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| Bulletin #52 |
| Hospital In The Home acute service  October 2020 |

# Mental Health Hospital in the Home

# Purpose

* To outline the subcentre setup and CMI/ODS activity reporting requirements for Mental Health adult Hospital in the Home service.

## Background

* The Royal Commission into Victoria’s Mental Health System (Royal Commission) recommended that the Victorian Government, through the Victorian Health and Human Services Building Authority and Mental Health Reform Victoria (MHRV), provide funding for 170 additional child, youth and adult acute mental health beds to help address critical demand pressures.
* The Royal Commission identified that a portion of the funding for additional beds should be directed to establish multidisciplinary teams to provide comprehensive admitted acute clinical and therapeutic treatment and care to people living with mental illness to be delivered in the patient’s home or place of residence. This Hospital in the Home (HITH) service should be offered as an alternative to the hospital ward setting with the consent of the patient and carer.
* Governance, admission and discharge policies will need to be in keeping with hospital admissions policies, and key performance indicators.

### Subcentre setup

* A new subcentre is to be created for HITH as an acute service provided in the patient’s home or place of residence.
* Subcentre Ward Type must be selected as ‘Virtual Ward’. This option will be selectable from CMI/ODS release 10. The subcentre may be selected as Ward Type of “Hospital Ward” and updated retrospectively if this code is not initially available.

### Bed Maintenance setup

* HITH beds are considered acute beds in the home or place of residence and will be counted as part of an area mental health service’s overall bed ratio per 100,000 population.
* All HITH beds must be recorded against a subcentre where the Ward Type is “Virtual Ward”.

## Subcentre / Program setup

### The subcentre name and program description must have the Suffix of “HITH”

### Subcentre

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| **Subcentre Name** | **Subcentre Type** | **Program Class** | **Caseload** | **Ward type** | **OM Setting** | **Open Reason** |
| [*service decision*]-[ HITH ] | Inpatient | Acute, General Adult | Not required | Virtual ward | Adult Inpatient | Change to program structure |

### Program

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| **Description** | **Classification** | **Program Type** | **Target Population** | **Fund Source** |
| [*service decision*]-[ HITH ] | Acute, General Adult | Acute, HITH General Adult | Non Specific | Acute Inpatient - Adult |

## CMI/ODS admission detail activity data

* Data entry within admission details for accommodation type must be recorded as “Hospital in the Home”.
* Whilst consumers receiving HITH must meet usual admission criteria, consumers cannot be on an Inpatient Treatment Order when receiving HITH services. Consumers on an Inpatient Treatment Order must be admitted and treated within a designated mental health inpatient unit within a hospital setting.
* Leave: If the HITH team does not provide in-person acute mental health treatment to a consumer on any day during the HITH admission, these day/s must be recorded as “Leave with permission” in CMI/ODS.

## CMI/ODS contact activity data

* Contact data reporting: Client service contacts provided by HITH clinicians, including contacts with carers, are **required** to be entered into CMI/ODS where reportable contact criteria as defined in the [Contact PMC](https://www2.health.vic.gov.au/mental-health/research-and-reporting/reporting-requirements-for-clinical-mental-health-services/service-contacts) is met, and the service medium is telephone/videoconference, other synchronous or other asynchronous. This data must be entered against the HITH inpatient subcentre.
* Reporting of in-person contacts, ie service medium of Direct: “A service provided face to face in the same room or other environment as the client or other service recipient”, is **not required**, but is optional. Admitted days with in-person direct treatment will be derived using the leave function.
* Please note these HITH contacts do not contribute to ambulatory mental health service hour targets. Contacts outlined above are required to be reported to support HITH service evaluation.

## Mental Health Establishments (MHE) reporting

* Please note that updates will be made to the MHE 2020/21 collection for HITH. As the MHE reporting period is lagged by one year, the changes will be made available in late 2021 within HealthCollect to support reporting of HITH beds, as part of psychiatric inpatient reporting.

## Further information

This bulletin has been developed by the Mental Health and Drugs Data team. For further information, please email: [MHDReporting@dhhs.vic.gov.au](mailto:MHDReporting@dhhs.vic.gov.au)

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