Hospital in the Home

Summary This Policy Directive outlines core HITH service elements across LHDs and SHNs. It aims to integrate HITH services into district/network-wide demand management strategies, ensuring equitable coverage and clear referral pathways.

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Distributed to Ministry of Health, Public Health System, Divisions of General Practice, Government Medical Officers, NSW Ambulance Service

Audience All Clinical Staff;Local Health District and Specialty Health Network Executive;Hospital-in-the-Home Services;Patient Flow Leads

Secretary, NSW Health

NSW Health

Policy Directive

Hospital in the Home

Policy Statement

NSW Health focuses on delivering timely and appropriate care in the best setting. Hospital in the Home (HITH) services are essential for increasing inpatient capacity, minimising unnecessary emergency department visits and hospital admissions, all while ensuring patients receive hospital-level care in the community.

Summary of Policy Requirements

This Policy Directive outlines the core service elements for HITH services across Local Health Districts (LHDs) and Specialty Health Networks (SHNs):

- Integration to operational governance structures that support acute demand management with clear pathways into HITH services from hospital, ED and community.
- Dedicated Admitting Medical Officer/s (AMOs) with the ability to accept a variety of clinical conditions.
- Access to multidisciplinary care, comparable to that of admitted patients.
- District-wide access to HITH through a central clinical triage point and virtually enabled care.

Additionally, this Policy Directive outlines the medical, clinical, and safety aspects of governance that all HITH services must comply with, including:

- data reporting requirements
- patient eligibility criteria
- admission and discharge processes
- after-hours support
- compliance with financial classification policies.

This Policy Directive applies to all NSW LHDs and SHNs and is inclusive of both adult and paediatric HITH services.

Revision History

Version	Approved By	Amendment Notes
PD2025_004 February-2025	Deputy Secretary, System Sustainability and Performance	This Policy Directive mandates a centralise access point to HITH services to enhance equitable service delivery and create increased inpatient capacity. This Policy Directive includes operational, governance and virtual enablement requirements to support expansion of transitional HITH services.
GL2018_020 August-2018	Deputy Secretary, System Purchasing and Performance	The document no longer referrers to Intermittent HITH, and Hospital Avoidance. The document includes sections on governance and medication management.
GL2013_006 August-2013	Director, System Relationships and Frameworks	First Guideline.

Contents

1. Background

Hospital in the Home (HITH) services play a key role in helping to create inpatient capacity and reduce avoidable emergency department (ED) presentations and in-hospital admissions. HITH services can support both in-hospital substitution and reduced length of stay from hospital facilities while ensuring that a patient continues to receive hospital level care in the community.

Aligned with the strategic direction of the:

- NSW Future Health Strategy
- NSW Virtual Care Strategy
- NSW Aboriginal Health Plan and
- NSW Regional Health Strategic Plan,

this Policy Directive provides a framework for sustainable, personalised and digitally enabled HITH services.

1.1. About this document

This Policy Directive outlines the core service elements for HITH services across Local Health Districts (LHDs) and Specialty Health Networks (SHNs).

This Policy Directive is designed to integrate HITH services as part of a district/network-wide acute and subacute demand management strategy. To achieve this, HITH services need to provide equitable coverage with clear referral pathways into the service.

1.1.1. Scope

This Policy Directive applies to all NSW LHDs and SHNs, and is inclusive of both adult and paediatric HITH services.

1.2. Key definitions

Admitting Medical Officer (AMO)	Medical officer with admitting rights to a hospital who operates within the facility's clinical governance framework, providing direct oversight and management of patient care and treatment.
Clinical governance	Framework of systems and processes, inclusive of medical governance, that ensures the delivery of all clinical activities and services within a health organisation, with the goal of delivering high-quality, safe and effective patient care.

