

# HITH NURSING: ROLES REVEALED AND REVIEWED

Focus Group Report and Literature Review Concerning  
The Role Of The Hospital-In-The-Home (HITH) Nurse

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**September 1999**

# EXECUTIVE SUMMARY

## OF FOCUS GROUP FINDINGS

The Hospital-in-the-Home Program, providing acute care at home, commenced in Victoria in 1994. With the introduction of such a program a new type of professional called a Hospital-in-the-Home (HITH) nurse, was needed to carry out skilled, hospital-type care beyond the hospital walls.

Now that the program has had time to evolve, a qualitative study, funded by a service development grant from the Victorian Department of Human Services was undertaken during 1999. By carrying out six focus groups, it was possible to document information about the current role and skills of the HITH nurse. Groups, comprising HITH nurses, Coordinators, Managers and others were also asked to suggest how the role of the HITH nurse might develop in the future and how a suitable curriculum might be devised regarding a post-graduate nursing course for such nurses.

The core task of the HITH nurse is said to be to provide acute care to a patient who has been found appropriate to receive such care at home. To achieve this, common clinical tasks are involved such as: giving intravenous antibiotics; administering medications; giving injections; care of intravenous lines; and wound care.

However, it became clear that such work occurs within a variety of models of delivery and Coordinators, Managers and rural HITH nurses frequently have extra tasks and multiple roles in comparison with their metropolitan counterparts.

Nominated differences between the work of the HITH nurse and other types of nurses included;

- a hospital nurse has back up and expects to double check drugs whereas the HITH nurse works, and makes decisions, independently
- the community nurse has a broader role concentrating on health promotion and prevention rather than on hands-on nursing or acute illness
- a District nurse looks after chronic rather than acute conditions.

Differentiating between a HITH nurse and a District nurse proved more problematic because of some blurring of skills and roles. Therefore, what makes a HITH nurse unique was not clear except for the idea of an autonomous, solo nurse practitioner.

When transferring from various types of nursing to HITH nursing, participants raised various issues including becoming a sole practitioner working in isolation, having to change previous nursing attitudes, and safety. Furthermore, while most nurses felt prepared clinically, most were not prepared environmentally. Even so there was a

stated need for current nurses to up-date clinical skills particularly in the areas of cannulation, pharmacology, wound dressings and the use of new equipment such as pumps.

Participants also listed qualities and roles that HITH nurses were expected to demonstrate. These included: reassurance; encouragement; empathy; sympathy; and cultural awareness. The role was also said to involve: advocacy; liaison with other professionals; education; promotion of the hospital of origin; and problem-solving.

Particular skills nominated as essential for HITH nurses comprised assessment, clinical, communication and problem-solving skills. Other desirable qualities cited included: considerable prior nursing experience; organisational/management skills, academic ability, business acumen, driving skills, self-defence and a variety of personal qualities such as leadership, assertiveness and confidence.

With regard to the future, participants felt that there would be enormous expansion of the HITH nurse role in the future with an associated increased requirement to work in partnership with community teams of health professionals.

To cope with current work and future demands it was suggested that a post-graduate course for HITH nurses should contain: advanced assessment skills; advanced clinical skills; administrative/business components; academic subjects; safety and driving issues; pharmacology; communication skills; and field placements.

Other themes that emerged from the study included: a deep sense of job satisfaction, the need for adaptability and flexibility, a willingness to work in a holistic manner with the patient and family; and the notion of a 'specialist-generalist'.