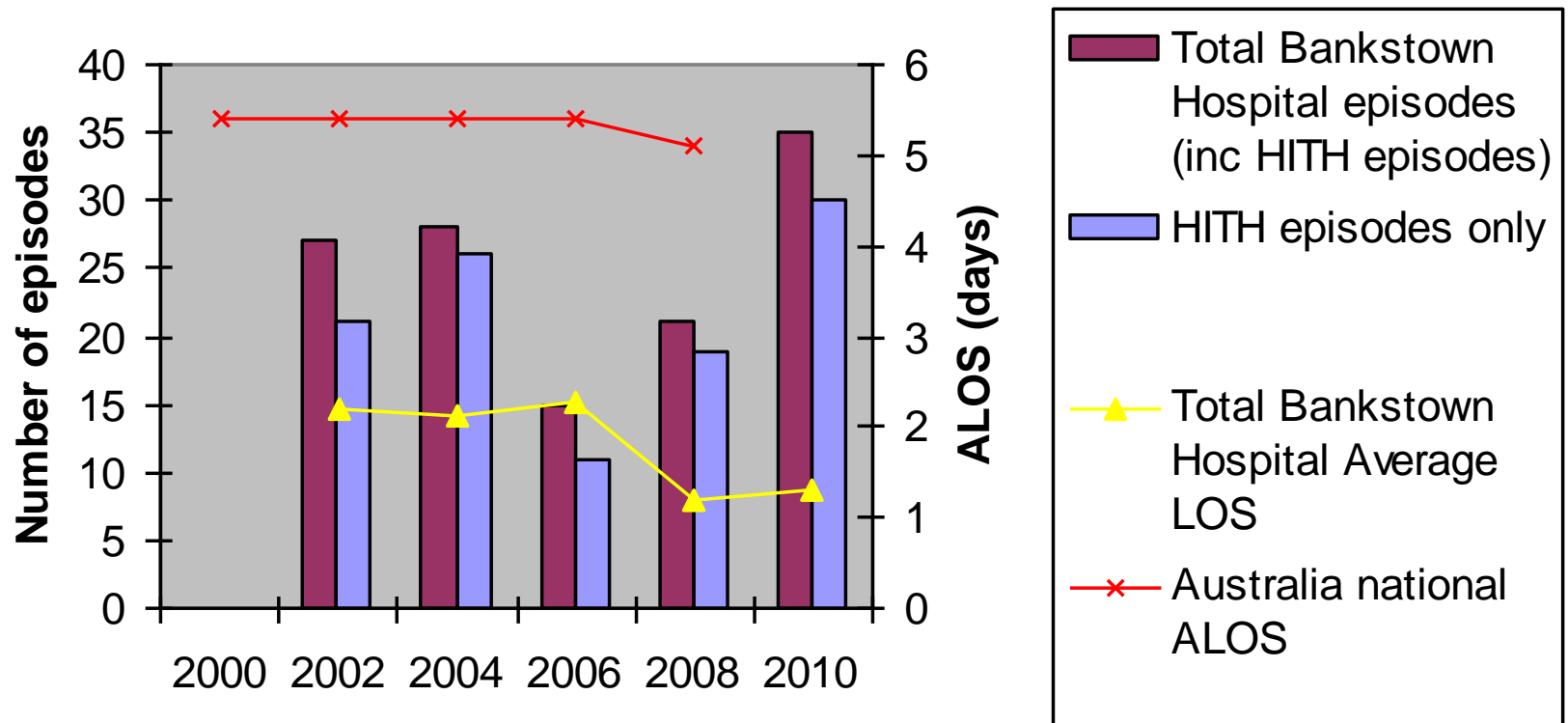
- ◆ Provide facilities for hospital medical teams to promptly assess and manage patients to avoid ED presentations
- ◆ Post discharge reviews
- ◆ Facilitation of rapid assessment by other health professionals including Wound CNC, multidisciplinary team reviews
- ◆ Specialist Medical Assessment Unit clinic
- ◆ Chronic conditions that can be managed by clinic rooms or outpatient clinics excluded

