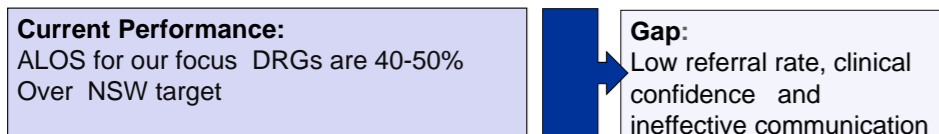


Candi Madziar, Viji Mathews, Majid Shahi, Amanda Burns and Lauren Bothma

1. Case for change:

HITH (Hospital in the Home) is a proven service that provides best practice care for eligible patients, however it is being under utilised due to ineffective processes.



2. Goal

The provision of a cost effective, sustainable person centred HITH (Hospital In The Home) service that is based on best practice to improve patient experience

3.1 Objectives

- To decrease hospital inpatient LOS from 50% to 25% by 30th June 2017 for:
 - cellulitis (J64A /B)
 - pyelonephritis/UTI(L63A/B) and
 - COPD (E65A/B)
- To Improve patient satisfaction level from 85% to 90% in all parameters by Dec 2016
- To Improve staff satisfaction with regards to HITH referral process by Dec 2016 to 75% from 35%
- To Reduce bed cost by 20% by transfer to HITH by December 2017

3.2 Process objectives

- To improve staff confidence for referring patients to the HITH services from 37% to 80% by December 2016
- To Improve staff understanding of HITH service from 25% to 80% by December 2016
- To improve staff clarity on inclusion and exclusion criteria for a HITH patient from 12.5 % to 80% by December 2016

4. Method

The NSW Ministry of Health, Centre of Healthcare Redesign Methodology has been used for this project



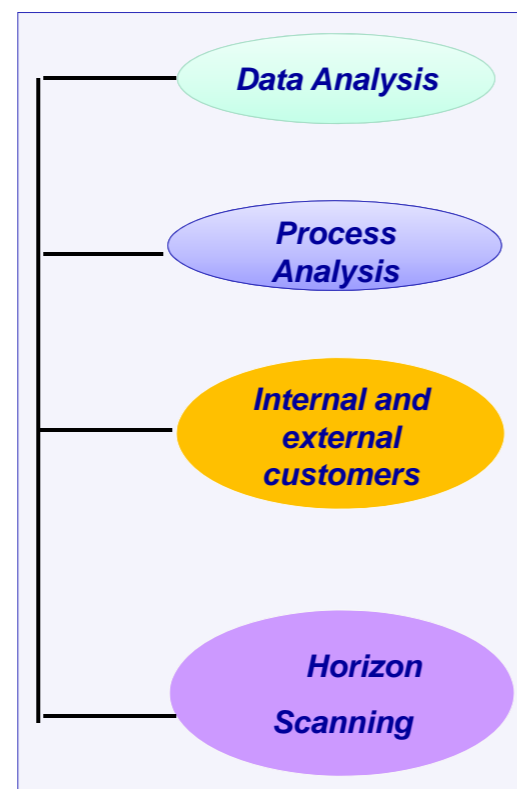
The following was used to gauge the extent of the issue:

- Process Mapping, Tag-a-longs
- Patient stories
- Staff surveys, Face-to-Face interviews with Consultants
- Data collection and analysis

Areas of improvement and potential solutions identified:

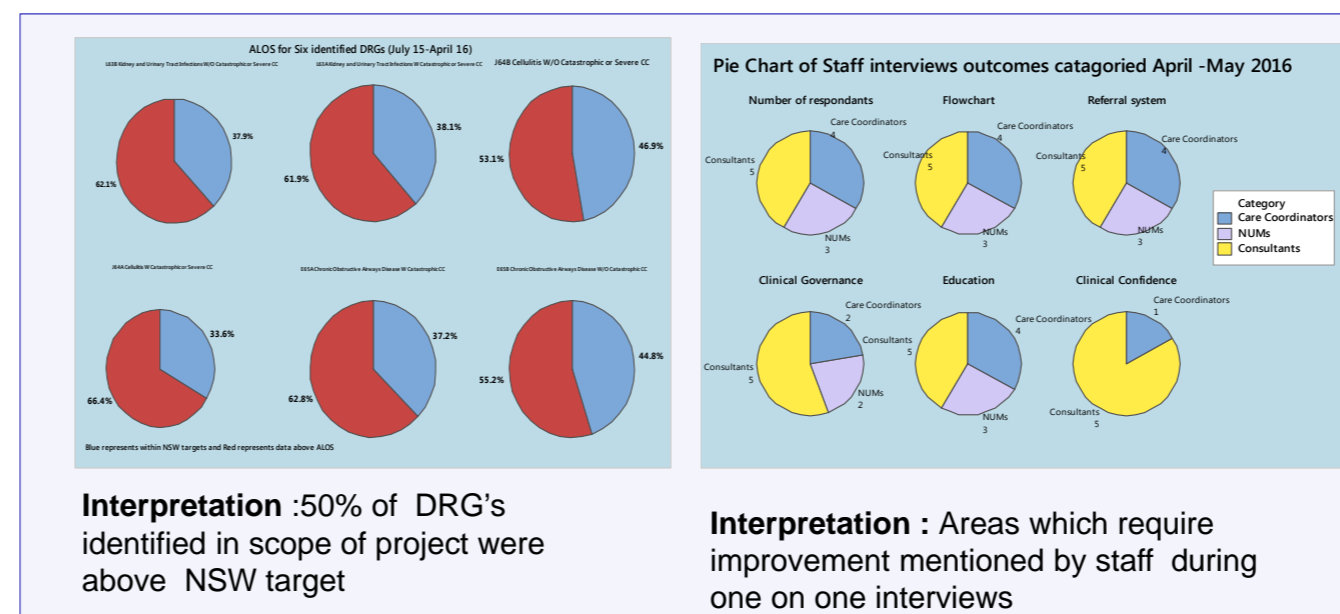
- Online referral system
- Communication
- Education

