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Guideline

Hospital In The Home (HITH) Guidelines

Custodian/Review Officer: Clinical Access and Redesign Unit

Version no:: 1

Applicable To: All services providing HITH services on behalf of Queensland Health

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Health Service and Clinical Innovation Division, Health Systems Innovation Branch, Clinical Access and Redesign Unit.

1.   Purpose

This Guideline provides recommendations regarding best practice for Hospital In The Home (HITH) models of care in Queensland. The purpose of the guideline is to support the standardisation of HITH services to maximise patient safety and to support efficient service delivery.

2.   Scope

This Guideline provides information for all Queensland Health employees (permanent, temporary and casual) and all organisations and individuals acting as its agents for Queensland Health (including Visiting Medical Officers and other partners, contractors and Senior Medical Officers).

Both Queensland Health services and contracted services are to follow the HITH guidelines when providing these services to patients under the governance and accountability of Queensland Health.

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3. HITH Requirements

3.1 Hospital In The Home

3.1.1 Definition

Hospital In The Home (HITH) provides care in a community setting for acute conditions requiring clinical governance, monitoring and/or input that would otherwise require treatment in the traditional inpatient hospital bed. The admission criterion is governed by the Queensland Health Admission Policy and as such the HITH program is focused exclusively on acute admitted care substitution.

http://www.health.qld.gov.au/qhpolicy/docs/pol/qh-pol-335.pdf

Refer to 4.8 for further information regarding care setting.

3.1.2 Context

The Australian Council of Health Care Standards 2011 identifies that within Australia and internationally HITH is a proven viable alternative to an acute hospital admission. Growing evidence supports that this model of care has both patient and system benefits. These benefits include improved patient flow with minimal capital expenditure required, increased patient satisfaction, equal or better health outcomes compared to traditional hospital care, reduced patient complications and reduced service provision cost.

Based on the available evidence, HITH services have been developed to support patient flow and assist hospitals to meet the National Emergency Access Targets (NEAT) and the National Elective Surgery Targets (NEST) and to increase the capacity within the health care system. These services have been developed to meet local needs with significant variations in models. Currently in Queensland there are nine HITH services with two post acute models being adapted to meet HITH requirements. Three new HITH services are under development.

The introduction of Activity Based Funding (ABF) in July 2012 has resulted in the need to review services and ensure they meet the costing, counting and coding requirements of the new funding model. As part of ABF implementation, Queensland Health is encouraging the use of HITH through the purchasing framework. The Healthcare Purchasing, Funding and Performance Branch, System Policy and Performance Division, Department of Health has set a target for Hospital Health Services (HHS) to transfer 1.5% of total hospital separations (2012-13) to a HITH model of care. As a result of this target, HITH services are required to grow significantly.

3.1.3 Requirements

- Care substitutes full hospital admission or a component of a hospital admission.
- Patients meet the admission requirement as stated in the Queensland Health Admission Policy

  http://www.health.qld.gov.au/qhpolicy/docs/pol/qh-pol-335.pdf

- Patients are admitted under the responsibility of an authorised Medical Officer.

- Patients require daily treatment and/or monitoring.

- A comparable level of care to that provided in the acute inpatient setting is to be provided by the HITH service to meet all patient needs.

- Patients are transferred to HITH as a continuous episode of care.

3.2 Corporate Governance

3.2.1 Definition

The National Quality and Safety Standards 2011 define corporate governance as the "*System through which organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care. This is achieved by creating an environment in which there is transparent responsibility and accountability for maintaining standards and by allowing excellence in clinical care to flourish*".

3.2.2 Context

Corporate governance of HITH services is essential for both patient safety and the viability of HITH services. The establishment of a comprehensive corporate governance structure will provide transparent monitoring/reporting systems, strong clinical leadership, advocacy and clinical risk management.

3.2.3 Requirements

- The corporate governance structure is to be developed to include representation from all relevant clinical levels and professionals within the HHS.

- HITH services are to be incorporated into the HHS planning and demand management strategies.

- Data and key performance indicators (KPI) are to be monitored, analysed and reported via local HHS processes.

3.3 Clinical Governance

3.3.1 Definition

Clinical governance is defined as the mechanism under which a patient is appointed a healthcare team to oversee the clinical responsibility care and treatment plan of the patient.

3.3.2 Context

Clear lines of responsibility for the clinical management of the patient are essential to ensure a treatment plan (medical management plan) is established and appropriate management and

coordination of care is achieved. A variety of models of care can be implemented by the HHS to meet local need. Responsible medical officer models can consist of the following:

- **Inpatient Team Clinical Governance Model**

   In the 'Inpatient Team' clinical governance model the treating hospital inpatient Medical Officer (e.g. ED or inpatient Senior Medical Officer SMO) retains medical responsibility for the care of the patient admitted to HITH throughout the episode of care. The model of care requires the HITH team to be in communication with the treating hospital inpatient team during the episode of care. The HITH team shall consult with the treating inpatient team regarding any changes required to the set clinical Management plan prior to those changes being made.

- **HITH Medical Officer Governance Model**

   The 'HITH Medical Officer model' is where the care is transferred from the treating hospital inpatient team to a Queensland Health authorised HITH Medical Officer. The HITH Medical Officer then takes on the responsibility for all care planning and treatment regimes. The HITH 'Medical Officer model' can include the HITH SMO or GP model of care Refer to 3.3.3.

- **Combination Clinical Governance Model**

   The 'Combination Model' is any combination of the above models. Guidelines are required to be developed by the HHS to ensure clear communication.

3.3.3 Requirements

- Patients are admitted by a credentialed medical practitioner.

- Lines of accountability are clearly documented in HHS work unit guidelines.

- Independent HITH medical practitioners need to be credentialed by the HHS and HITH must be identified in their scope of practice.

- The treatment plan and Estimated Date of Discharge (EDD) is set on acceptance to HITH.

- A patient is transferred to a virtual ward HOMEXX with the treating Medical Officer recognised in HBCIS as per the Queensland Health Admitted Patient Data Collection Manual (QHAPDC).
  http://www.health.qld.gov.au/hic/manuals/12_13QHAPDC/12_13_QHAPDC_FINAL.pdf

- Two way communications between HITH and the admitting medical officer is essential to ensure coordination of care for the inpatient.