Suitable patient groups for the third door

- ◆ Semi-urgent GP referrals
- ◆ Elderly and complex patients at risk of admission
- ◆ Patient well known to medical teams including recurrent attendees
- ◆ Exclude patients acutely unwell and need intensive monitoring

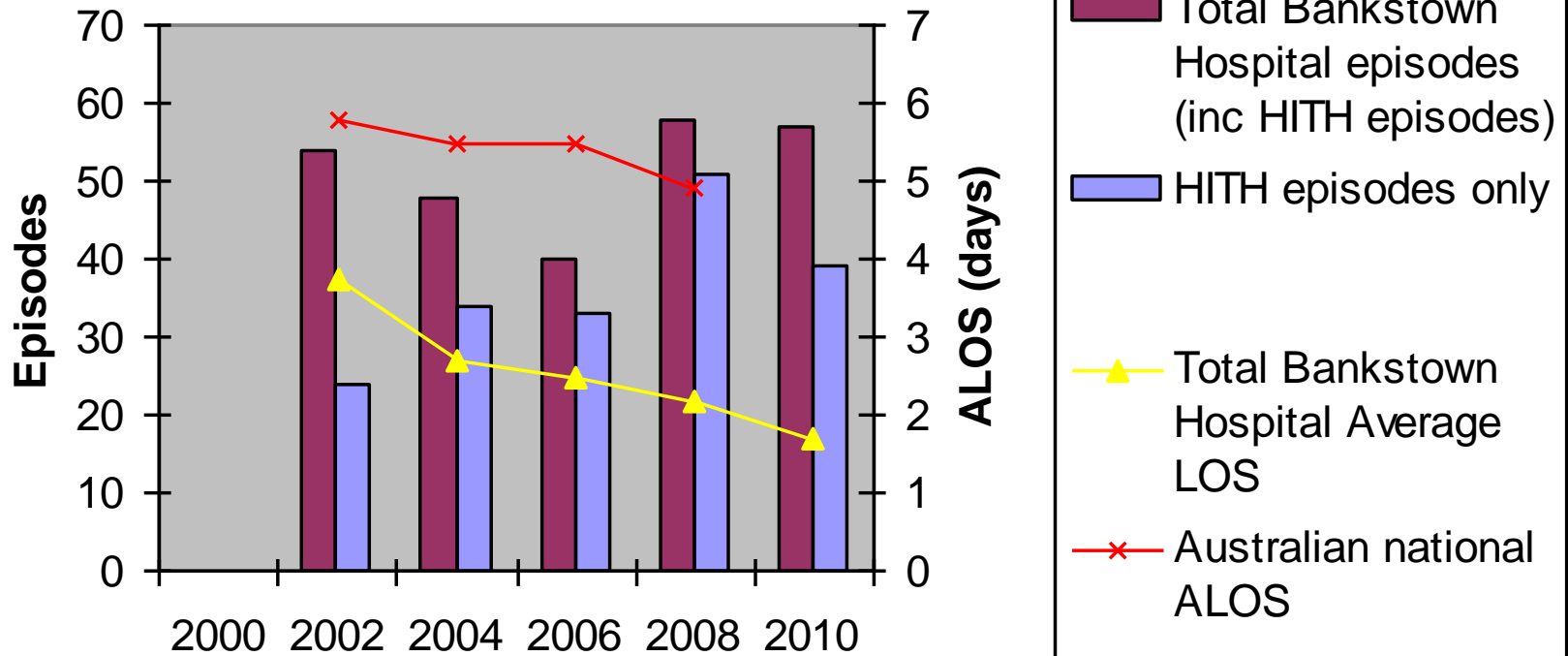
Deep Venous Thrombosis

Venous Thrombosis F63B (Jan-Mar)



