NSW Hospital in the Home and Medical Assessment Units

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Definition

- Hospital in the Home provides care in the home/community setting for acute and sub-acute conditions.
- Patients are admitted under the clinical governance of an admitting medical officer.
HITH in NSW

- Every LHD in NSW operate HITH Services in both urban and rural areas
- HITH is a key patient flow strategy for NSW Health
- In 2015/16 the Minister committed $7 million for the growth of HITH Services
- Growth has focussed on medical recruitment for medical governance, nursing and allied health to build capacity and administration staff to release clinicians for clinical duties
- Growth of paediatric HITH
Why use HITH?

- Evidence shows that both people and the health system benefit from access to care in alternate settings to hospital.

- Benefits include:
  - Improved outcomes in clinical markers such as reduced levels of confusion and delirium
  - Reduction in mortality
  - Reduction in readmission rates
  - Costs less than hospital care
Integrating HITH & MAU

To support HITH is a virtual ward and should function in that way to support integration and seamless continuity of care.

Integrated care – providing the right care, in the right place at the right time

One of the key questions for MAU services: “Could this patient be transferred home?”
HITH and MAU

- **Similarities**
  - General Medicine units
  - Many Common condition e.g. Cellulitis/skin infections; PE/DVT; Pneumonia, UTIs, Anaemia
  - Good collaboration with all inpatient units
  - Common goals i.e. assisting ED and GPs, assist with patient flow

- **Differences**
  - Service provision. MAU ward based, HITH patient more involved in care
  - KPIs are different

- **Patient is the same, and clinical practice guidelines the same**
“The good news is that it’s not my problem.”
Benefits of Integration / Close Collaboration HITH and MAU

- Patient centred approach in clinical care and service development
- Holistic approach and continuum of care
- Efficiency and synergies
- Joint initiatives easier to implement
- Capacity to escalate and de-escalate smoothly
- **WIN WIN** solutions
Ambulatory Care Unit / HITH Unit and MAU Bankstown

**Ambulatory Care / HITH / Day Hospital**
- Started in 1996
- HITH, Day Hospital, Acute/Rapid access, Early discharge clinics
- Admission substitution and admission avoidance
- Acute care, Secondary and Tertiary level care
- Support Primary Care – GPs, community Health
- Culture of physician engagement. All hospital departments have access, admitting rights to Amb Care.

**Medical Assessment Unit**
- Started in 2008
- NSW ACI MAU model of care
- Target patients – Short stay, Complex medical and multidisciplinary interventions, Main specialties – Aged Care, Respiratory, Rheum, Oncology, Haematology, HITH
Assessment/Triage
- GP/ext specialist
- ED triage

Assessment/Clinical
- ED / ESSU
- Amb Care Acute Ass Clinic/Streamline pathway
- Rapid assessment clinics
- MAU clinic / Direct MAU assessment/admission

Management – “step down” Out of Hospital
- Post acute services
- Connecting Care/Transitional Care
- Ambulatory Care/MAU Early Discharge Clinic

Management – “inpatient” Out of Hospital
- HITH virtual bed

Management – inpatient bed
- Specialised inpatient unit
- Other hospital wards

Management – inpatient bed
- MAU admission

Primary Care
Chronic Care programs
Residential Care

WHOLE OF HOSPITAL PATHWAY

SHORT STAY

LONG STAY

NSW GOVERNMENT
Health
Innovations / Strategies/ Challenges

- MAU Amb Care HITH links
- Acute Assessment Clinic streamline pathways
  - Target HITH sensitive conditions – GPs/ED triage/ECP.
  - 80% to HITH, 10% other management, 10-15% admission into MAU/hospital
- ED referrals pathways
- MAU temp bed in Amb Care
- Amb Care and MAU specialist on call for GPs
- Formal arrangement of support medical cover, and senior nurse oversight
- Early discharge clinics
- **Challenges:** some additional workload, predictability, risk of overexpansion, capacity limits
75F, lives alone, mobile with stick, independent, supportive family

Referred from wound clinic/GP to Amb Care with laceration right leg (injury in Bali, tripped on steps one week prior) with worsening erythema and pain associated cellulitis

Acute onset dyspnoea day before in am, associated cough; exertional jaw pain uphill last few months

Know history of Recurrent VTE on Rivaroxaban; COPD/Bronchitis; HT/mild AS/AR; Bilateral TKR

Assessment
- Wound ulcer/cellulitis (pain, reduced mobility)
- CCF/IHD
- Mobility / anxiety
Case Scenario (cont.)

- Management
  - Admitted to MAU
  - Mepilex dressings, swab, antibiotics, analgesia, plastics
  - ECG, excluded infarct, Frusemide, fluid management
  - PT involved early mobilisation, Social work increased supports

- Discharged after two days via HITH
  - Further management in HITH continued iv Cephazolin
  - Dressings, plastics management, planned for SSG
  - Cardiac assessment MIBI, new Cardiologist organised, ongoing management of CCF
Future Directions

- Better utilisation of HITH
- MAU and HITH are closely linked in the continuum of care
- HITH services will benefit from support from MAU
- Innovative integrated or collaborative models
- Involvement of multiple other specialties
- Development and refinement of care pathways