

NSW Hospital in the Home

Targeted readmission strategies

System Relationships & Frameworks Branch
NSW Ministry of Health

Readmission Master class
Rydges Hotel
14th November 2013

Summary

- NSW HITH Program
- HITH targeting '*Potentially*' Avoidable Admissions
- HITH targeting Readmissions
- HITH Guideline

NSW Hospital in the Home Definition

Daily HITH

- An individual requiring at least daily clinical care and assessment of their treatment needs - clinically equivalent to an admitted patient
- Daily HITH substitutes for inpatient care
- Meets the national definition

Intermittent HITH

- An individual with predominantly post-acute care needs who requires less than daily clinical assessment of their treatment needs
- Intermittent HITH is clinically equivalent to non-admitted care.

Systematic reviews

A meta-analysis of “hospital in the home”

Gideon A Caplan
MB BS, MD, FRACP,
Director,¹ and Conjoint
Associate Professor²

Nur S Sulaiman
MB BS,
Registrar²

Dee A Mangin
MB ChB,
Director, General Practice
Research Group⁴

**Nicoletta
Aimonino Riccauda**

“Hospital in the home” (HITH) provides acute or subacute treatment in a patient’s residence for a condition that would normally require admission to hospital.¹ It is also known as “hospital at home”, “home hospitalisation” and “early supported discharge”,²⁻⁶ and it has been speculated that HITH improves outcomes. The key is substituting for in-hospital care. HITH includes admission avoidance (ie, full substitution for hospitalisation) and early discharge followed by care at home (ie, shortened hospitalisation).^{7,8}

Most HITH services are nurse based, but they may include

Abstract

Objective: To assess the effect of “hospital in the home” (HITH) services that significantly substitute for in-hospital time on mortality, readmission rates, patient and carer satisfaction, and costs.

Data sources: MEDLINE, Embase, Social Sciences Citation Index, CINAHL, EconLit, PsycINFO and the Cochrane Database of Systematic Reviews, from the earliest date in each database to 1 February 2012.

Study selection: Randomised controlled trials (RCTs) comparing HITH care with in-hospital treatment for patients aged > 16 years.

- 19% ↓ mortality
- 25% ↓ readmissions
- 26% ↓ cost
- Universal ↑ patient satisfaction