- Review periods are set by the treating team and are dependant on the patient requirements.

- The HHS is responsible to identify pathway for direct referral to the HITH service.

4. Patient Selection and Transfer of Care

4.1 Patient Selection

4.1.1 Definition

Patient selection is defined as the process by which patients are identified as suitable for HITH.

4.1.2 Context

HITH provides acute care to patients who would otherwise require treatment in the traditional hospital inpatient setting. Patients are selected by the treating teams as suitable for treatment in a community setting based on the acuity of the condition and the treatment prescribed.

4.1.3 Requirements

- A treating Medical Officer agrees that the care can be safely provided and managed in the community setting.

- All patients meet the Queensland Health Admission Policy.

  http://www.health.qld.gov.au/qhpolicy/docs/pol/qh-pol-335.pdf

  http://qheps.health.qld.gov.au/hic/qhapdc_manual/AppenF1213final.pdf

- All patients require a minimum daily intervention or assessment by the HITH service.

- Each patient is identified as requiring medical governance, input and or monitoring during the HITH episode of care.

- Any care that is planned within the community setting is comparable to that which the patient would receive in the acute facility.

- The patient consents to transfer of care. This is to be documented and evidenced in the patient medical record. Appendix 1

- A home visiting safety screen is completed prior to acceptance by a HITH service and is reviewed at the first home visit Appendix 2.

- Patients/carers are assessed as competent to provide self care health interventions for example administer medications, suctioning, and percussion as prescribed prior to acceptance to HITH.

- HHSs need to establish referral pathways for the early identification of patients suitable for HITH and identify potential direct referral opportunities.

- HITH services are to have a central point of contact to triage patients and can consider local pull strategies that support early identification of patients and support the referral processes.

- Residential Aged Care Facilities (RACF) are notified of intent for HITH care prior to HITH referral being made.

4.2 Eligibility

4.2.1 Definition

Eligibility is defined as the criteria which identify whether or not a patient is suitable for HITH.

4.2.2 Context

Patient safety, staff safety, treatment requirements and other factors impact on the ability to provide care in the community setting. Screening patients to identify suitability for HITH care will result in reduced complications and equal or better patient outcomes as identified in the literature.

4.2.3. Requirements

Inclusion Criteria
Patients with a differentiated acute condition that has been identified by the referring Medical Officer as safe, efficient and suitable for care outside the acute inpatient setting.
Without a HITH service, the patient would be admitted to hospital for treatment in a traditional hospital bed.
Acute conditions that have a clear time limited treatment plan and Estimated Discharge Date (EDD) provided by the referring medical officer.
Treatment plan (including technology used) is suitable for management in the community setting.
First dose of antibiotic given under appropriate supervision in an appropriate clinical setting.
Adequate venous access can be maintained for the duration of treatment (if applicable).
Patients' cognitive and physical state is conducive to management in the community setting.
Patients in Residential Aged Care Facilities requiring acute treatment that would otherwise constitute an admission to a traditional inpatient bed.
Patient/carer consent to treatment in the community.
Telephone with dial out facilities.
Working refrigerator with suitable storage room (if required to store medications).
Nominated medical practitioner to provide ongoing care post discharge (if required, for example INR management).
For paediatric patients, a guardian must be available and a nominated adult is to be present during treatment of minors.
The service location meets Workplace Health and Safety requirements.

Exclusion Criteria
Physical, cognitive or social care needs exceed the capability of available support networks (including carers and health care providers).
Department Of Veteran Affairs (DVA) funded patients.
Private funded patients in public hospitals.
Workers compensation funded patients.
3rd party insurance funded patients.
Non Medicare eligible patients.
Private hospital patients.
Service location outside the HHS catchment area.

4.2.4 Specific Patient Cohorts

Post Acute Care

Post acute care is defined as *'time limited intervention to assist a patient in recuperating or stabilising a temporary health condition following an acute hospital admission or episode of care'* (Commonwealth HACC Program manual and Queensland Community Care Service Manual 2012).

HITH does not provide post acute care. Patients that have a lower acuity and do not require daily monitoring (including those patients who manage their treatment through a self-care model) do not meet the Queensland Health admitted patient criteria. These patients are to be managed through existing post-acute care services or traditional GP/outpatient services.

Privately Insured, DVA and Compensable patients

Guidelines for the application for approval through the Department of Health and Aging are provided in the QHAPDC manual. Queensland Health Revenue Branch, in consultation with HHS, will be investigating the possibility of a private insurance contract over the next 12 months. http://qheps.health.qld.gov.au/hic/qhapdc_manual/AppenN1213final.pdf

Paediatric Patient Care

The HHS is to design services to meet the needs of paediatric patients where applicable. Patient appropriateness is to be governed by the HHS and is dependent on the skill mix and experience of the HITH service. The clinical responsibility is to remain under an appropriately credentialed medical officer as per the 'inpatient model' of care. All services providing care to paediatric patients are to adhere to the National Standard of Care for Children and Adolescence.

http://www.racp.edu.au/index.cfm?objectid=393E4ADA-CDAA-D1AF-0D543B5DC13C7B46

Wound Care

Wound care (including negative pressure wound therapy devices) and drain management are only provided when the HITH definition of requiring daily intervention and requiring medical monitoring input and clinical governance is met. Treatments that do not require this level of care are to be managed through post-acute services or community based services such as the general practitioner. Therefore wound care can only be undertaken in a HITH service in conjunction with acute clinical interventions such as I.V antibiotic therapy.

Venous Access Device Maintenance

Patients that have venous access devices should be managed according to the I-Care Guidelines http://www.health.qld.gov.au/chrisp/icare/about.asp. Patients that only require 'maintenance of venous access devices' (for example maintenance of patency / dressing) are to be managed through outpatient or community services as they do not meet the HITH definition for acute care.

Preadmission Care

Preadmission care for planned or elective admissions, for patients is only to be performed by HITH where care for the patient cannot be provided in a non-admitted model of care (for example high risk suspension of warfarin). HITH care must directly precede a hospital admission forming part of the continuous episode of care. If preadmission care is provided by HITH there needs to be clear documentation as to the reason for the patient admission.

