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As another year comes to an end, we would like to thank the ACA members and Baxter Healthcare for continuing to support us. It has been very reassuring to see a continued increase in memberships in 2007.

Baxter Healthcare held another well attended seminar on CAPAC and HITH in Sydney in October. This 2nd Annual Seminar was held over 2 days and included two very interesting presentations from Dr Jeremy Jacobs, Director of the Jerusalem Home Hospitalisation Program in Israel as well as local speakers and a speaker from New Zealand. Prizes were awarded for the best oral presentation "*Hospital in the Home for Homeless People*" by Dr Andrew Mahoney & Prof Stephen Wilson and the best poster "*A decade of Nurse PICC Insertion*" by Pauline Dobson. There were delegates from most Australian States and Territories as well as New Zealand. For those who were unable to attend the presentations can be downloaded from the ACA website.

For those interested in disease management please note the dates for the **2008 National ADMA Conference** are September 4th and 5th. Next year's conference will be held at the Westin in Sydney please check the website at www.adma.org.au for further details.

We would very much appreciate any contributions to this Newsletter from HITH programs on new initiatives or any information that other programs would find useful.

Seasons Greetings and all the best for 2008.



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Research Updates

Effectiveness of pain management in Hospital in the Home programs

Assoc/Prof Maxine Duke, *School of Nursing, Deakin University*;
Assoc/Prof Mari Botti, *Epworth/Deakin Nursing Research Centre*; S
Hunter, *School of Nursing, La Trobe University*.

Alternative health care delivery models such as Hospital in the Home (HITH) facilitate the care of acutely ill patients in their own homes. There are over 570 Diagnostic Related Groups managed in HITH programs in Australia and many of these are known to have associated physical pain. The impact of the home environment on patients' experience of pain or how pain is managed is poorly understood. The purpose of this study was to increase our understanding of the issues related to providing optimal pain management for acute care patients who are transferred to Hospital in the Home to support the development of effective practice guidelines to improve patient outcomes. More specifically, the aims were to: 1) identify the frequency and intensity of pain experienced by patients in 3 HITH programs, and 2) describe patients' experience of pain in the home environment.

The study was conducted over 12 months in three HITH units in Victoria. The design was a descriptive survey of patients' experience of pain and pain management using a modified version of The American Pain Society's Patient Outcome Questionnaire. Consecutive surgical patients (N=360) transferred to HITH care in the three participating programs were interviewed by telephone between 48 and 72 hours of admission to the program.

Of the patients interviewed, 250 (69.6%) experienced pain at some time while in the HITH program and 211 of these patients (84.4%) had experienced pain in the previous 24 hours. A majority of patients (66%) had mild to moderate pain at the time of the interview, however, 56% (n=140) had experienced moderate to severe worst pain in the previous 24 hours. Although 93.2% (n=232) of patients had experienced pain while still in hospital, only 52.2% had been sent home with any form of analgesic.

The findings of this study identify significant issues in providing optimum pain management for patients receiving acute care in non-traditional treatment environments.

Management of intravenous cannulae in Hospital in the Home: appropriateness of hospital derived protocols.

Assoc/Prof Maxine Duke & Assoc/Professor Mari Botti, *Alfred/Deakin Nursing Research Centre, The Alfred*; A. Sendall & Dr Michael Montalto,

The Epworth Hospital.

Up to 5,000 Australians die from Hospital Acquired Infections (HAI) each year. A common HAI is bloodstream infection through intravenous cannulae. Hospital guidelines for prevention include frequent replacement of cannulae. However there is no evidence that in Hospital in the Home (HITH) environments the same frequency of cannulae replacement is required. HITH programs are predicated on the notion that the hospital environment can be extended using established hospital procedures and risk reduction protocols. The purpose of this presentation is to outline the background to a study designed to identify intravenous cannulae related complications in patients treated in HITH in order to evaluate the appropriateness of hospital protocols.

The overall aim of the study is to increase our understanding of the variation to usual protocols that may be necessary when hospital care is delivered at home. In particular, this study will explore how the different conditions between hospital and the home affect the dwell time of intravenous cannulae and the sequelae of intravenous cannulation. Specifically the aims are to:

- Determine the average duration of intravenous cannulation in the home
- Identify the incidence of potential antecedents of intravenous cannula infection (pain, redness, swelling, hardness, discharge and reduced patency)
- Identify the incidence of intravenous cannula infection.

This study will be carried out over 9 months in three HITH programs in Victoria: Epworth Hospital, Box Hill hospital and Alfred Hospital via a descriptive survey of the duration of IV cannulation, incidence of common antecedents of infection and actual infection in patients. A modified version of the Royal Perth Hospital Nursing Services' Peripheral Intravenous Assessment Scale will be used to assess the intravenous sites of 135 consecutive eligible patients transferred to HITH care.