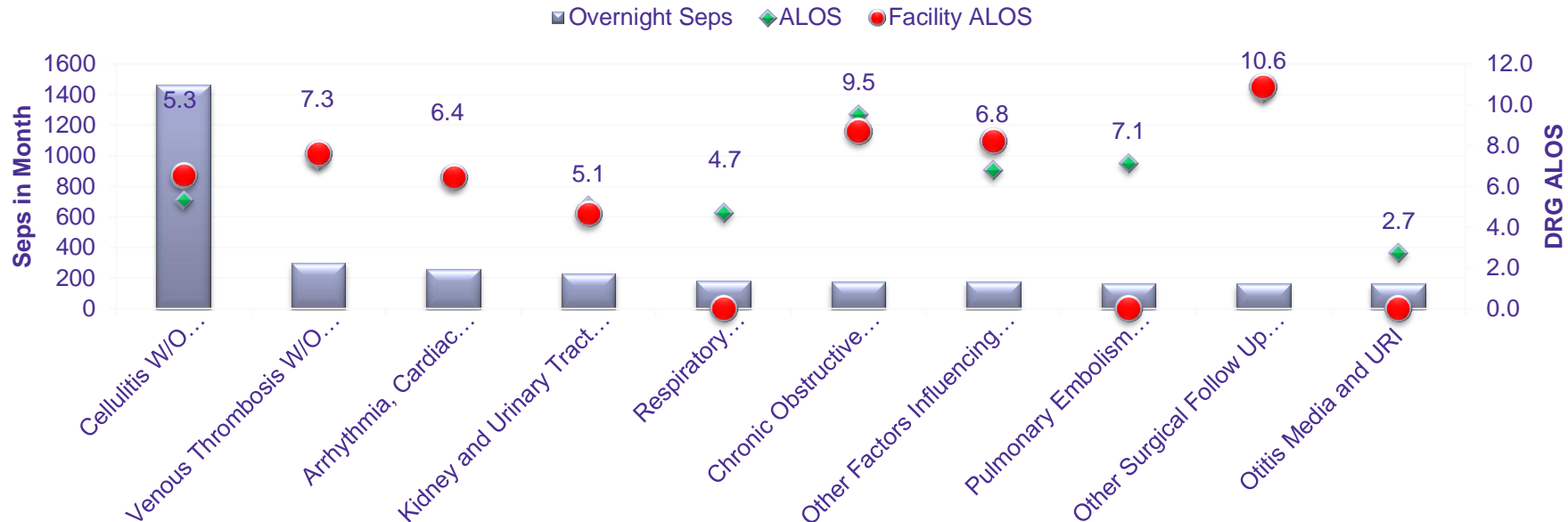
Evidence

- Preferred by patients
- Reduced adverse events
- Reduced admissions to hospital
- Reduced hospital length of stay
- Reduced readmissions
- Cost effective

Equivalent or better care, at better value

HITH DRGs State Vs Facility

Admitted HITH by DRG, Overnight top 10 State 2013 vs 2013



Top 10 DRGs throughout NSW with High Volume Separations for the period Jan - Jun 2013

DRG	Description	Hith Seps	HITH Beddays	Hith ALOS	HITH ALOS at Facility
J64B	Cellulitis W/O Catastrophic or Severe CC	1465	7809	5.3	7.1
F63B	Venous Thrombosis W/O Catastrophic or Severe CC	297	2159	7.3	8.1
F76B	Arrhythmia, Cardiac Arrest and Conduction Disorders W/O Cat or Sev CC	261	1664	6.4	7.3
L63B	Kidney and Urinary Tract Infections W/O Catastrophic or Severe CC	231	1167	5.1	5.1
E62C	Respiratory Infections/Inflammations W/O CC	182	853	4.7	5.8
E65B	Chronic Obstructive Airways Disease W/O Catastrophic CC	177	1688	9.5	8.9
Z64A	Other Factors Influencing Health Status	176	1199	6.8	8.3
E61B	Pulmonary Embolism W/O Catastrophic CC	166	1183	7.1	7.1
Z63B	Other Surgical Follow Up and Medical Care W/O Catastrophic CC	161	1703	10.6	10.7
D63Z	Otitis Media and URI	161	440	2.7	2.7

More than the top 10 Avoidable DRGs

Code	Diagnostic Related Group	Code	Diagnostic Related Group
J64B	Cellulitis W/O Catastrophic or Severe CC 944	J60B	Skin Ulcers W/O Catastrophic CC 68
Z64A	Other Factors Influencing Health Status 429	I64B	Osteomyelitis W/O Catastrophic or Severe CC 49
Z63B	Other Surgical Follow Up and Medical Care W/O Catastrophic CC 279	B70C	Stroke and Other Cerebrovascular Disorders W/O Catastrophic or Severe CC 41
E65B	Chronic Obstructive Airways Disease W/O Catastrophic CC 184	X63B	Sequelae of Treatment W/O Catastrophic or Severe CC 40
L63B	Kidney and Urinary Tract Infections W/O Catastrophic or Severe CC 169	E75C	Other Respiratory System Diagnosis W/O CC 40
E62C	Respiratory Infections/Inflammations W/O CC 161	T64C	Other Infectious and Parasitic Diseases W/O CC 35
F63B	Venous Thrombosis W/O Catastrophic or Severe CC 154	F69B	Valvular Disorders W/O Catastrophic or Severe CC 17
I73B	Aftercare of Musculoskeletal Implants/Prostheses W/O Cat or Sev CC 119	I67B	Septic Arthritis W/O Catastrophic or Severe CC 27
F60B	Circulatory Disorders W AMI W/O Invasive Cardiac Inves Pr W/O Catastrophic CC 102	B68B	Multiple Sclerosis and Cerebellar Ataxia W/O CC 33
E61B	Pulmonary Embolism W/O Catastrophic CC 84	T60B	Septicaemia W/O Catastrophic CC 77

Inpatients flagged as potential readmissions

- Elderly
- Patients with multiple co-morbidities
- Patients taking several drugs
- Patients with acute medical problems
- Patients with impaired cognition
- Patients with poor adherence to prescribed medication
- Patients with impaired renal function

