

Review of Hospital in the Home services

Advisory Group: Terms of Reference and Membership

Background

In 1994 the Hospital in the Home (HITH) Program was commenced in Victoria as a pilot program. Hospitals were invited to apply to become HITH providers and 43 were selected. 47 services now deliver HITH across Victoria

HITH has been growing steadily since the pilot programs began.

In 2006/07 40,845 patients received HITH care representing 3.1% of separations, 5.3% of multi-day separations, compared to 16,331 patients receiving HITH in 1999/2000

HITH is a safe and effective way of providing treatment for a range of conditions, as demonstrated by research evidence, Caplan et al 1999, Board et al 2000.

The most common conditions and treatments delivered by HITH are intravenous antibiotic therapy for cellulitis, genitourinary tract or respiratory tract infection, anticoagulant therapy and chemotherapy. Some HITH services have evolved to offer advanced nursing care to patients with a high level of dependency and acuity, depending on the hospital delivering the service, e.g. transplant centres.

The HITH Programs have been in operation for approximately fourteen years and in that time there has been no formal evaluation of their role and current functions. The KPMG audit of HITH (1997/98), undertaken on behalf of the department, concluded that over the first 5 years, the HITH services had developed and improved in both managing and documenting their activity.

Despite key recommendations arising from this audit, no further evaluation has been undertaken since that time. The document "Hospital in the Home 1997/98 Service Audit Final Report" can be viewed at www.health.vic.gov.au/archive/archive2003/hith/hith3.htm

The HITH Program has developed in some areas with a brokerage model of service provision. The ability to broker services is considered to be important to ensure that HITH coordinators can arrange the provision of care within the short-time frames that are a characteristic of acute hospital discharges. This means that the HITH Programs have the capacity to purchase services from the public and private sector as the individual service deems appropriate to meet the needs of their patients.

HITH Manager's have recommenced regular meetings to network, discuss service improvements and models. They have been invited to provide information via a survey to demonstrate activity, staffing, budgetary constraints and suggestions for service development, and to also identify the issues the Review needs to address.

The key issues identified through the manager's Forum and survey responses (August 2008) are summarised as;

- Differing interpretation of admission criteria and appropriate diagnoses for HITH, leading to variability in access across HITH programs
- Variability in patient selection and referral processes
- Equity of access to HITH services varies across regions and programs
- Governance issues and difficulties accessing medical leadership and support
- Undirected response times and processes for inter-HITH referrals and out of hours service provision
- Discrepancies in reporting of HITH episodes highlighted by VAED data audit 2006/7
- Site specific staffing levels, skill mix and budgets leading to variability in access and capacity
- Varied provision for allied health, skill level of nursing care and availability
- Inconsistent length of stay both within HITH program and as percentage of whole episode
- Delays in onward referrals and ongoing care following separation from HITH, and access to ongoing service provision from related home-based programs
- Data Collection systems vary between HITH services, leading to difficulties in analysing and evaluating activity and achievement, e.g. caseload capacity and readmission rates.

Purpose of Review

The objectives of the project are to explore these issues and specifically to:

- Review the current HITH Programs to evaluate role and function, referral processes, funding models, medical governance arrangements, guidelines and data systems;
- Develop recommendations for future directions of HITH Programs to ensure that they deliver person-centred health care, and are equitable across Victoria;
- Review the current referral relationships to, from and between HITH Services to identify opportunities to improve the patient experience receiving hospital care at home;
- Review the current relationships of the HITH Program with other health independence programs that provide access to post-hospital and/or preventative supports to identify opportunities to ensure that the right care is being provided in the right place and at the right time by the right team;
- Review the current funding model of the HITH Program to identify potential to develop the service;
- Outline new service delivery model if indicated by the findings, to ensure alignment and appropriate delivery of HITH services.

Scope of Review

In Scope:

- Forty-seven HITH Services and their current governance and catchments arrangements;
- Brokerage model of service delivery;
- Service coordination of HITH;
- Relationship of HITH with hospital staff and their discharge planning role;
- Relationship of HITH with other providers of community-based services;
- HITH funding model;
- HITH data reporting requirements.
- Privately insured patients in Public hospitals

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Out of Scope:

- Privately insured patients in private hospitals who have their own HITH arrangements
- Patients receiving HITH under alternative funding arrangements with other agencies including Work cover, Department of Veterans' Affairs (DVA) and the Transport Accident Commission (TAC)

Role of the Advisory Group

The Advisory Group will provide advice to the department and the consultants, with a focus on the following areas:

- Identifying key issues that need to be addressed in undertaking a review of HITH services including best practice approaches, and inform the development of the discussion paper
- Providing advice on the development of HITH service models, policy and funding arrangements.
- The identification of key stakeholders and engagement strategies to ensure that key stakeholders are appropriately consulted and informed about the review.
- Evaluate information the recommendations produced through the consultancy and provide advice on any implementation strategies/issues.
- Meet at key stages of the review process with the Consultants to review progress and inform the next steps

Membership

Membership of the Advisory Group will include key external representatives from the health sector, and internal DHS stakeholders taking into consideration the following criteria:

- Knowledge of the health service system, particularly in the area of delivery of HITH services.
- Ability to work cooperatively with a range of other stakeholders, communicate effectively and make a positive contribution to meetings.
- Ability to adequately represent the views of their organisation and/or service users.
- Commitment to progressing opportunities to implement appropriate and sustainable change.
- Commitment for the duration of the review project

Proposed Advisory Group Membership

Andrew Crow, Chair	Manager, Post Acute Services, DHS
Michael Butler Executive	Eastern Health
Patricia Twaits Manager, HITH	Ballarat Base Hospital
Angela Hodgkinson Referrals Manager, MAS	Melbourne Ambulance Service
Josh Stuart Manager, Alfred@Home	The Alfred, Bayside Health
Dr Ahn Tran ED Consultant	Werribee Mercy
Caron Hill Executive	Southern Health
Dr Michael Montalto, Director HITH (Chair, HITH Australia)	Melbourne Health
Sharon Smith Project Manager*	Royal Melbourne Hospital
Wendy Cutchie Manager, Discharge & Home Services	Women's Hospital
Carole Staley Group Manager, Integrated Care	St. Vincent's at Home
Julyan Howard Manager, Home Nursing Services	Goulburn Valley Health
Representative GP HITH*	Divisions of General Practice
Annie Murphy Manager, Home & Community Care	Royal Children's Hospital
Luke Atkin Senior Advisor	Strategic Policy & Evaluation, DHS
<i>Maureen Robinson/Rep *</i>	RRHACS, DHS
<i>Jenny Croft*</i>	HDSS, DHS
David Seinfeld	Finance, DHS
Terry Symonds/Maree Roberts*	AMP, DHS
<i>Rep*</i>	Gippsland Regional Office, DHS
Joanne Mapes	Post Acute Services, DHS
Stefan Wigg	Sub-acute Care Services, DHS

Procedures

- The Advisory Group will be chaired by the Manager, Post Acute Services.
- Secretariat support to the Advisory Group will be provided by a Senior Project Officer, Post Acute Services, Ambulatory and Continuing Care.
- The tenure of the Advisory Group will be for the duration of the review.
- This is an Advisory Group, not a decision-making committee. It will make recommendations by consensus to the Department.
- The Advisory Group will meet at mutually agreed times at key stages of the project.
- Communication, including the circulation of draft documents for feedback, will take place via email between meetings.
- All members of the Advisory Committee will be bound by “commercial-in-confidence” requirements for information security in relation to quotations and project proposals submitted by any consultants in relation to this project.

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