Women and Newborn

Women and Newborn HITH is another specialised HITH care model. These services also require the 'inpatient team' model of care. Home births require obstetrician clinical responsibility and paediatrician clinical responsibility for the neonate. The mother and the baby require assessment against the Queensland Health Admission Policy and as such need to meet the admission guidelines in order to be admitted to HITH. Post natal follow up care, that would otherwise be provided in the community setting is not provided by HITH services (example early discharge programs). If preadmission care is provided by HITH there needs to be clear documentation as to the reason for the patient admission.

Acute Mental Health Conditions

Acute mental health conditions are not routinely managed through HITH. Patients with acute mental health conditions are to be referred to a HHS Mental Health Acute Care Team for assessment and management of care. Mental Health Services can provide a specialist mental health service response consistent with the Acute Care Team, Model of Service, these services are not HITH. General HITH services do not manage this patient cohort. Mental health patients that are admitted to general HITH services, for the treatment of an acute medical/surgical condition, care is to be coordinated with the mental health case manager for the patient to ensure all patients' needs are met.

4.3 Patient and Staff Safety Requirements

4.3.1 Definition

Patient and staff safety requirements are defined as the strategies that are put in place to ensure care is provided in a safe manner within safe environments.

4.3.2 Context

Consideration of patient and staff safety is an essential part of patient selection. Due to the unpredictable nature of the home environment it is essential that comprehensive risk assessment is completed prior to acceptance by a HITH service. The assessment needs to identify any potential treatment and environmental risks. If risks are identified the Queensland Health Risk Matrix should be utilised to score the risk and a management plan implemented.

http://www.health.qld.gov.au/qhpolicy/docs/imp/qh-imp-070-2.pdf

4.3.3 Requirements

- Guidelines, policies and procedures promote safety.
- The service location is to meet the Workplace Health and Safety Act 2011. http://www.legislation.qld.gov.au/LEGISLTN/CURRENT/W/WorkHSA11.pdf
- HITH Services need to meet the patient safety guidelines. http://qheps.health.qld.gov.au/psq/policies.htm
- HITH team to identify, document and report potential and actual risks to the patient and staff to prevent harm. The Queensland Health Risk matrix is to guide the actions required http://qheps.health.qld.gov.au/audit/IRM_Stream/RM_Policy/matrix_2011.pdf
- A service specific home visiting screen to be conducted prior to transfer to HITH and monitored daily by the HITH service. Appendix 2
- At risk behaviours are documented, monitored, risk assessed and reported by the HITH team.
- Action plan to be developed for risks and kept as part of the health medical record by all involved in the patient's care.
- Community setting is assessed for adequate working space, adequate working heights, lighting and other concerns at every visit by the HITH team.
- Where the community setting is not safe for care provision, care may be provided in a clinic environment. This should be used as a last resort and clear documentation as to the reason for clinic care must be provided in the patient clinical notes.
- HHS shall have an action plan for extreme weather events to ensure HITH patients and staff members are not put at risk.
- Infection control procedures, practices and guidelines are developed to meet the community setting.

4.4 Clinical Handover

4.4.1 Definition

Clinical handover is the "*transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis*" as stated in the National Safety and Quality Health Service Standards (2011),

4.4.2 Context

The smooth transfer of patient information impacts on patient outcomes and therefore needs to be clear and concise. Clinical handover is an essential tool to ensure seamless transfer of care between teams ensuring continuity and to ensure that the patient's care is not compromised.

4.4.3 Requirements

- Handover is to be documented with a clear clinical treatment plan to be developed by the referring Medical officer.
- Nursing and allied health team members are to input into the handover as required.
- HHSs are to develop simple handover tools and guidelines to support appropriate information transfer.
- The minimum requirement for clinical handover includes past medical history, principle condition to be treated, secondary diagnosis, any alerts, allergies, evidence of consent, clinical treatment plan including investigations required, a medication list and allied health requirements (if applicable).
- A patient is to be transferred to the virtual ward HOMEXX as per QHAPDC requirements at the time the patient leaves the acute facility.

  http://www.health.qld.gov.au/hic/manuals/12_13QHAPDC/12_13_QHAPDC_FINAL.pdf

5. HITH Service provision

5.1 Care setting

5.1.1 Definition

The care setting is defined as the location in which the HITH service provides care to the patient.

5.1.2 Context

HITH services are designed and funded to deliver care in the community setting. HITH care is most commonly provided within the patient's permanent or temporary place of residence. The decision regarding the most suitable location for HITH treatment is to be patient focused, taking into consideration the psychological, physical and environmental needs of the patient and not be influenced by the funding models. Under extenuating circumstances, including patient preference or significant safety concerns, care can be provided in an alternative clinical setting.

5.1.3 Requirements

- Choice of location is to be patient centred.

- Care is intended to be delivered in the patient's residence.

- When care is provided in an alternative setting to the patient's residence, the treatment location does not normally provide admitted care (for example community clinic or outpatient department).

- The reason for an alternative location (other than the patient's residence), needs to be clearly documented in the inpatient medical record.

- A Home Visiting Safety Screen to be completed prior to acceptance by referring team.

- Clinical review and investigations are permitted in the acute care setting during the HITH episode of care.

- Reflecting the inpatient status of the HITH patients, occasions of service, for the HITH condition, provided to the HITH patient in an Out Patient Department (OPD) or an Emergency Department (ED) is not to attract further funding as per the usual activity counting rules for inpatients.

- Services provided by General Practitioners during the HITH episode of care can not attract Medicare reimbursement.

5.1.4 Interpretation 'other care settings'

HITH services can support reintegration into normal activity through the provision of service in an alternative community location such as the workplace or school. Patients must be thoroughly assessed by the treating team to ensure that returning to work or school will not negatively impact on the patient's recovery. Review of working hours and duties may need to be considered to ensure the patient has adequate recuperation time. During treatment, the patient's confidentiality must be maintained and the patient must continue to participate in the care as required.

HITH settings could include but not be limited to; the home, temporary accommodation, Residential Aged Care Facility, workplace, school, prison and boarding houses.

5.2 Mode of Care

5.2.1 Definition

The mode of care is defined as the means in which the HITH service interacts with the patient during the episode of care.