How HITH can help

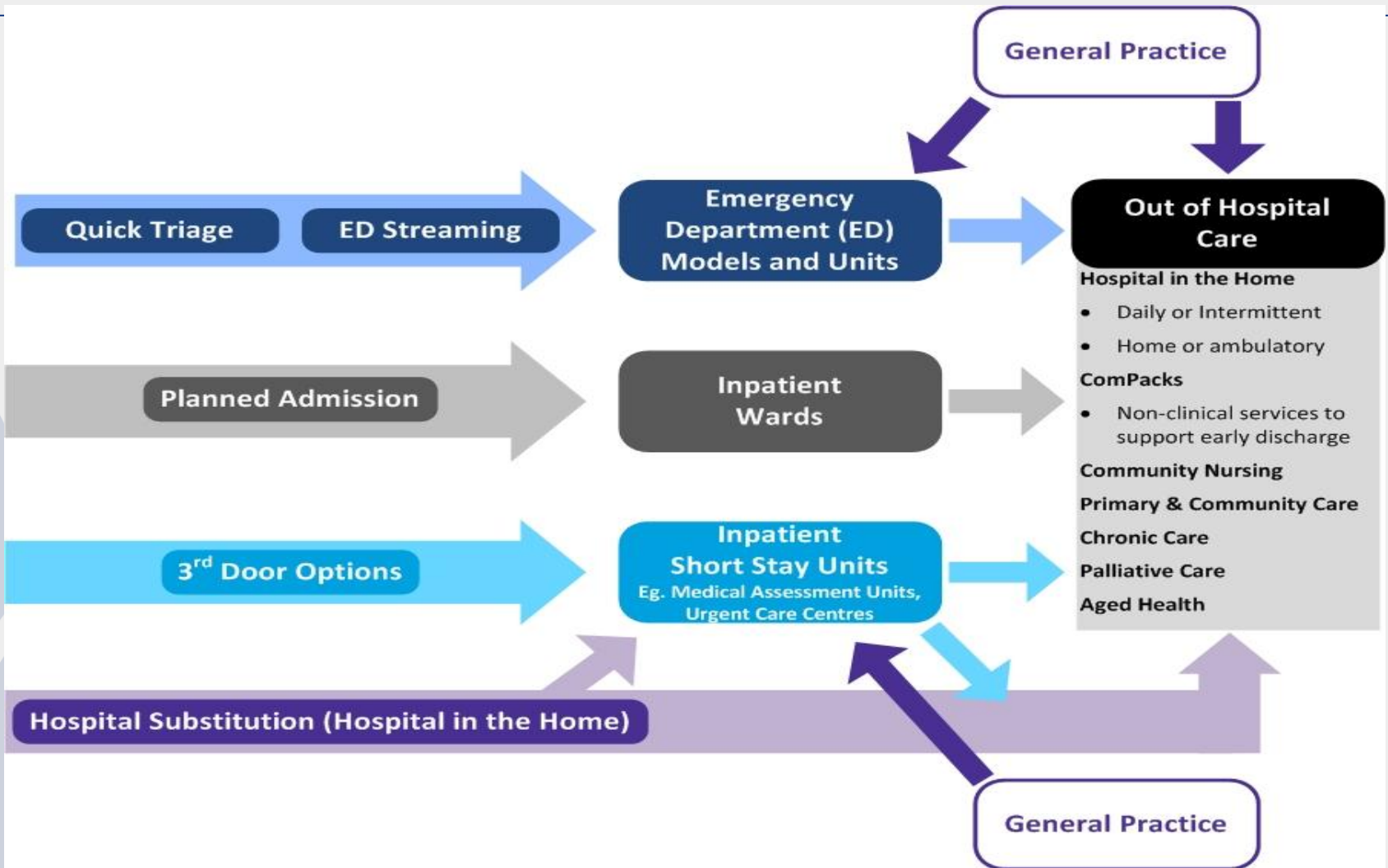
- Daily & Intermittent care types
- Medical Governance 24/7 for Daily HITH
- Nursing

Access to:

- Physiotherapist
- Occupational Therapist
- Pharmacist
- Social worker
- In Patient services (Radiology, Pathology, Pharmacy)

Hospital in the Home

Whole of System approach



NSW Hospital in the Home Guideline Aims

- To provide **clear**, standardised guidance regarding **definitions**, key **elements** and **principles**
- **Consistency** of reporting, defined data & measurable data-to enable coding counting & costing & enable ABF
- Improved HITH service planning
- Local development of service delivery models to meet local needs
- **Reduce variation**, to achieve best practice across the state

Self Assessment/Testing tool

Part 1: Hospital in the Home Strategy

HITH programs can be more effective if the overall system (organisation) in which care is provided is oriented and led in a strategic manner that allows for planned and integrated hospital substitution and prevention services.