5. Diagnostics



Root cause analysis –

- Inefficient referral process
- No clear communication or documented pathway for referral
- No flowchart for the acute wards
- Lack of understanding of the HITH work process



6. Implementing Solutions

1. HITH Workflow chart – Workflow chart has been distributed to all major referral Xavier wards which is easy to understand and applicable in day to day operations.

2. HITH In-service Education- Increased understanding of HITH service. Improved staff confidence in service and support in line with other parallel initiatives supported by education and clinical nurse educators.

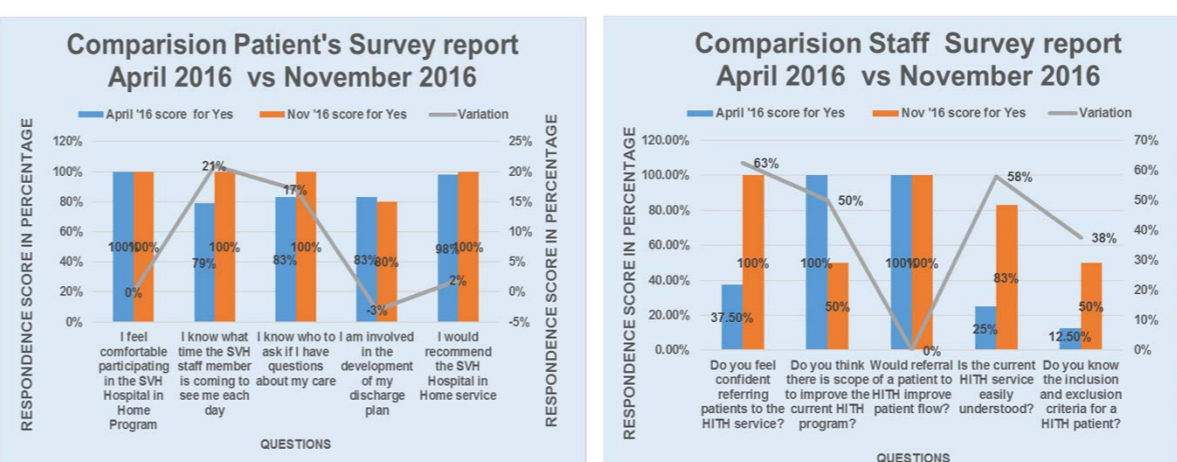
3. Upskill HITH nurse to HITH Liaison Nurse role to maintain service continuity

4. To develop a new HITH video for staff to promote HITH as a safe patient alternative to In hospital treatment

7. Results

Implementation of the solutions began in August 2016 on the first ward. Audits and analysis will take place in November and December 2016 to examine how our objectives have responded to these changes implemented.

Post implementation data before and after



Interpretation: Patient satisfaction has improved, and our staff are more confident to refer

8. Sustaining change:

- The success of sustaining change will lie in embedding these changes through process owners making them business as usual.
- Training for HITH services will be provided continuously and integrating into current professional development for all users and will be monitored and communicated
- Training material for HITH services will be provided electronically as well as via face-to-face continuing professional development to instill positive reinforced behavior.
- Use of auto generated reports for monitoring and evaluation of referrals from all wards.

9. Conclusion:

CSF (Critical success factors)

- The value of strong leadership
- Voice of patient and staff
- Teamwork
- Organisation prioritization
- Top down and bottom up communication

Acknowledgements

Dr Sandy Beveridge- Director Geriatrics and Ambulatory Medicine
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