5.2.2 Context

For a patient to be HITH eligible they must require daily interventions to treat an acute clinical condition. Daily face to face contact is the most common form of HITH care however, on occasions telephone contact and telemedicine interactions may be alternatives.

5.2.3 Requirements

- All modes of contact are to be clearly and accurately documented in the inpatient medical record by the HITH team.
- Patients must meet the Queensland Health Admission Policy and therefore can not be admitted for phone follow-up only.
- If patients do not have daily face to face contact then clear documentation of the reason needs to be evidenced in the inpatient medical record. For this patient cohort HITH services need to consider whether the patient still requires admission.

5.2.4 Interpretation

- Telephone consultations are considered HITH activity only when delivered in combination with face to face clinical care.
- Patients that only require post procedure follow-up phone calls do not meet the HITH definition and therefore will not be included as HITH activity.
- Follow-up telephone calls post discharge are not counted as HITH activity.

5.3 Workforce

5.3.1 Definition

The HITH workforce is defined as the interdisciplinary staff recruited to provide care to the patients who are admitted to the HITH service.

5.3.2 Context

The HITH workforce impacts on the number and type of patients that are able to receive care in the community setting. As HITH services are run on the philosophy of providing a

comparable level of care to that of the acute inpatient setting, the skill mix of the HITH team directly impacts on the number, type and acuity of the patients accessing the service.

5.3.3 Requirements

- Patient focused coordinated interdisciplinary care is required to set collaborative patient goals.

- Staff are to be recruited at the appropriate level to reflect the autonomy of providing acute care in a community setting.

- Staff require relevant acute care skills, knowledge and experience to manage HITH patients.

- HHSs are to identify the appropriate skill mix and disciplines required to make up the HITH service.

- Patients shall have access to medical review if required (can be within HITH team or at the acute facility).

- If the HITH team does not have the discipline required to provide care to the patient, the care shall be brokered and funded by the HITH service.

- HITH services may require clinical and non-clinical staff.

- Acknowledgement that the acuity of patients impacts on the numbers of patients that are accepted. The number of patients able to be seen by a HITH service is to be calculated taking into account treatment time, acuity, travel time and procedure time.

- 24 hour telephone support shall be provided to patients while on HITH. The ability to provide face to face review of patients out of hours is a HHS decision.

- Policy or guidelines for telephone advice are available to HITH team.

- Criminal history checks are to be completed as per Queensland Health guidelines and non regulated staff are to have a Blue Card if working directly with children. http://qheps.health.qld.gov.au/sspd/recruitment/crim_hist.htm http://www.ccypcg.qld.gov.au/bluecard/employees/Healthcounsellingandsupportservices.html

- If HITH staff are entering Residential Aged Care Facilities to provide treatment to HITH patients an Aged Care Police Check is required. http://qheps.health.qld.gov.au/sspd/recruitment/crim_hist_aged.htm

- Staff are to work within their scope of practice and professional frameworks and delegate according to their professional standards.

5.3.4 Staffing models

There are three models of staffing HITH services. These include

1. 'Dedicated HITH Team' –Team is recruited to provide HITH care only.
2. 'Dual Model of Care' – Team recruited to provide both HITH and Post Acute Care.

3. 'Inpatient Shared Model' – Staff that work in an acute facility and also provide HITH care within their scope of practice.

HHSs are to design the service to meet local needs.

5.4 Staff Training and Competencies

5.4.1 Definition

Staff training and competency is defined as the professional requirements and development of the HITH team to meet the requirements for service delivery within/by the position.

5.4.2 Context

The provision of acute care in the community setting requires acute specialist skills to ensure the care provided is of the highest standard. Continuous professional development is required to maintain patient and staff safety.

5.4.3 Requirements

- A comprehensive orientation plan for staff is to be conducted which includes orientation to both organisation and HITH specific orientation as set by the HHS.

- Access to staff training and competencies is to be tailored to the community setting

- Current and detailed performance appraisals with identified goals and professional development are to be completed to Queensland Health requirements. http://qheps.health.qld.gov.au/learning_dev/html/pad_page.htm

- Mandatory training is set by the HHS and completed by the HITH service as required. HITH staff are responsible for ensuring they meet these requirements.

- Internal and external training is available to HITH staff.

- Clinical staff in positions requiring registration must meet standards set by National Health Boards. All staff are to meet Queensland Health Code of Conduct Standards.

- Specialty services, for example paediatric HITH, require specialist qualifications and competencies. HHS shall identify and mandate requirements for the local area.

- Local guidelines are to support evidence based clinical practice.

5.5 Patient Assessment

5.5.1 Definition

Patient assessment is defined as the act of gathering information from a patient in order to formulate a care plan and identify issues.

5.5.2 Context

Comprehensive assessment of the patient's care needs is required during patient selection and while the patient is receiving care from the HITH service. Assessment of the patient is to be documented and updated throughout the episode of care. To assist in the minimisation of duplication, inpatient medical records and information gathered by the acute facility is to be utilised by the HITH service.

5.5.3 Requirements

- Duplication of patient assessment is to be minimised.

- HITH shall have access to the inpatient medical record for the episode of care.

- Comprehensive assessment should include the clinical, physical, social, environmental and cultural needs of the patient.

- The care plan is to be developed collaboratively with the patient and based on the assessment.

- Pressure injury surveillance, malnutrition screening and falls risk assessment shall be completed on all patients in HITH as per the National Safety and Quality Standards. HITH patients are to be included in the hospital pressure injury bed side audits.

- Work instructions are to be implemented for the early identification of the Deteriorating Patient *Adult Deterioration Detection system (ADDS)* and *Children's Early Warning tool (CEWT).* Appendix 3

- The HHS shall develop local processes for patient to return to hospital as required.

- Specialist assessments need to be completed (if required).

- The manual handling requirements of the patient are to be assessed and documented.

- Care is to be reviewed in a multidisciplinary case conference and documented.

- HITH assessment tools need to be developed or hospital tools adapted based on evidence based research. Local HHS forms development process is to be followed.

- Advanced Health Care Directives and Acute Resuscitation Plans are to be recorded in the inpatient medical record (if applicable).