Components	Level D	Level C	Level B	Level A
Overall Organisational Leadership in HITH <i>Select current level</i>	...does not exist or there is a little interest. <input type="checkbox"/>	...is reflected in vision statements and business plans, but no resources are specifically earmarked to execute the work. <input type="checkbox"/>	...is reflected by senior sponsorship and specific dedicated resources (dollars and personnel). <input type="checkbox"/>	...is part of the system's long term planning strategy, receive necessary resources, and specific people are held accountable. <input type="checkbox"/>
Organisational Goals for HITH <i>Select current level</i>	...do not exist or are limited to one condition. <input type="checkbox"/>	...exist but are not actively reviewed. <input type="checkbox"/>	...are measurable and reviewed. <input type="checkbox"/>	...are measurable, reviewed routinely, and are incorporated into plans for improvement. <input type="checkbox"/>
Strategic Plan for HITH <i>Select current level</i>	...is ad hoc and not organised or supported consistently. <input type="checkbox"/>	...is structured but does not relate to local goals. <input type="checkbox"/>	...includes vision, priorities, objectives and expected results that meet local organisational goals. <input type="checkbox"/>	...is comprehensive and integrated with other local, state and national strategies. <input type="checkbox"/>
Incentives and Regulations for Activity Based Funding <i>Select current level</i>	...are not used to influence clinical performance goals. <input type="checkbox"/>	...are used to influence utilisation and costs of chronic illness care. <input type="checkbox"/>	...are used to support patient care goals. <input type="checkbox"/>	...are used to motivate and empower providers to support patient care goals. <input type="checkbox"/>
Sponsors <i>Select current level</i>	...discourage enrollment in HITH. <input type="checkbox"/>	...do not make improvements to HITH care a priority. <input type="checkbox"/>	...encourage improvement efforts in HITH care. <input type="checkbox"/>	...visibly participate in improvement efforts in HITH. <input type="checkbox"/>

Adapted from ACIC v3.0 MacColl Institute for Healthcare Innovation, Group Health Cooperative

Online Networking

HSNet - Hospital in the Home x Getting Started x
www.hsnet.nsw.gov.au/Group_Home.aspx?grpID=637

Human Services Network
HSNet, ServiceLink

Connecting human services in NSW

Logged in as amarley :: Logout Contact Us | search

HOME GROUPS SERVICELINK BROWSE ABOUT HSNET SUPPORT

My Groups
Hospital in the Home Services
HSNet General
NSW Health Chronic Care Managers
Positions Vacant
Training Opportunities and Resources
News Feed
HSNet NewsFeed
CommunityNet

HSNet Home > Groups > My Groups > Group Home

Hospital in the Home Services

[Invite](#) a colleague to join this group

GROUP HOME RESOURCES EVENTS GROUP EMAIL ADMIN

This is a group for clinicians and managers working in Hospital in the Home services in NSW to share resources and network.

Group Manager(s)
Annette Marley amar@doh.health.nsw.gov.au

Your access level in this group
Group Manager

Publisher(s) (Show Details...)

Hospital in the Home Services Forum(s)

Forum	Topics	Posts	Last Update
General General discussion area for the group	4	9	10 Sep 2013 by karen.walsh2

Latest Published Resources for Hospital in the Home Services

[Browse/Search Resources](#) | [Add New Resource](#) | [Browse Calendar](#) | [Add New Event](#)

HITH Roadshow Presentation
Last updated on: Wednesday, 16 October 2013 11:18 AM by amarley
These are the generic slides from the NSW Health Hospital in the Home Roadshows. Topics covered include HITH Guideline overview, measuring ...

HITH Roadshow Calendar

- HITH Services Group on the NSW Human Services Network (HSNet)
- Distribution of resources and information
- Discussion board / online forum

Promoting your HITH service to Patients / GPs / Hospital teams

- ED waiting room posters-Can I have this at home?
- Ward posters-Can I have this at home?
- HITH computer Screen savers-reminders
- HITH web pages on local intranet
- Patient / Carer brochures
- Business cards / flyers for GPs / Hospital teams
- 'Hot' access phone for GPs / Hospital teams
- Newsletters-statewide
- Increase HITH profile statewide

“There is no bed crisis in HITH..... every patient has a bedwe just need to know how to use it”

Dr Chris Geraghty, HNE LHD 2010

Thank you

