

# ADMISSION TO HOSPITAL IN THE HOME (HITH) PROCEDURE<sup>®</sup>

## DOCUMENT SUMMARY/KEY POINTS

- The Sydney Children's Hospitals Network (SCHN) Hospital in the Home (HITH) Service offers care to children from either The Children's Hospital at Westmead (CHW) or Sydney Children's Hospital (SCH) in order to avoid hospitalisation
- This document explains how the patient can travel through HITH as part of the patient journey from Outpatient Departments, Emergency Departments (ED) or inpatient wards or as a direct admission from home
- Patients are admitted to HITH under the care of a speciality team to ensure a smooth transition and governance
- This procedure is in accordance with the NSW [Adult and Paediatric Hospital in the Home Guideline \(GL2018\\_020\)](#)

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| <b>Approved by:</b>    | SCHN Policy, Procedure & Guideline Committee |                                       |
| <b>Date Effective:</b> | 1 <sup>st</sup> September 2021               | <b>Review Period:</b> 3 years         |
| <b>Team Leader:</b>    | NUM  | <b>Area/Dept:</b> Ambulatory Services |

## CHANGE SUMMARY

- Updated Models of care, hyperlinks to HITH policies
- Updated Appendix 8.1 and 8.2

## READ ACKNOWLEDGEMENT

- Staff in the following areas are to read this policy:
  - SCHN HITH staff [nursing and medical]
  - SCHN Administration Assistants and Clerks
  - All SCHN Clinical Teams
  - Medical Records

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## 1 Introduction

The Hospital in the Home (HITH) Service provides **acute and post-acute hospital substitution and/or hospital avoidance services**. The aim is to provide multidisciplinary care to allow the patient to be managed in their own home or a clinic setting. The premise is that in the absence of these services, the patient would either be admitted to hospital or occupy a hospital bed for a longer period of time.

HITH is a network-wide service and is part of the SCH and CHW Ambulatory Units. HITH is managed by a Nurse Manager, led by the Clinical Nurse Specialist 2 (CNS2), and staffed by Registered Nurses and Allied Health professionals (including Physiotherapy, Social Work and Dietetics).

**SCHN HITH Service hours** are 0730 to 2130 hours, seven days per week. HITH is a virtual ward within the hospital; all patients are admitted and receive services as inpatients. Admission to HITH can range from overnight to several weeks or longer. Bed type 25 is used for the HITH Virtual Ward.

## 2 Models of Care

Models of Care for HITH include (but are not limited to):

- Major Skin Disorders, including management of severe eczema with wet dressings and up to 5 days education (Refer to [Wet Dressing for Dermatological Conditions: HITH Patient Management](#) Practice Guideline)
- Cystic Fibrosis, Non-CF Bronchiectasis and Pre-Surgical Tune Up – intravenous antibiotic therapy and physiotherapy (Refer to [Cystic Fibrosis and Non-CF Bronchiectasis: Hospital in the Home Management \(HiTH\)](#) Practice Guideline)
- SCHN Oncology Patients who require once daily antifungal treatment (i.e. Ambisome and Micafungin) or BD Ganciclovir (SCH)
- Children who require daily or twice daily intravenous antibiotics, whom would otherwise remain in hospital (Refer to [Home Intravenous Antibiotic Administration for Hospital in the Home](#) Practice Guideline or [Continuous Intravenous Antibiotic Infusions - Hospital in the Home \[HITH\]](#) Practice Guideline)
- Initiation of Continuous Positive Airway Pressure (CPAP) in the home for 4 days ([Refer to CPAP initiation in the Home – HiTH Patient Management practice guideline](#))
- Overnight Pulse Oximetry for Sleep Disorders
- Transition to home support for complex patients to aid early discharge and reduce the risk of readmission – providing support and education with enteral nutrition (including nasogastric tube and gastrostomy cares), tracheostomy management, and non-invasive support including CPAP and BiPAP (Bilevel positive airway pressure)
- Complex dressings that require daily or second daily changes and would otherwise require an admission or that General Practitioners (GPs) or parents are unable to attend to.