- All documentation shall be collated and form a part of the hospital inpatient medical record.

- Continuity of care shall be provided where possible.

5.6 Communication

5.6.1 Definition

Communication is defined as the transfer of information between all parties involved in the care of the HITH patient.

5.6.2 Context

Effective communication is essential in all aspects of healthcare. Clear and concise communication between the HITH team, hospital service and the General Practitioner (GP) will enhance care delivery and positively impact the patient journey.

5.6.3 Requirements

- Patients will be provided with clear contact details for the HITH service.

- The Medical Officer who has medical responsibility for the patient is to receive a regular clinical handover from the HITH service as nominated by the medical officer.

- The treating team shall be notified, by the HITH team, of any changes to the patient's condition or treatment plan as clinically indicated.

- The GP is notified of the HITH admission within 24hours of transfer of care as per HHS guidelines.

- There is a local escalation process in place for HITH staff.

- A discharge letter including the HITH details shall be sent to the General Practitioner and treating Medical Officer within timeframes set by the HHS.

5.7 Patient Education

5.7.1 Definition

Patient education is defined as the information provided to enhance the patient's knowledge of their condition and the HITH service.

5.7.2 Context

Patient education is essential for HITH services to achieve the requirements of providing equivalent care in the community setting. Appropriate education will provide the patient with the strategies and tools to manage in the home setting, resulting in positive patient outcomes and preventing unnecessary transfer back to the acute facility.

5.7.3 Requirements

The patient must be provided both written and verbal education on the following;

- Their rights and responsibilities. http://www.health.qld.gov.au/hcq/charter.asp

- How to contact the service.

- What to do in an emergency.

- Their presenting condition.

- The treatment plan.

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- Chronic disease self management (where applicable).
- Self care measures.
- Medication management including the safe use and storage.
- HHS to develop patient information handouts as appropriate.

5.8 Patient Journeys and Pathways

5.8.1 Definition

The patient journey is defined as the flow of the patient through the HITH service from time of transfer to HITH until discharge into the care of the primary provider.

Pathways are "*standardised, evidence-based multidisciplinary management plans, which identify an appropriate sequence of clinical interventions, timeframes, milestones and expected outcomes for a homogenous patient group*" (Queensland Health Clinical Pathways Board definition 2002).

5.8.2 Context

The patient journey through the HITH service should be seamless. Tools such as clinical pathways and Criteria Lead Discharge tools support patient flow and are frequently adopted by HITH services. Formal clinical pathways are not mandatory for HITH services however, it is essential that care of the HITH patient is planned and coordinated from admission to separation.

5.8.3 Requirements

- Local processes streamline patient journey from admission to separation.
- Case conferences are to have a holistic approach and are to focus on patient goals and discharge requirements.
- Collaborative work between HITH, acute inpatient teams and ED will ensure early identification and transfer of HITH patients. Pathways need to be endorsed through local processes.
- Patient's length of stay is to be monitored with the use of discharge criteria to ensure timely discharge.
- Estimated Date of Discharge (EDD) is to be set by the treating medical officer.
- Acute care certificates are to be provided if the patient's admission is longer than 35 days (as per the QHAPDC manual).

5.8.4 For consideration

- Consideration of formal clinical pathways and Criteria Lead Discharge (CLD) for HITH amenable conditions can be helpful to support patient flow. HHS to develop condition specific pathways based on evidence.

5.9 Provision of Consumables

5.9.1 Definition

Consumables are defined as the equipment required by the patient and HITH team to provide care.

5.9.2 Context

HITH patients are considered inpatients of the acute hospital facility and are funded through Activity Based Funding (ABF). While patients remain as inpatients it is essential that consumables are funded and supplied by the HITH service from the ABF funding allocation (e.g. wound care products).

5.9.3 Requirements

- All consumables are to be provided by HITH out of the HHS inpatient funding allocation.

5.10 Medication Management

5.10.1 Definition

Medication management is defined as the process whereby the medication requirements of HITH patients are met.

5.10.2 Context

Evidence identifies that patients have a higher than average risk of medication error when care is transferred from one setting to another. Due to this risk HITH services require diligence to ensure patient risk is minimised.

5.10.3 Requirements

- HITH services shall meet the National Safety and Quality Standards for medication safety. National Safety and Quality Health service Standards http://www.safetyandquality.gov.au/wp-content/uploads/2011/01/NSQHS-Standards-Sept2011.pdf

- National Safety and Quality Health service Standards
  http://www.safetyandquality.gov.au/wp-content/uploads/2011/01/NSQHS-Standards-Sept2011.pdf

- Medication policies, guidelines and practices need to be adapted for the home environment.

- Antibiotic prescribing should be consistent with the Therapeutic Guidelines: Antibiotic and local formulary restrictions.

- HHS to develop work unit guidelines to support safe management of medications.

- Clinical handover to HITH service must include a list of the patient's current medications. This list must include information on any changes to regular medications that have occurred during the episode of care immediately preceding the HITH service.

- Medications are only to be administered by staff with relevant competencies and clinical privileges.

- Medication documentation meets Queensland Health standards.
  http://qheps.health.qld.gov.au/medicines/

- Intervention medications are to be provided by HITH out of the HHS inpatient funding allocation.

- Patient's own medications can be used for conditions other than the admission condition as per the Use of Patient's Own Medication Guideline.
  http://qheps.health.qld.gov.au/medicines/documents/general_policies/patients-own-meds.pdf

- Medications are dispensed, stored and transported according to the national standards.

- HHS to develop work place instructions for telephone orders and documentation.

- HHS antimicrobial stewardship guidelines (where available) must be adhered to ensuring appropriate selection and use of antibiotics.
  http://www.safetyandquality.gov.au/publications/antimicrobial-stewardship/

- Patient self administration of medication is coordinated with HITH medication regime.

- Coordination and communication of care is to be communicated with the patient and all other service providers who are administering oral medications to maximise safety (e.g. Residential Aged Care facility staff).

- At a minimum the first dose of antibiotics is required to be administered under appropriate clinical supervision in an appropriate clinical setting.

- A policy or practice guideline for the management of anaphylaxis is in place.

- Medication incidents and near misses are to be recorded monitored and reported through PRIME (or EAIMS).