Estimated Date of Discharge (EDD)	The EDD predicts the likely date that a patient will be clinically ready to leave the hospital, defined as all members of the treating multidisciplinary team (MDT) agree when active care is completed, and the patient will be safe to transition to their next phase of care or discharge home. It provides everyone involved in the patient's care, including the patient and their family/carers, with a date to coordinate the patient's needs and discharge planning.
Hospital in the Home (HITH)	HITH is an admitted service that provides hospital-level multidisciplinary care to acute, sub-acute, non-acute and mental health patients outside of an inpatient setting and is supported by virtual enablers where appropriate.
Home	In the context of HITH, home refers to a patient's place of residence. This can include a residential aged care facility (RACF), supported independent living (SIL) or specialist disability accommodation (SDA).
Medical governance	Systems of policies, procedures and mechanisms established to oversee medical practice and ensure compliance with medical standards, with the goal of delivering high-quality, safe and effective patient care.
Multidisciplinary care	When professionals from a range of disciplines work together to deliver comprehensive care that addresses as many of the patient's needs as possible. As a patient's condition changes over time, the composition of the team may change to reflect the changing clinical and psychosocial needs of the patient.
Operational governance	Framework of policies, processes and controls that guide and oversee day to day operations of a health service/organisation to ensure efficiency, compliance and alignment with strategic objectives.
Virtually enabled care	Any interaction between a patient and clinician, or between clinicians, occurring remotely with the use of information technologies to optimise choice, quality and effectiveness of patient care.

1.3. Legislative context

HITH is funded under the National Health Reform Agreement (NHRA) as if the patient was physically admitted to a hospital.

When providing care to a public patient, no claims should be made against the Medicare Benefits Scheme for that patient, outside of rare, exceptional circumstances or completely

inconsequential to the admitting condition(s). NSW Health Services need to ensure that they comply with the *Health Insurance Act 1973* (Commonwealth) [1].

1.3.1. Mental health patients

HITH services can be provided to mental health patients, on a consent basis. While admitted for the purposes of HITH, they are not admitted under the *Mental Health Act 2007* (NSW) [2]. Should the patient withdraw consent to treatment at any time and there are clinical concerns regarding the safety of the patient, staff or the public, the HITH service should consider whether assessment under section 19 (or section 19A) of the *Mental Health Act 2007* (NSW) [2] is appropriate.

Alternatively, a paramedic can transport the patient to a declared mental health facility for further assessment, if they consider the patient meets the threshold in section 20 of the *Mental Health Act 2007* (NSW). The NSW Ministry of Health can provide legal and regulatory advice on these matters.

2. Delivering inpatient care at home

Hospital in the Home (HITH) is an admitted clinical service offering hospital level care to patients in their home or preferred location [3]. A defining feature of the HITH model is that if the patient was not receiving the HITH service, they would require hospitalisation.

HITH **IS:**

- an admitted clinical service
- a medically led, multidisciplinary service that assumes full responsibility for patient care

HITH IS **NOT:**

- a non-admitted/outpatient service

To be eligible for HITH care in NSW a patient must:

- meet the criteria for hospital admission under NSW Health Policy Directive *NSW Health Admission Policy* (PD2017_015) [4]
- be admitted under the care of a designated admitting clinician; and
- require a minimum of daily intervention from a member of the HITH multidisciplinary team (MDT) at the level provided in an inpatient setting.
- Be competent in managing their condition and know when to escalate their care or have a live-in carer who takes this responsibility.

3. Core elements of HITH

This Policy Directive is built on the following core elements:

- Integration into operational governance structures that support acute demand management with clear pathways into Hospital in the Home (HITH) services from hospital, emergency department (ED) and community.
- Dedicated Admitting Medical Officer/s (AMOs) with the ability to accept a variety of clinical conditions.
- Access to multidisciplinary care, comparable to that of admitted patients.
- District/ network-wide access to HITH through a central clinical triage point and virtually enabled care.

3.1. Governance

3.1.1. Operational governance

All HITH services in NSW must have the following operational governance in place:

- integration with inpatient operational governance structures, including with demand and patient flow strategies
- be operational 7 days a week, with hours of operation aligned with local demand management
- district/ network-wide access to HITH services.