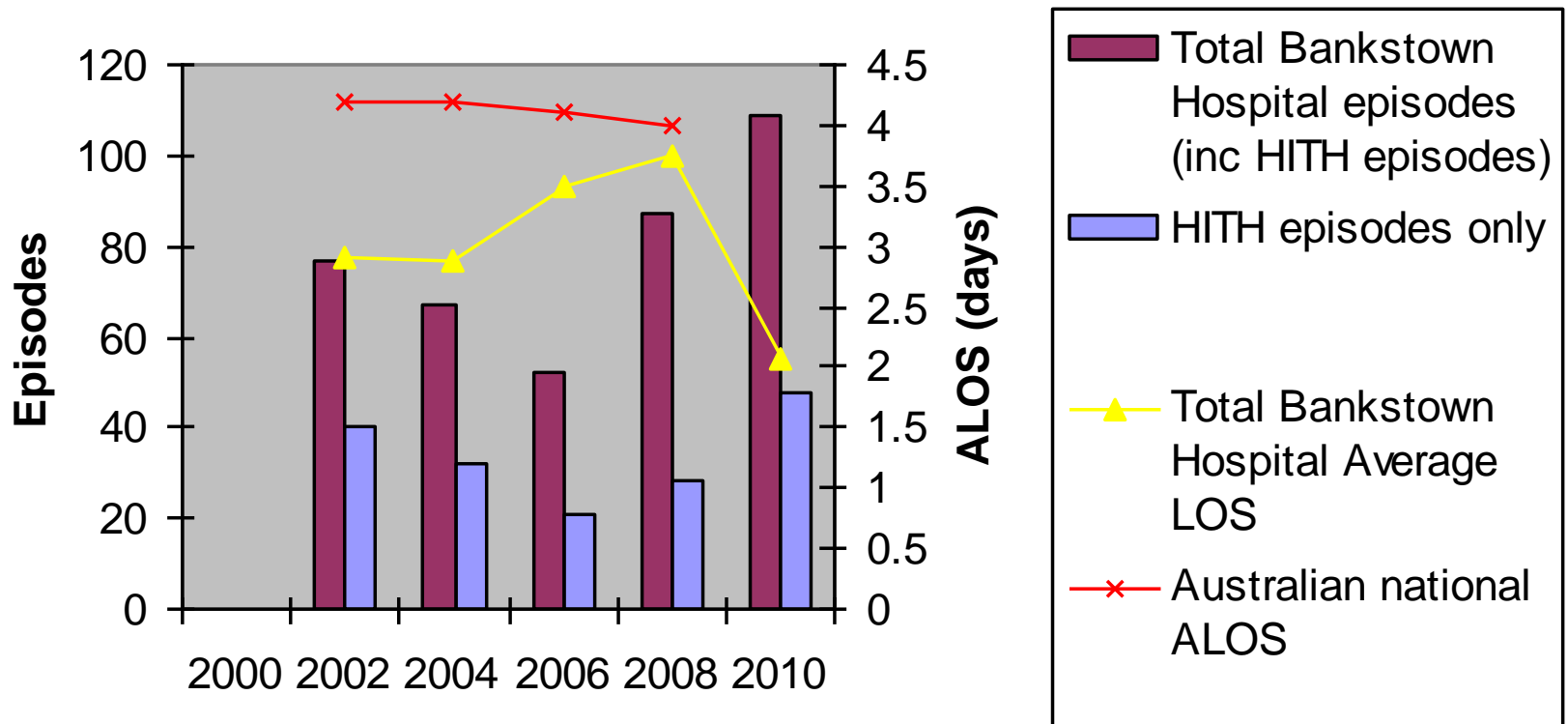
Pulmonary Embolism

Pulmonary Embolism E61B (Jan-Mar)