- Direct Emergency Department (ED) to HITH and/or Acute Review Clinic (ARC) management for: [Cellulitis](#); [Pneumonia](#); [Urinary Tract Infections](#); and [Petechial Rash](#) where the patient meets the criteria for HITH

### 3 Admission Criteria

- Patient is clinically stable to leave hospital but still requiring acute or post-acute care
- Admitting Medical Officer's (AMO) approval for admission/transfer to HITH
- Consent received from parents/carers for admission to HITH
- Presence of a carer 18 years or over during home visits
- Carer competency to manage the child's condition
- Phone access to parents/carers
- Mutual recognition of identified goals of care (parents and clinical team)
- Medicare eligibility or a reciprocal agreement (HITH currently does not have an agreement with Private Health Funds therefore all HITH patients must be categorised as Medicare unless Executive approval is given for non-Medicare eligible patients)
- Family have access to transport
- No issues identified that can compromise staff safety during home visits

HITH services patients who live within an approximate 30-35 kilometre radius from SCH or CHW. This is bordered by:

- West – Penrith
- South West – Campbelltown
- South – Heathcote
- Northern Beaches – Newport Beach
- North – Terrey Hills and Mt Colah

Referrals may still be made to HITH for patients outside this geographical boundary. The HITH team will be able to advise whether there is a local paediatric HITH Service available to transfer the patient to. However, the team will need to liaise and refer directly with the recommended local paediatric service.

## 4 Making a Referral to HITH

- Referrals to HITH are made by completing an online referral form in Powerchart
- Prior to completing this referral, the referring team should contact the Ambulatory Clinical Nurse Specialist (CNS2) to confirm the patient's suitability for HITH and bed availability
- The process for making a referral to HITH is outlined in Appendix 8.1
- The HITH staff on receiving the referral will complete a Consent for Paediatric Hospital in the Home (HITH) Care with the parent/carer.
- A Home Risk Assessment (HRA) is required to be completed by HITH staff prior to attending the first home visit
  - A risk rating will be attended as part of the online HRA and determine conditions before offering home visits. A HITH social work consult is strongly recommended for all patients that flag a medium or above rating. This is to determine barriers or issues that maybe overcome and assists with providing support to the family should home visits not be made available.

## 5 Admission to HITH

The Process of admission to HITH is outlined in Appendix 8.2

A patient may be admitted to HITH in the following ways:

- Direct admission from home as a scheduled admission by SCHN Specialty Team
- Admission following an Outpatient Clinic appointment
- Transfer from an inpatient ward
- Direct admission from ED to HITH

## 6 Discharge from HITH

On transfer to HITH all patients are required to have an Estimated Date of Discharge (EDD). The process of discharge from HITH is detailed below:

- Patient is clinically ready for discharge as per their care plan; where appropriate, a plan for a nursing-led discharge may be established on admission
- Unless a nursing-led discharge has been established, the patient will require a weekly medical consultation prior to discharge; this may involve a medical review in the Acute Review Clinic (ARC) or a phone consultation between the HITH nurse and AMO
- Discharge paperwork is completed as per an inpatient discharge:
  - Medical discharge summary complete
  - Relevant scripts completed and provided to parent/carer
  - Patient discharged from inpatient management system