It is likely that the home setting provides new factors that influence the dwell time of catheters and cannulae and as such, there is a need for investigation into these factors. The findings should broaden and deepen knowledge concerning HITH practice.

News

FDA Clear Genetic Lab Test for Warfarin sensitivity

The US Food and Drug Administration cleared a new genetic test in September 2007 that will help clinicians assess whether a patient may be especially sensitive to warfarin.

Private health insurance for hospital-in-the-home

Summary provided by: Belinda Highmore, Director, Private Health Insurance Branch, Department of Health & Ageing

The *Private Health Insurance Act 2007* permits treatment provided outside the hospital in clinically appropriate settings.

It is not mandatory for health insurers to cover out-of-hospital services and there are no minimum benefits set for these types of services. Individual insurers decide for themselves whether or not they cover these services and need to agree the benefits payable for the services with individual providers.

Many health insurers already cover a wide range of hospital-in-the-home services under their existing agreements with hospitals.

Health at Home Model of Care

The Sub Acute Fast Track Elderly (SAFTE) Model of Care has been revised and is now the Healthy at Home Model of Care. This model was developed as a response to the rapid growth in the ageing population. It aims to provide an effective model of care that provides a better alternative to inpatient care and supports older people in their home environment. It is an interagency model that provides integrated community care for people aged over 65 years (over 45 years for Aboriginal and Torres Strait Islander people) with emerging acute care needs. For further information: www.health.nsw.gov.au/safte/

Avoidable Admission Strategy

Following extensive research and consultations with key clinicians, the Acute Care Taskforce (ACT) in collaboration with the NSW Health, Health Services Performance Improvement Branch (HSPIB), has developed the avoidable admissions strategy. The strategy identifies that it may be appropriate for many patients with some specific low complexity medical conditions, to be treated in alternative settings to in-patient hospital care. The first conditions covered by the strategy are:

- Cellulitis
- Community acquired pneumonia
- COPD
- Bronchitis and asthma
- Red blood cell disorders and Transfusions
- DVT
- Urinary tract infections
- Acute non-surgical pain (musculotendinous disorders)

Home Healthcare Technology- Promoting the Safe Migration of Medical Devices into the Home.

This conference by the Center for Devices and Radiological Health (CDRH) of the Food and Drug Administration (FDA) and University of Houston was held in Houston on September 17 and 18. For further information: morgan.warner@fda.hhs.gov or imontoya@uh.edu Related information:

www.perle.com/Supportfiles/medical_devices_whitepaper.pdf

HITH Special Interest Groups

HITH Society (NSW)

A new professional society for doctors, nurses and allied health personnel working in hospital in the home (HITH) or community acute & post acute care (CAPAC) is in the early stages of development in NSW. The new group will be responsible for organising the annual CAPAC/HITH scientific conference and it is anticipated that a newsletter will also be part of the group's initial brief.

The group will be known as the HITH Society (NSW), as HITH is an internationally recognised acronym for the broad range of work that many of the CAPAC / PAC / APAC & HITH services in Australia provide.

The initial organising committee was canvassed at the recent CAPAC/HITH 2007 conference in Sydney. The first meeting to appoint the Society's Executive will be held on 5th December 2007 at 4pm at Prince of Wales Hospital, Sydney. Those interested in being part of the inaugural meeting or wanting further information on the HITH Society please contact Prof. Gideon Caplan via email: Gideon.Caplan@SESI.AHS.HEALTH.NSW.GOV.AU. [Tele and video conferencing facilities will be available for the meeting]

The Department of Health facilitated CAPAC Forum continues to meet and is monitoring the impact of new DOH initiatives to increase CAPAC services across NSW. Area Health Services have to meet key performance indicators around the treatment of patients under CAPAC services.

Queensland Health HITH Network

This Queensland network is for those working in HITH, HITH in the nursing home and CAPAC wishing to share information and develop contacts. For further information contact Mark Quadrell at Mark.Quadrell@health.qld.gov.au

Inaugural New Zealand HITH Seminar

Summary provided by: Philippa Carson, Hospital to Community Nurse, MidCentral Health, Palmerston North, NZ



In November the inaugural HITH seminar, presented by MidCentral Health and Baxter Healthcare was held at Palmerston North Hospital.

