

Hospital in the Home Information

August 2008

Introduction

This information seeks to provide broad guidance to be used in conjunction with clinical decision making when providing Hospital in the Home (HITH) services.

- HITH is a direct substitution for inpatient acute care; patients are admitted. The patients own home is the "virtual ward or hospital". This setting may be the usual place of residence or temporary accommodation.
- HITH activity is reported to the VAED (Victorian Admitted Episodes Dataset) in the same way as inpatient hospital data, and attracts WIES funding accordingly.
- HITH patients must fulfil the criteria for admission as per the DHS Hospital Admission Policy.
- It must be clearly documented in the patient's medical record that they would otherwise remain in a hospital inpatient bed if HITH were not available.
- The rationale for transfer to HITH must be demonstrated, and the patient's consent to be treated under HITH must also be evident in the medical records.
- Contacts with patients must be documented, including the type of contact and any interventions undertaken recorded.
- HITH staff may have roles in delivering other programs, for example Post Acute care, residential in-reach. This activity is not reported to the VAED.

General Reporting Guidelines

- In a multi-day stay, days that a patient is not visited by HITH staff must be reported as leave days. Where more than 7 days occur between visits, the patient must be separated and readmitted.
- The patient must have face to face contact with HITH staff to qualify for a reported HITH day, therefore services such as telephone calls cannot be reported to the VAED.
- Where a patient would otherwise attend an outpatient clinic or other non-admitted setting (e.g. post-acute care, District Nursing) HITH should not be reported.
- Patients should not be attending employment whilst admitted on a HITH program, as they would not be expected to be working if in an acute inpatient bed.
- Questions relating to VAED reporting can be directed to the HDSS Helpdesk, (03) 9096 8141 hdss.helpdesk@dhs.vic.gov.au

Out of Hours arrangements

- As HITH patients are admitted patients it is expected that there are identified mechanisms for out of hours service provision or easy access to reassessment or readmission to bed based care if required.
- Patients must be informed of these mechanisms and how to access out of hours service or assistance, and when. Telephone advice should be available if required.
- The patient or their carer should not have to make the decision when or if to call their own GP or an ambulance.
- Where the local GP has admitting rights to the HITH program, they may suitably be the nominated contact, if available.

Pre-hospital or Pre-admission care

- There are occasions when patients require treatment at home prior to the inpatient hospital setting, e.g. before elective surgery.
- If HITH undertakes this treatment it must be as a direct substitution and equivalent to acute hospital bed based treatment.
- Alternatives should be explored prior to the patient being admitted to HITH for this care, e.g. self administration, district nursing, attendance at clinic or GP surgery, carer administration.
- Where the alternatives have all been explored, the patient may have their HITH component as part of a multi day admission before their bed based care.
- It must be clearly documented that if HITH did not perform these interventions, the patient would otherwise require early admission to an inpatient bed for this preparation or treatment.

Telephone contacts/reviews

- It is acknowledged that contacting a patient by telephone when a face to face visit is not clinically indicated or to follow up after separation or a procedure is good practice.
- However, telephone contacts should not be reported to the VAED. A patient who only receives a telephone call should have a leave day recorded.
- If following an inbound or outbound telephone call the patient has a face to face contact with HITH staff, then HITH is reportable for that day.
- All telephone contacts must be clearly recorded in the patient's medical records, and be identified as a telephone contact rather than a home visit.
- For day cases, the separation date must remain the date of the procedure, not the next day when a follow up telephone call is made.

Private patients in public hospitals/HITH

- Where HITH services admit private patients, the private rate of WIES will be attracted (approximately 82% of public WIES rates) and any third party reimbursement entitlement (e.g. diagnostics, medical, pharmaceuticals). The patient should be reported to VAED as a private patient HITH.
- Patients must not be changed from private to public in order to report HITH. This constitutes a change of patient election and is only permitted in rare certain documented circumstances.
- Approval from the relevant Health Fund must be sought for funding of the bed day rate (a default benefit of \$166 paid to designated providers ceased on 30 June 2008); this is likely to be on a case by case basis.
- It should be stressed to the Health Fund that if the patient remains an inpatient in hospital, this will be far more costly to the fund.
- The patient must provide their consent to continue their private episode in HITH and this consent must be documented in their medical record.

Mothers and Babies

- Mothers may be admitted to HITH if they meet Criteria for Admission but not usually both mother and baby will be admitted.
- Unqualified newborns, i.e. babies under 9 days of age who are generally well, cannot be reported to the VAED as being in HITH.
- For a baby to be Qualified, they are usually required to be admitted to an SCN or NICU, therefore babies in HITH aren't usually able to be Qualified.
- Generally, the only babies in HITH who can be reported to the VAED are ones who required care in hospital as a Qualified baby and still require treatment at home as a continuation of that care. There may be exceptions when a baby requires ongoing care under HITH. As for any other patient, there needs to be documentation that the baby would otherwise require admitted care in hospital.
- Early discharge following delivery is not justification for reporting HITH for a newborn. The Variable Maternity Services Grant (VMSG) provides for post-discharge visits which cover basic health checks, including genetic screening for newborns.

HITH "Clinics"

- If the patient is attending for medical review, or other diagnostic investigation not appropriate for the home setting, e.g. X-ray, then the HITH intervention may also be carried out at that time. This is both cost and time effective. HITH may be reported for this contact.
- It is acknowledged that particularly in remote rural settings, HITH medical reviews occasionally take place in a clinic setting for various reasons, including patient choice. However, the DHS Admission Policy (2008) states that HITH care must take place in the home. Documentation in the medical record must explain why the contact was not provided in the patient's home, for example access, patient choice, diagnostics undertaken.
- However, VACS (outpatient funding) cannot be claimed for outpatient activity or other non-HITH activity whilst a patient is an admitted inpatient in bed based acute care or admitted under the care of HITH.

Final interventions prior to separation from HITH

- The decision to discharge or separate the patient from HITH may be made at a medical review or home visit, and should be clearly documented.
- It is acknowledged that certain procedures or interventions may need to be made prior to separation. It should be explored if these can be undertaken in a non-admitted setting, e.g. attendance at a day unit or clinic.
- If these pathways are not available, home visits to undertake these interventions can be reported as HITH as these tasks are an essential part of the total HITH episode.
- It must be clearly documented in the medical notes that the patient would otherwise need to remain in hospital if HITH did not undertake this intervention.

The DHS Hospital Admission Policy 2008/09 can be viewed at www.health.vic.gov.au/hdss/vaed

For further information or assistance, contact Post Acute Services:
Phone: (03) 9096 1332 Email: Joanne.Mapes@dhs.vic.gov.au