## 7 Process for Patients who become unstable during a HITH admission

### 7.1 Patient unstable *within* HITH service hours

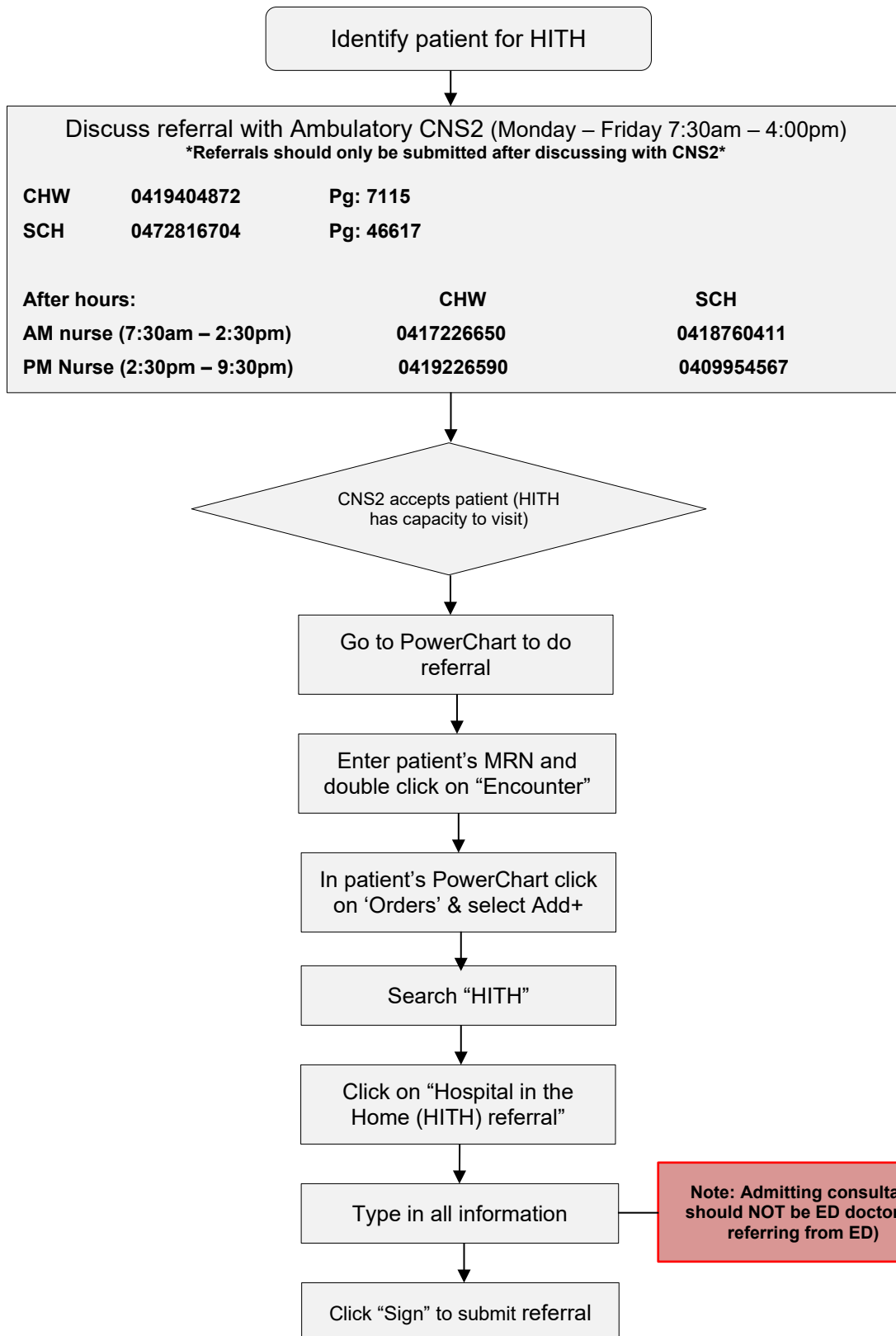
- On admission, parents/carers are informed of the process for contacting the HITH team if their child becomes unwell during their admission
- If the child becomes unwell at home and needs non-emergency treatment during HITH service hours, the parent/carer should contact the HITH team
- Following an assessment of the patient by the HITH team in the home environment or over the phone, the appropriate medical team will be contacted
- A decision will be made regarding the need for the patient to present to hospital for medical review via the Ambulatory Unit (within hours) – Acute Review Clinic (CHW) or Medical Day Unit (SCH) and/or ED
- If patient presents to the Ambulatory Unit they are to remain admitted as a HITH patient on the Patient Administration System until a decision is made to transfer to an acute inpatient bed; they will then be transferred from HITH to the ward by the Clinical Support Administrator (CSA) of receiving ward
- If patient is unstable requiring urgent medical attention an ambulance will be phoned or parent/carer instructed to take child to nearest ED; if a member of the HITH clinical team is present at the time they should remain with the child until the ambulance arrives
- Upon presentation to SCHN ED, patient to be triaged as usual, assessed and treated accordingly
- The process for registering the patient's admission to ED is outlined in Appendix 8.3