We invited Lisa Demos from ACA to present an overview of HITH internationally. Lisa included information from USA, Canada, UK, Ireland, Australia, Israel, Cuba, and France. She highlighted the differences between the services in each country from the terminology used, conditions treated, types of medications and vascular access devices used. There was a variety of delivery models including treatment at medical centres, home visits with a nurse or doctor to self administration. It seems as for New Zealand, worldwide there are limited resources available for sharing HITH specific information and experience.

Mark Beale, Infectious Diseases Physician, a recent arrival to NZ presented his experience of HITH in South Africa. He facilitated a model of HITH treatment for a few patients with endocarditis and encouraged colleagues to initiate similar services. Unfortunately due to the challenges such as nil funding streams, absent community nursing services, and with much of the population without electricity, running water, phone and transport it has not been successful.

To add a local flavour, and to learn about our colleague's services, six NZ groups presented an outline of their programmes. Via a case study, the hosting HITH service highlighted the individual roles of the Infectious Diseases Physician, Pharmacist and HITH nurse including how they work in partnership to benefit patients. A joint presentation by a district nurse and patient left the audience with no doubt about the benefits of the partnership they illustrated. There was also a session from a pharmacist about the pharmacokinetics and dynamics of antibiotics and an Infectious Diseases Physician discussed antibiotic use in the community including the role of oral and IV therapy. Both these presentations provoked many questions and ongoing discussions.

There was plenty of the informal networking amongst the 90 delegates from around NZ. Lisa Demos returned in the afternoon to outline the journey and the work of ACA (and VCACI) thus far. This led us to an

open forum to discuss the formation of a NZ HITH group to improve the formal networking and development of services. It was agreed to form a *special interest group* that would commence by creating an email network and, given the success of the day, to plan a second seminar next year.



Industry News

KCI Medical Australia has been increasing its presence in the community setting. This is occurring as more private and public hospitals elect to transit patients to home on VAC therapy rather than keeping them as inpatients for the management of their wounds. In addition legislative changes within the Private Health Act 2007 now allow private health funds to reimburse more treatments in the community. KCI have also introduced the new Advantage Training Centre where nursing staff from the community can now attend the Head Office to receive specialised training in the application and use of VAC therapy. Therefore there will be more opportunities to treat complex wounds in the community. For further information on reimbursement activities or the training offered at KCI Medical please contact swagener@kci-medical.com.

Recent requests from the HITH Chat Line

The most recent queries that we received include requests for information on the following:

- Recent publications on cost-effectiveness of HITH programmes
- Experience on *Stemgen®* administration in the home and any protocols
- Care plans for anticoagulation, cellulitis and osteomyelitis
- Disconnection of CADD/Walkmed Pumps in Community settings
- Pre-operative anticoagulation guidelines or protocols
- Protocol for giving Amphotericin in the home as a 3 hour infusion
- Servicing of *Coagucheck®* machines
- Guidelines regarding provision of service under HITH for TAC patients
- Ampicillin by 24 hour infusion
- HITH discharge forms

Web Resources

Handbook of Outpatient Parenteral Antibiotic Therapy for

Infectious Diseases 2006 edition by Alan Tice available from:

opat.idlinks.com/index.php?option=com_content&task=view&id=14&Itemid=30

Home Infusion Continuum website: www.home-infusion.org/

2nd Healthcare Without Walls: delivering the best care in the

best place: information on this Brisbane conference is available at

www.changechampions.com.au/Healthcare%2007.htm

Upcoming Conferences

The National Home Infusion Association 17th Annual Conference

9-12 March 2008

Phoenix Convention Center, Phoenix, Arizona, USA

W: www.nhianet.org/education/annualconference.htm

Diversity in Health 2008 Conference

10-12 March 2008

Sydney Convention and Exhibition Centre

W: www.dhi.gov.au/conference

IV International Conference: Telemedicine - Experience@Prospects

25-27 March 2008

Donetsk, Ukraine

W: www.ehealthnews.eu/content/view/815/37/

National Association for Home Care & Hospice

6-9 April 2008

Washington, USA

W: www.nahc.org/

American Academy of Ambulatory Care Nursing 2008 Annual Conference

17-20 April 2008

Chicago, USA

W: www.aaacn.org/

26th Annual Visiting Nurse Association of America Meeting

30 April – 2 May 2008

Nashville, Tennessee, USA

W: www.vnaa.org/

7th National Australian Wound Management Association Conference

7-10 May 2008

Darwin Entertainment Centre and Holiday Inn, NT

E: conference@conlog.com.au

ADMA National Conference: Evaluating Disease Management!

4-5 September 2007

The Westin, Sydney

W: www.adma.org.au

Infusion Nurses Society

14-16 November 2008

St. Louis, Missouri, USA

W: www.ins1.org/mtgs_ed/2006_nait/index.html