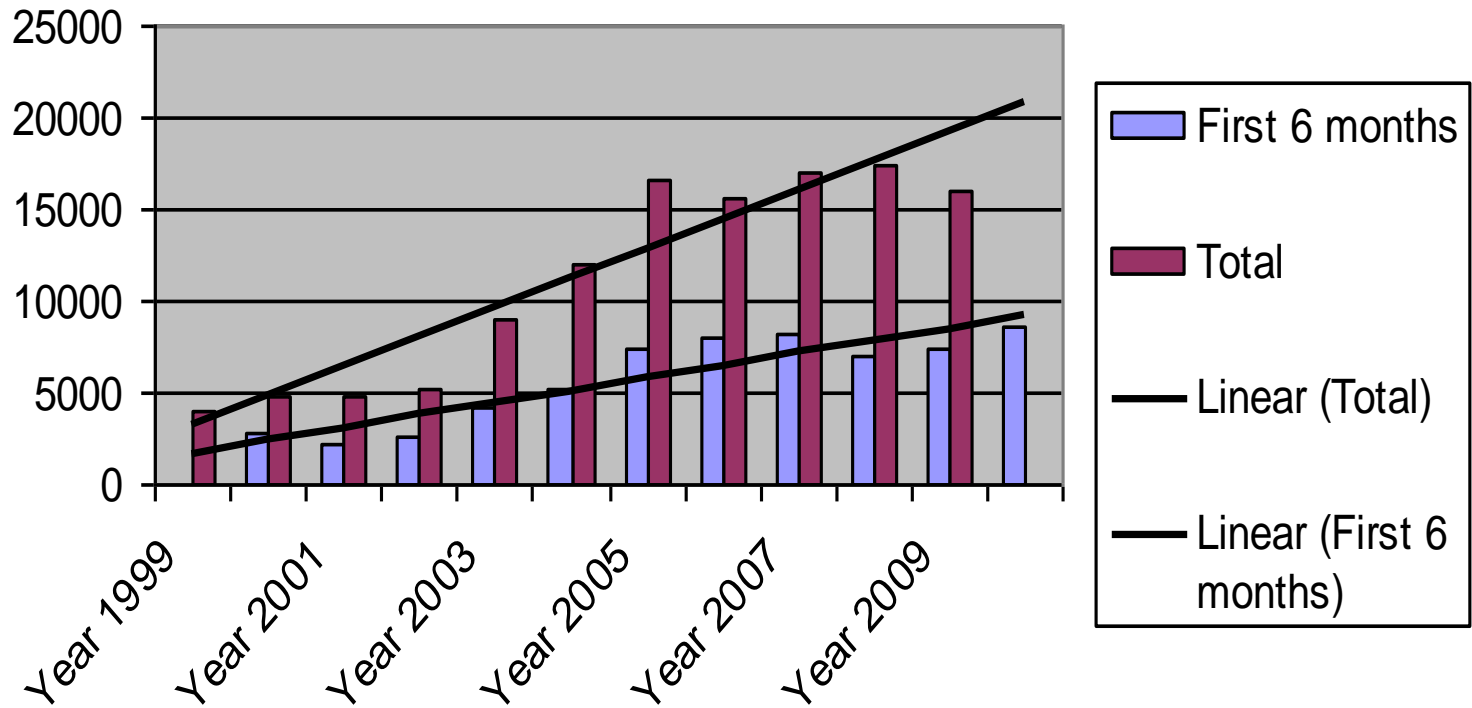


Cellulitis

Cellulitis J64B (Jan-Mar)