### 7.2 Patient unstable *outside* HITH service hours

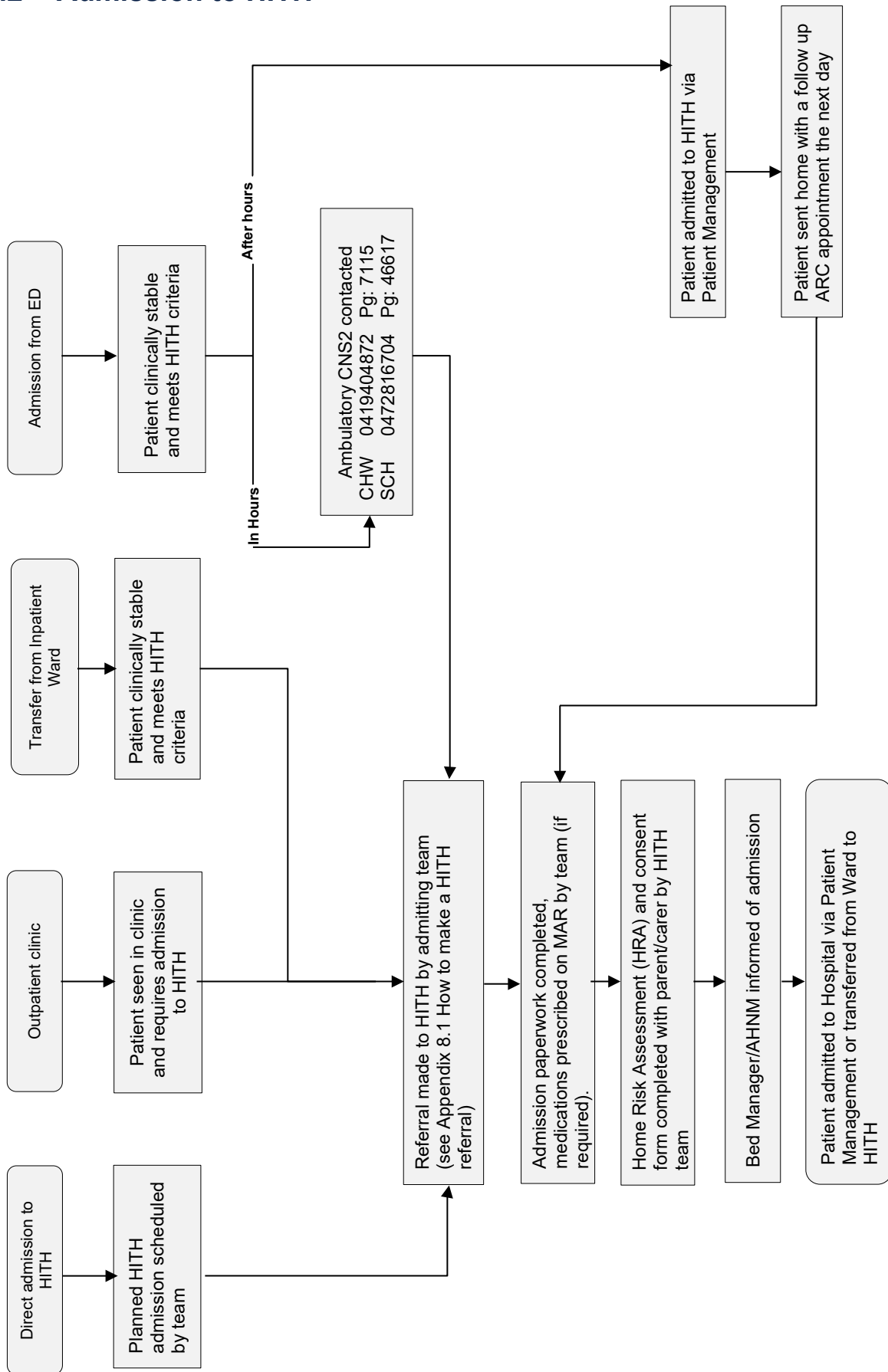
- On admission, the parent/carer will be provided with instructions on the process to follow outside of HITH service hours
- Parent/carer to contact Hospital Switchboard and ask to speak to relevant team if needing non-emergency treatment; if the patient is stable, the team may schedule a review via the Ambulatory Unit – ARC (CHW) or MDU (SCH) the following morning. For emergency treatment, parent/carer should contact an ambulance and/or present to nearest ED
- If clinically necessary, patient advised to come in to Emergency Department or to phone an ambulance; the Admitting Officer in ED should be contacted and patient handed over
- If patient presents to Emergency Department, the patient should be registered as per the process outlined in Appendix 8.3

## 8 Appendix

### 8.1 How to make a referral to HITH



## 8.2 Admission to HITH





### 8.3 Process for HITH patients presenting to ED

