

# Hospital in the Home Information

August 2009

## Introduction

This information update has been released to offer further guidance around Hospital in the Home services and used in conjunction with clinical decision making. This information supersedes previous information circulated in August 2008.

HITH continues to be an acute health program, reported as inpatient activity. The same criteria for admission apply as for any other inpatient. The patient would otherwise require care in hospital. This includes inpatient ward admission, day unit admission or admitted in the Emergency Department.

HITH is a direct substitution for inpatient acute care. The patient's own home is the "virtual ward or hospital". This setting may be the usual place of residence or temporary accommodation.

## General Reporting Guidelines

- HITH activity is reported to the VAED (Victorian Admitted Episodes Dataset) in the same way as inpatient hospital data, and attracts casemix funding accordingly.
- HITH patients must fulfil the criteria for admission as per the DHS Hospital Admission Policy ([www.health.vic.gov.au/hdss/vaed](http://www.health.vic.gov.au/hdss/vaed)).
- When a patient is either admitted to HITH either prior to their hospital stay or is transferred from hospital based care, this is considered continuous care. The criterion for admission that applies to the hospital component of their stay is also valid for the HITH component. There is no requirement to code the HITH episode separately.
- There must be sufficient documentation in the patient's medical record to support the admission or transfer of the patient to a HITH service as a substitute for inpatient acute care.
- 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 patient's medical record.
- Contacts and any interventions undertaken with patients admitted to HITH must be documented, including the type of contact/intervention.
- 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.

## Out of Hours arrangements

- As HITH patients are admitted patients it is expected that there are identified protocols in place for out of hours service provision and easy access to reassessment or readmission to bed based care if required.
- Patients must be informed of these protocols and how to access services or assistance out of hours. Telephone advice and face to face clinical assessment 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.

## 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.
- 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 service 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.
- HITH is not expected to undertake follow up activity following day case or minor procedures.
- Telephone contacts must not be reported to the VAED as HITH days when a visit or intervention has not occurred.
- 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 and not as a home visit.

## 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 HITH patient.
- 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 certain exceptional circumstances.
- Approval from the relevant Health Fund must be sought on a case by case basis for funding of the bed day rate. The default benefit of \$166 paid to designated providers ceased on 30 June 2008. Some Health Funds have indicated agreement to index this rate.
- 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.
- Private hospitals should be encouraged to resource the care required to discharge the patient safely. It should be ensured that patients can exercise their right to choose where they wish to be treated.
- 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 the Criteria for Admission but it is not usual for both mother and baby to be admitted.
- It is acknowledged that where possible the mother and baby should be treated in the same place. Therefore HITH has a key role in allowing babies to return home with the mother once clinically indicated.
- Generally, the only babies in HITH who can be reported to the VAED are ones who required care in hospital and still require treatment at home as a continuation of that care. As for any other patient, there needs to be documentation that the baby would otherwise require admitted care in hospital.
- Earlier business rules have deemed that only "qualified" babies can be treated on HITH and that newborns cannot be reported as "on leave" for days when they are not visited. Both regulations have been removed.
- Early discharge following delivery is not justification for reporting HITH for a newborn. The Maternity Services Grant (MSG – formerly the Variable Maternity Services Grant) provides for

post-discharge visits which cover postnatal domiciliary care to public maternity clients, including basic postnatal health checks and newborn screening tests.

- Further work is underway to establish appropriate delivery of maternity discharge services.

## **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 some rural settings, HITH interventions 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.
- 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.
- GP’s with patients on HITH cannot claim the Medicare rebate for reviewing HITH patients. Their services should be invoiced to, and are funded by the treating hospital who receives the HITH funding for that patient.

## **HITH in the workplace**

- It is important to reintegrate patients into their normal routines and lifestyle as soon as is clinically possible, HITH may offer an advantage in this area to ward based admissions.
- It is permissible for patients to attend employment whilst admitted to a HITH program, in rare circumstances. The patient must be clinically stable and will not be adversely affected and the responsible HITH team has agreed and documented this decision.
- Reduced hours or changes in roles, workload and responsibilities may be required.
- There will need to be a flexible approach from the patient, employer and HITH team to enable treatment to be administered safely and effectively in the workplace. For example, an appropriate area to undertake the care must be available. The environment should be risk assessed for patients and for staff visiting, as the patient’s home would be.
- It remains a local health Service decision if HITH in the workplace can be safely delivered. The risks and benefits should be carefully considered.
- Patients treated in the workplace must be compliant, and the decision to return to employment should not adversely affect treatment outcomes.
- Confidentiality must be respected and maintained.
- Substitution for inpatient care is still a criterion.

## **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, e.g. disconnection of an infusion device.
- 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 care.

The DHS Hospital Admission Policy 2008/09 can be viewed at [www.health.vic.gov.au/hdss/vaed](http://www.health.vic.gov.au/hdss/vaed)

Questions relating to VAED reporting can be directed to the HDSS Helpdesk, (03) 9096 8141 [hdss.helpdesk@dhs.vic.gov.au](mailto:hdss.helpdesk@dhs.vic.gov.au)

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