- A pharmacist is to reconcile medications at the end of the episode of care and provide a copy of the patient's medications to the patient and the GP.

- A PBS script is to be completed at point of discharge for ongoing medication requirements.

- Process for the management of S8 medications is to be developed by the HHS to meet local requirements.

5.11 Patient Leave days

5.11.1 Definition
Leave is defined as when a HITH patient has a break in care provision for a short period and intends to return to HITH to continue the current course of treatment.

5.11.2 Context

Patients that are admitted under the care of the hospital are permitted to have leave. Likewise in special circumstances HITH patients may also access leave during the HITH episode of care.

5.11.3 Requirements

- Prior to granting leave the treating Medical Officer should assess if the patient still meets the Queensland Health admission Guidelines.
- All leave must meet the QHAPDC guidelines.
  http://www.health.qld.gov.au/hic/manuals/12_13QHAPDC/12_13_QHAPDC_FINAL.pdf
- Treating teams need to approve the interruption in treatment plan.
- Leave is to be recorded in HBCIS.
- Times for leave are recorded as the actual time of the last contact and leave is cancelled at the time of the next contact (these can be face to face, telephone or telemedicine).
- If leave is greater than 7 days the patient must be discharged.
- If the HITH patient is to have a procedure while on HITH, a ward transfer is to occur and therefore this is not classified as leave.

5.11.4 Clarification

Leave can be used if a patient is unable to receive care as they are required to attend another commitment (for example funerals etc).

Leave cannot be utilised if the break in treatment is due to the frequency of the clinical intervention (for example antibiotics 3 times a week).

5.12 Interface with Complementary Service Providers

5.12.1 Definition

Interface is defined as the interaction HITH services have with other service providers during the HITH episode of care.

Coordination is defined as the structured organisation of the care including communication and role delineation between services.

5.12.2 Context

Care should be coordinated with other service providers to ensure continuity of care, reduce duplication and maximise patient safety.

5.12.3 Minimum Requirements

- Patients that receive services from the Commonwealth HACC Program Home and Community Care (HACC), Queensland Community Care Services (QCCS) or palliative care prior to admission can continue to receive these services while on HITH however HITH must take a lead in coordinating care. If the patient's needs during the HITH admission are greater than preadmission, HITH is to increase and fund the increased services.

- HACC, Commonwealth aged care packages and QCCS service providers may review the client to ensure that the HACC or QCCS Care Plan is updated and that the service provider has adequate resources to provide and maintain a basic level of support for the client.

- All service providers including HACC and QCCS service providers are required to have appropriate policies and procedures in place to manage legislative and regulatory requirements in relation to police checks.

- HITH services shall coordinate care with all service providers involved in the care of the patient.

- Patients in Residential Aged Care Facilities (RACF) are permitted to receive HITH acute care substitution however the HITH service needs to work closely with the RACF to ensure clear communication.

- If personal care is being provided by an external provider HITH should assess that there is no increased risk to the patient or healthcare worker prior to continuing this service.

- If no other services are involved and HITH identifies the patient requires assistance to meet their Activities of Daily Living (ADL) it is the HITH responsibility to arrange and fund services for the duration of the HITH episode of care.

5.12.4 Exclusions

- Post Acute Care and Transition Care Program cannot run concurrently with HITH as this breaches funding agreements.

5.13 Record management

5.13.1 Definition

Record management is defined as the practice of maintaining patient information while the patient is admitted to the HITH service.

5.13.2 Context

HITH care constitutes all of, or a component of the total inpatient episode of care and as such the inpatient medical records must reflect all care provided.

5.13.3 Requirements

- Patient inpatient medical records are to be maintained to the same standard set for hospital inpatient care and meet HHS guidelines.
- Reason for admission and care location are to be clearly documented in the progress notes.
- Home visits and phone calls are to be documented clearly in the progress notes.
- HITH services shall have daily access to the hospital inpatient medical record during the episode of care.
- All hospital inpatient medical records are to be returned to the acute facilities daily to ensure access for hospital staff if the patient has an unplanned representation.
- All documentation is to be integrated into the inpatient medical record on discharge from HITH.
- All HITH documentation is to go through a local forms management process.
- Medical records are to be audited as per HHS requirements.
- The use of technology to increase accessibility to patient information is encouraged.

5.14 Inter-HITH Transfers

5.14.1 Definition

Inter-HITH transfer is when the care of a HITH patient is moved from the responsibility of one site to another HITH service.

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5.14.2 Context

HITH must focus on the patient being the centre of the care plan. When required the patient's care may be transferred to another service to increase access to HITH. To ensure a seamless transfer and integration, care is required to be coordinated.

5.14.3 Requirements

- Receiving Medical Officer must accept responsibility.

- Multidisciplinary handover is to be provided.

- An assessment by the admitting doctor is required as clinically indicated.

- Comprehensive handover of all aspects of care is required.

- Ensure the receiving service has capacity, can meet the patient's needs and agrees to the transfer of clinical responsibility for the patients care.

5.15 Contracting of External Service Providers

5.15.1 Definition

Contracting of External Service Providers is defined as when the Queensland Health HITH service or HHS requests and funds another service (private or not for profit organisations) to provide the acute HITH care.

5.15.2 Context

Public private partnerships may be considered by the HHS to meet local requirements. There are two methods.

1. Total clinical care is contracted to the external service provider.
2. A component of care is transferred to the external service provider (for example physiotherapy).

5.15.3 Minimum Requirements

- Service level agreement outlining all aspects of care responsibility and expectations are to be developed by the HHS. These contracted service level agreements are implemented and monitored to ensure comparable service delivery to that provided in the acute in hospital care.

- External providers services will need to meet the service standards set out in the Queensland Health HITH Guidelines.

- Patients receiving care under an external service provider remain the responsibility of the HHS.

5.16 Separation

5.16.1 Definition

Separation is defined as the point in which the patient can be discharged from the service into the care of the primary care provider (e.g. General Practitioner).

5.16.2 Context

Separation or discharge from the HITH service occurs when the acute hospital treatment is no longer required. The HITH component of care has a direct relationship with the total patient length of stay and therefore appropriate management of the patient's length of stay is essential.