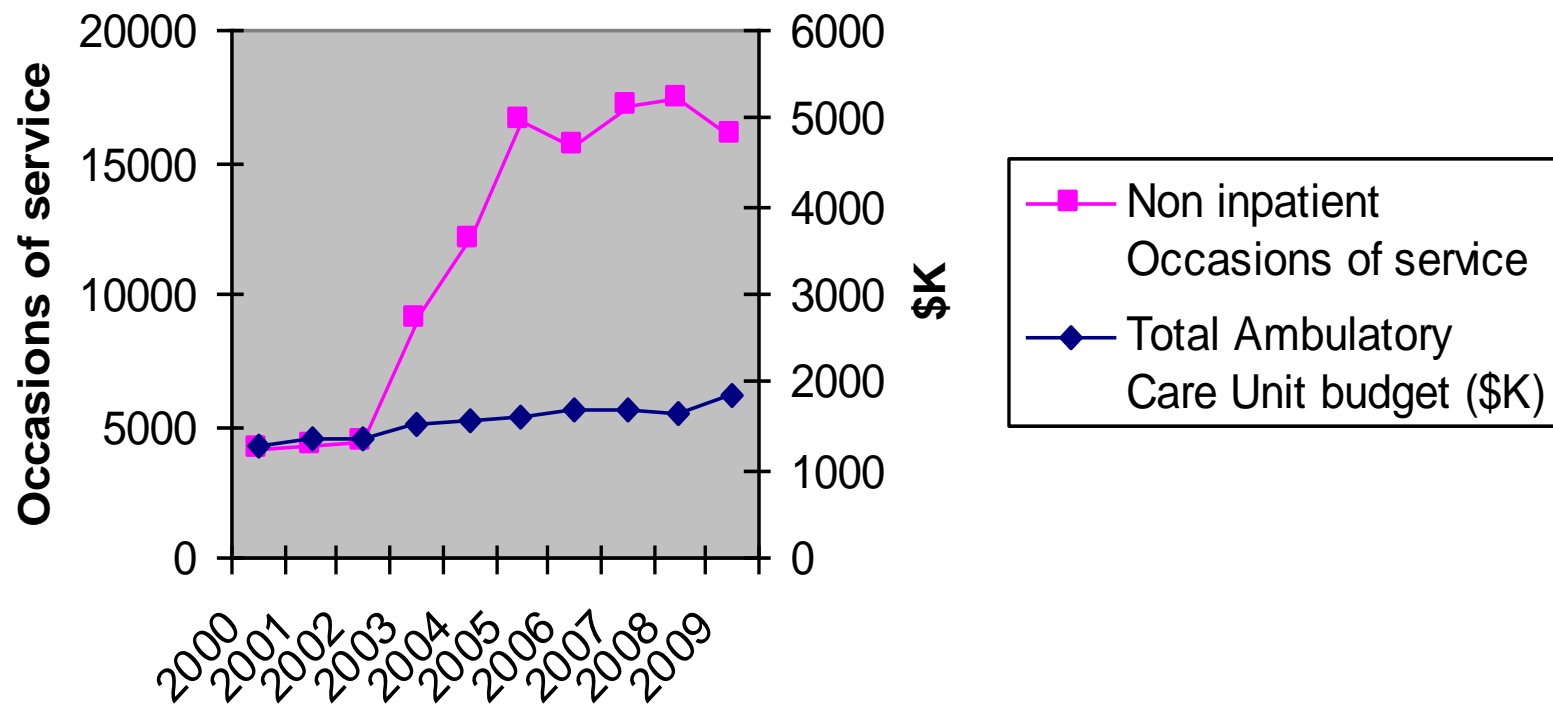


Unit Non inpatient Occasions of Service

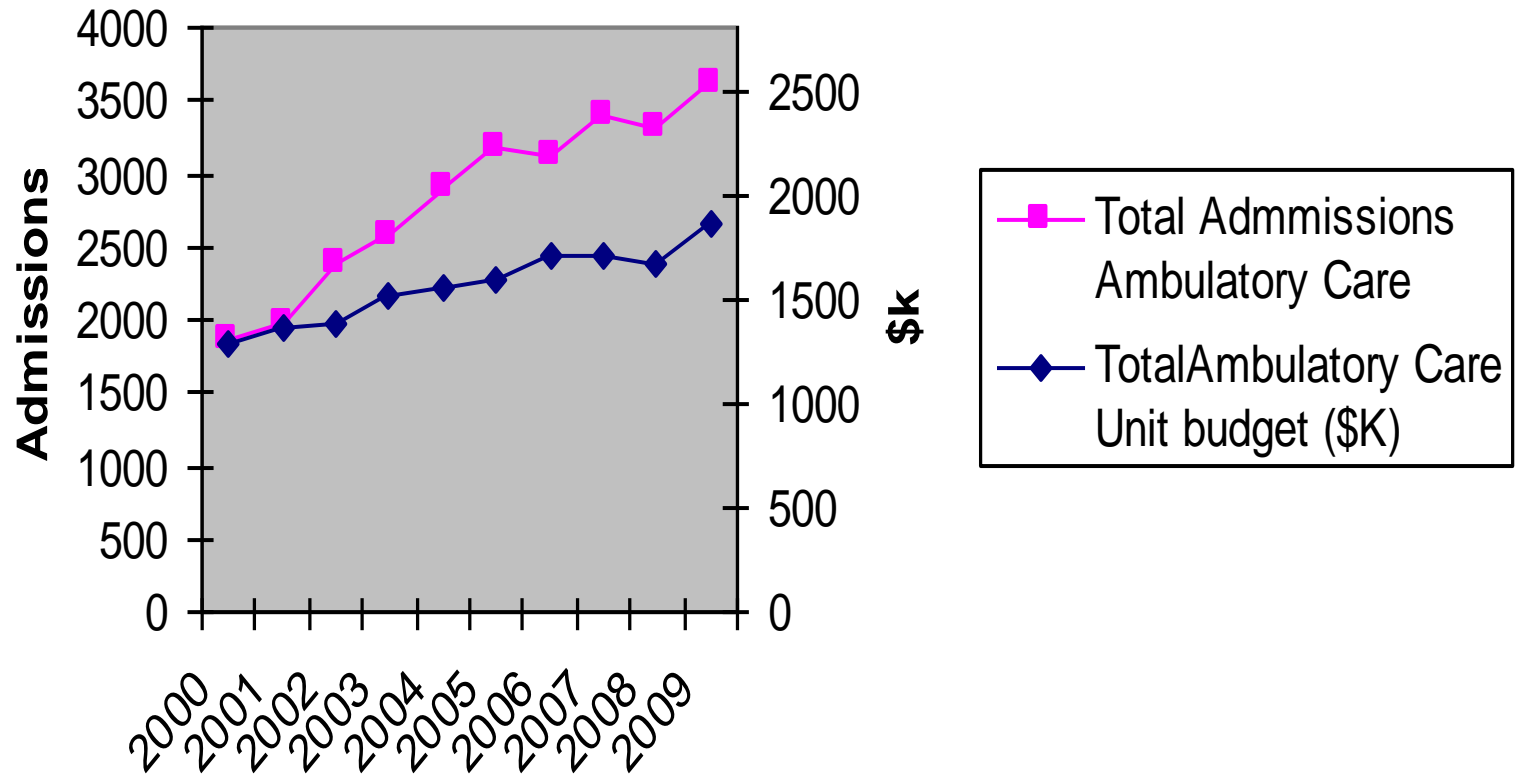


Budgetary Performance – Bankstown Ambulatory Care Unit

Occasions of service and Budget



Total admissions and budget



Budgetary performance

- ◆ Approximate calculation – one HITH ALOS equivalent to 4 inpatient days and one day hospital admission equivalent to 1 inpatient day.
- ◆ Based on inpatient service alone -Total bed days saved 7107 days = 19 bed ward
- ◆ Ambulatory Care Unit Nursing/Ward Budget \$1265k
- ◆ Budget for a 30 bed medical ward \$2857k
- ◆ Ambulatory Care Unit Bed day cost = $1656k/7107 = \$233/day$
- ◆ Acute bed day cost = \$780/day

Safety Record

- ◆ 5 year data review revealed
 - No major incidents
 - Stable IIMS incident rates (SAC 3 and SAC 4) total 3 to 5 per year
 - Major bleeding rates of 0.5-1% for patients on anticoagulation treatment *
 - Hospital readmission rates while on HITH program of 2 to 4%
 - Perioperative program 2 year audit 2007/2008– 800 patients treated, total incidents 2.5%, major 0.75% ^

*Cochrane Reviews 2010, Major bleeding rate 1.1% to 1.9%

^ Baudo et al 2007, total incidents 4.37%, major incidents 1.94%)

Key features of service

- ◆ Single area for acute and subacute non inpatient services
- ◆ Benefits of synergy from a combined Day Hospital/Third door/HITH model
- ◆ Efficiency gains from flexible roles of medical and nursing staff
- ◆ Easily accessible to all departments
- ◆ Generalist unit complementing sub specialist units, as well as supporting GPs and community services

Future direction

- ◆ Expected increased demand, particularly that of the Day Clinic/Third door role
- ◆ HITH role in anticoagulation management will change when oral anticoagulants are more developed and established.
- ◆ HITH patients may become more acute and complex with increasing elderly patients
- ◆ Expansion of diagnoses treated, extension of geriatric assessment and HITH service in nursing homes
- ◆ Increased capacity is required