

Wodonga Regional Health Service

Summary of Development Grant 1997-98

Background

Wodonga Regional Health Service began its Hospital in the Home program in March 1995. The program was run by a nursing coordinator (with shared responsibilities for another area) and one full-time registered nurse, accounting for an EFT of 1.2. Nursing staff was available between the hours of 0800 to 1630 Monday to Friday. Outside of these hours, nursing services were contracted from District Nurses and the Emergency Department. Patients maintained their current medical practitioner, allied health staff were available from the acute hospital sector, while other service providers such as Home Help were subcontracted on a needs basis.

The Grant

The grant was sought in order to develop in 4 specific areas. These included

1. an extension of dedicated HITH staff into evening and weekend hours
2. expansion into Continuous Ambulatory Peritoneal Dialysis
3. expansion into Chemotherapy treatments and
4. expansion into Paediatrics.

With the provision of the development grant, changes were gradually implemented. These included:

1. Extension into evening and weekend hours

Three RN's joined the staff on a part-time basis, increasing our EFT from 1.2 to 2.6 for RN's. Allied health staff remain available from the acute sector and other service providers are subcontracted as needed. As expected, by increasing hours, a greater volume of patients was treated. This occurred due to a variety of reasons, including having the resources to take on extra referrals, greater visibility among hospital departments with the higher profile resulting in more referrals, and more complex cases could be accepted, many of whom required 2-3 visits per day. As more complex cases were treated competently and safely, confidence in the program grew amongst the medical fraternity and lastly, chronic bed shortages encouraged HITH care as the only option when no in-hospital admissions were possible. This served as an opportune stimulus for doctors to use the service who may have been previously reluctant.

2. Expansion into CAPD

Education was undertaken at the Royal Melbourne Hospital and then followed by in service at our hospital. Staff are now capable of performing both emergency and regular line changes, exit site care, management of fluid retention, dehydration and peritonitis, administration of interperitoneal antibiotics and anticoagulants, and collection of pathology. We maintain close liaison with the Royal Melbourne Hospital CAPD Unit. Policies and procedures for safe practice have been established.

3. Expansion into Chemotherapy

Education was undertaken at Peter McCallum Hospital in the safe handling and giving of cytotoxics, however, following this it was decided to cancel further development into chemotherapy as a Private Oncology Hospital was to be opening nearby. This would service the region in all areas of oncology including a day treatment centre.

4. Expansion into Paediatrics

This area is growing slowly. Admissions to the Paediatric Unit fluctuate seasonally which affects the availability of transfers into HITH. Children seem to be either acutely ill or full of energy and therefore don't require as much intermediate recovery / convalescent time as adults. During the year, ages of HITH admissions ranged from 13 months to 16 years and included both inpatient transfers and direct admissions. Complexity of cases included IV antibiotics, burn dressings and care of an O2 dependent infant.

Conclusion

The grant was used for equipment, education, office equipment and a second vehicle, thereby providing support facilities for a growing program. The key to success for *our* rural hospital was to continue to build on the established foundation. It wasn't any of the 3 specialized areas that significantly contributed to the growth of Wodonga's program but it was the strengthening of the existing program that allowed us to successfully grow and develop. This success is credited to the use of keen competent staff in the field, to support from senior management, to establishing and maintaining credibility with the GPs and Specialists, and to making the program as easy as possible to access and use.