5.16.3 Minimum Requirements

- Planning for separation commences on admission.
- Estimated Date of Discharge (EDD) is to be set by the treating Medical Officer on transfer to HITH and monitored by the HITH service daily.
- Care must be case conferenced with a focus on discharge planning.
- Length of stay is to be monitored in relation to accepted benchmarks.
- Discharge is to be recorded in HBCIS at the time of the last contact with the patient.
- When needs are identified patients must consent to referral to ongoing services.
- Timely referrals for ongoing care are to be made and a comprehensive handover is to be provided at point of transfer of care to the ongoing service provider.
- A discharge summary is to be sent to the General Practitioner and referring Medical Officer within the timeframes set by the HHS and follow local process.

5.17 Death during a HITH admission

5.17.1 Definition

Death during the HITH admission is defined as a patient who dies while admitted to the virtual ward under the care of HITH.

5.17.2 Context

It is essential that the morbidity and mortality of patients is monitored and that appropriate processes are followed.

5.17.3 Requirements

- Meet the Queensland Health Manual for the 'Management of the Deceased Patient Practice Manual 'http://qheps.health.qld.gov.au/psq/coronial/docs/mdp-manual.pdf

- HHSs are to develop local work place instructions for death during a HITH admission.

- Clinical incident analysis of Severity Assessment Code 1 (SAC 1)   unexpected deaths of patients that have had a component of care in HITH are to be conducted with HITH service involvement.

6. Corporate Functions

6.1 Service Evaluation

6.1.1 Definition

Service evaluation refers to the ongoing monitoring and evaluation of service level data to ensure key performance indicators are met.

6.1.2 Context

Safety and quality frameworks are required to ensure efficiency, safety and high quality of care. Systems to identify and manage risks are required to ensure high quality standard of care is provided to HITH patients.

6.1.3 Requirements

- Meet the National Safety and Quality Health service Standards http://www.safetyandquality.gov.au/wp-content/uploads/2011/01/NSQHS-Standards-Sept2011.pdf

- Annual quality improvement plan is set by the HITH services.

- Focus on best practise and evidence based care.

- HHS clinical governance members monitor and evaluate clinical risks.

- All staff are involved in quality improvement activities.

- All clinical and non clinical incidents/near misses are reported with a no blame philosophy.

- Outcomes are analysed and improvements implemented.

- All incidents and near misses are reported on HHS incident monitoring system e.g. PRIME or eAIMS.

- Workplace guidelines, instructions, policies and procedures are in place to minimise risk.

- Benchmarking with other HITH services.

- Meet the infection control requirements in the CRISP evidence based guidelines (refer to the Prevention and Control of Healthcare Associated Infection (HAI) documents: http://www.health.qld.gov.au/qhpolicy/html/index-p.asp and requirements in the Australian Guidelines for the Prevention and Control of Infection in Healthcare (2010) http://www.nhmrc.gov.au/guidelines/publications/cd33

- Infection control measures are monitored and evaluated as set by the HHS Infection Control Management Plan (ICMP) (Charter 4 Public Health Act).

- All data (including clinical incident data) are available to key stakeholders.

- Collaboration and forward planning between all parties involved in an incident focuses on implementing strategies to minimise the likelihood of incidents reoccurring.

- HITH services are to be involved in all clinical incident analyses (including Root Cause Analysis and Human Error and Patient Safety (HEAPS) review) for patients that have had part of their care provided by the HITH service.

6.1.4 HITH Key Performance Indicators

Proposed Minimum Data Set - see Appendix 4

Efficiency

- Length of stay
- Sources of referral

Effectiveness

- Total percentage of unplanned readmissions
- Percentage of unplanned telephone calls
- Percentage of transfers back to hospital under the care of HITH
- Percentage of unexpected deaths
- Adverse events
- Patient satisfaction
- Referrer satisfaction
- Auditing processes

Capacity

- Total percentage of hospital separations with a component of HITH in the episode of care.

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6.2 HITH Funding and Performance Management

6.2.1 Definition

HITH funding is defined as funding allocated by Queensland Health for the provision of HITH care.

6.2.2 Context

Healthcare purchasing seeks to promote the use of the HITH model of care to:

- Drive appropriate utilisation of hospital beds (improve efficiency), and;

- Manage demand for inpatient activity (i.e. divert activity from hospital beds so that growth activity can be accommodated), and;

- Incentivise a model of care which is evidenced as being safe, of good quality and valued by patients.

HITH services are financed through activity based funding with HITH counted as acute inpatient activity and contributing to the overall inpatient activity targets.

It is important to distinguish between funding at the HHS level and funding for the HITH service. Although HHSs are funded for HITH on this basis, funding is allocated at a HHS level and it is up to the HHS to decide how to distribute internally the overall funding allocation (i.e. there may be a fixed budget at the level of the HITH program within the hospital).

As well as the funding drivers, there is also a performance KPI applicable to all HHSs within Queensland which monitors progress at a HHS level on the implementation of HITH. Performance KPIs are set out in the service agreements and the Queensland Health performance management framework.

http://abf.health.qld.gov.au/

6.2.3 Requirements

- ABF Operational Manual identifies the funding structure for HITH.

  http://abf.health.qld.gov.au/ABF/Details/125

- HHS are to allocate sufficient funding to HITH service providers to meet all patients needs (e.g. allied health, medication, consumables).

- Data meets QHAPDC reporting requirements.
  http://www.health.qld.gov.au/hic/manuals/12_13QHAPDC/12_13_QHAPDC_FINAL.pdf

- Charts are to be coded as a continuous episode of care in accordance with inpatients coding practice.

- All HITH care and DRG reporting is to be coded inline with inpatient care.

- Care location is to meet QHAPDC requirements.

7.   References and Related Reading

- 2012-13 Queensland Hospitals Admitted Patient Data collection (QHAPDC)
  http://www.health.qld.gov.au/hic/manuals/12_13QHAPDC/12_13_QHAPDC_FINAL.pdf

- Reporting Hospitals. Hospital In The Home Services. Appendix N (QHAPDC)
  http://qheps.health.qld.gov.au/hic/qhapdc_manual/AppenN1213final.pdf

- Queensland Health Admission Policy
  http://www.health.qld.gov.au/qhpolicy/docs/pol/qh-pol-335.pdf

- Australian Guidelines for the Prevention and Control of Infection in Healthcare (2010)
  http://www.nhmrc.gov.au/node/30290

- Queensland Health Prevention and Control of Healthcare Associated Infection (HAI)
  policy related documents http://www.health.qld.gov.au/qhpolicy/html/index-p.asp

- Shared Service Partners –Criminal History Checks
  http://qheps.health.qld.gov.au/sspd/recruitment/crim_hist.htm

- Commission for Children Young People and Child Guardians _Blue card
  http://www.ccypcg.qld.gov.au/bluecard/employees/Healthcounsellingandsupportservices.html

- Queensland Health Safety Management System
  http://qheps.health.qld.gov.au/safety/safety_topics/home.htmm

- Management of the Deceased Patient. Practical manual.
  http://qheps.health.qld.gov.au/psq/coronial/docs/mdp-manual.pdf

- Patient Safety and Quality Improvement Service – Policies Standards and Guidelines
  http://qheps.health.qld.gov.au/psq/policies.htm

- Clinical Incident Management Policy http://www.health.qld.gov.au/qhpolicy/docs/pol/qh-pol-012.pdf

- National Safety and Quality Health Service Standards
  http://www.safetyandquality.gov.au/wp-content/uploads/2011/01/NSQHS-Standards-Sept2011.pdf

- Workplace Health and Safety Act 2011
  http://www.legislation.qld.gov.au/LEGISLTN/CURRENT/W/WorkHSA11.pdf

- Information Privacy act 2009
  http://www.legislation.qld.gov.au/LEGISLTN/CURRENT/I/InfoPrivA09.pdf

- Hospital and Health Boards Act 2011
  http://www.legislation.qld.gov.au/LEGISLTN/CURRENT/H/HHNA11.pdf

- Home and Community Care Program Operational Policy 2011
  http://www.health.qld.gov.au/hacc/docs/pdf/haccoppolstat.pdf

- Delegation, Acceptance of Delegation for Nursing
  http://qheps.health.qld.gov.au/childrenshealth/resources/proc/docs/proc_30551.pdf

- Queensland Health Implementation for the use of a risk matrix
  http://www.health.qld.gov.au/qhpolicy/docs/imp/qh-imp-070-2.pdf

- Use of Patients Own Medication Guideline
  http://qheps.health.qld.gov.au/medicines/documents/general_policies/patients-own-meds.pdf

- National Standard of Care for Children and Adults.
  http://www.racp.edu.au/index.cfm?objectid=393E4ADA-CDAA-D1AF-0D543B5DC13C7B46

- QLD Health Policy Site http://www.health.qld.gov.au/qhpolicy/

- United Nations http://www.un.org/en//

- Unicef http://www.unicef.org/crc/files/Rights_overview.pdf

- Health care Policy Relating to Children and their Families
  http://www.awch.org.au/pdfs/AWCH_Health_Care_Policy.pdf

- Charter of Rights for Children and Young People http://www.awch.org.au/pdfs/Charter-Children-Young%20People-Healthcare-Au-version-FINAL-210911b-web.pdf

- Activity Based Funding (ABF) Site http://abf.health.qld.gov.au/

- 2012-13 ABF Operating Manual http://abf.health.qld.gov.au/ABF/Details/125

- Victorian Hospital In The Home Guidelines http://health.vic.gov.au/hith/guidelines.htm

- HITH Australasia http://www.hithsociety.org.au/

- Antimicrobial Stewardship http://www.safetyandquality.gov.au/publications/antimicrobial-stewardship/

- Centre of Healthcare Related Infection Surveillance and prevention (CHRISP)
  http://www.health.qld.gov.au/chrisp/default.asp

- Hand hygiene in outpatient care, home-based care and long-term care facilities (World Health Organisation)
  http://www.who.int/gpsc/5may/EN_GPSC1_PSP_HH_Outpatient_care/en/index.html

- Hand Hygiene Australia http://www.hha.org.au/

- ICARE http://www.health.qld.gov.au/chrisp/icare/about.asp

- Department of Health and Ageing
  http://www.health.gov.au/internet/main/publishing.nsf/Content/Home

- Patient safety and Quality Improvement Service http://qheps.health.qld.gov.au/psq/

- Patient Flow http://qheps.health.qld.gov.au/patientflow/home.htm

- Falls Assessment
  http://www.mednwh.unimelb.edu.au/resource-package/contents/falls-risk-assessment.html

- Waterlow Assessment and MST http://www.health.qld.gov.au/psq/pip/docs/waterlow.pdf

- Australian Health Practitioner Regulation Agency www.ahpra.gov.au/

- Medication Services Queensland http://qheps.health.qld.gov.au/medicines/

- Guide To Patient Transfer Victorian Health
  http://docs.health.vic.gov.au/docs/doc/5A1ADD437DD2FB7CCA257A2F00806D6D/$FILE/Guide%20to%20Patient%20Transfer_web%20FINAL%2020%20June%202012.pdf

- Interfaculty Transfer Process NSW Health
  http://www.health.nsw.gov.au/policies/pd/2011/pdf/PD2011_031.pdf

9. Consultation

Key stakeholders who reviewed this version are:

Name	Area	Role
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State-wide HITH	Circulated through to HITH managers	NO7 and HP staff from all

working Group	and feedback collated	HITH services
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Collated response	Centre for Health related Infection Surveillance and Prevention	CRISP
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Shaun Rudd	General Practice Queensland	General Practitioner
Sent to	- General Medicine Network - Emergency Department Network - Clinical Senate - General Practice Queensland - Request to Statewide HITH working Group to send to key stake holders in local area	

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10. Guideline Revision and Approval History

Version No.	Modified by	Amendments authorised by	Approved by
1	HITH Working Group	HITH Steering Group	Laureen Hines
2	HITH Steering Group	HITH Steering group	Laureen Hines
3	HITH Steering group	HITH Steering group	Laureen Hines
4	HITH Steering group		

Appendix: Forms and templates

1. HITH Consent
2. Minimum Requirement Home Visiting Screen
3. Adult Deterioration Detection System and Children's Early Warning Tool for HITH
4. Proposed Minimum data Set

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