3.1.2. Medical governance

All HITH services in NSW must have the following medical governance:

- district/ network-wide, 7-days a week dedicated medical oversight with established clinical pathways to manage deteriorating patients
- dedicated AMOs, or appropriately credentialled practitioners with admitting rights and the clinical ability to accept a variety of clinical conditions
- access to clinical pathways with specialty services where appropriate (such as maternity).

3.1.3. Clinical governance

All HITH services in NSW must be aligned to existing clinical governance structures.

3.1.4. Safety

All HITH services must have the following safety processes in place:

- Assessing risk to workers associated with the HITH service, and individual attendance at homes.

- Ensure the requirements set out in NSW Health Policy and Procedure Manual *Protecting People and Property* (Chapter 16 Working in the Community and Chapter 26 Violence) [5] are in place as part of the service.
- Paediatric HITH services, and HITH services where children and young people are present, must apply relevant child safe policies and provides a safe physical environment that minimises situations where abuse could occur, and balances a child's right to privacy with opportunities to maintain supervision and visibility.

3.2. Provision of multidisciplinary care

HITH patients must receive the same high-quality, multidisciplinary care as in-hospital patients, regardless of location.

Aboriginal Health Practitioners should be considered as part of the HITH clinical team and are available to provide care to both Aboriginal and non-Aboriginal people.

3.3. Virtually enabled care

Virtually enabled care must be incorporated into traditional face-to-face HITH clinical workflows.

The use of virtual care in HITH services in NSW must include:

- prioritising the use of virtual care when it is clinically appropriate
- integration of face-to-face and virtual care technologies inclusive of videoconferencing, Remote Patient Monitoring (RPM) and digital diagnostic technology
- leveraging virtual enablers and diagnostic technology to enhance service efficiency and capacity
- utilising virtual care enablers to enable patients to safely remain at home and on country.

3.4. Centralised triage and referral pathways

3.4.1. Centralised triage

All HITH services must have a district/ network-wide clinical triage and referral service. This will enable a single point of access into HITH across a district. The service must operate 7 days a week with hours aligned to local demand management.

The centralised triage service may need to be separated for specialties as appropriate (such as adult and paediatric).

3.4.2. Clinical pathways

HITH services must establish pathways to support referrals directly to a HITH service 7 days a week.

3.5. Clinic / Treatment space

HITH services must have access to clinic space for patient review and treatment when care cannot be safely provided in the patient's home. These spaces must be equipped for the necessary treatments, designed to minimise safety risks for both patients and staff, and include accommodations for children and their families.

4. Eligibility, admission and care

4.1. Eligibility criteria

To be suitable for Hospital in the Home (HITH) services, a patient must:

- Meet the criteria for admission according to NSW Health Policy Directive *NSW Health Admission Policy* (PD2017_015) [4].
- Have a clinical condition(s) deemed by the Admitting Medical Officer (AMO) as appropriate for care outside the inpatient setting.
- Receive a minimum of daily clinical care from a member of the HITH multidisciplinary team.
- Be competent in managing their condition and know when to escalate their care or have a live-in carer who takes this responsibility.

A patient may **NOT** be eligible for HITH services if they:

- Require only ongoing management of a disease, impairment or activity limitation focused on the support and maintenance of a chronic health condition.
- Do not require daily care with medical oversight, that can be managed on an outpatient basis.
- Do not have reliable access to allow for regular communication between the patient and health services.

4.2. Admission

A patient must be accepted for admission by a HITH AMO.

4.2.1. After hours

All HITH services must ensure local processes support after hours admissions. This needs to include the ability for emergency departments (EDs) to refer to HITH outside of HITH operating hours.

4.2.2. Financial class / patient election process

The financial classification for patients receiving HITH must be in line with NSW Health Policy Directive *Admitted Patient Election Processes* (PD2021_046) [8].

LHDs and SHNs can have individual agreements in place with each private health insurer to establish rates and terms for payment for HITH services. If there is no agreement in place, no claim for HITH services can be made.

If no agreement exists with a private health insurer for a patient with a private election who is treated in HITH, the patient's election status must be a 'public overnight' financial classification.

4.3. Episode of care

4.3.1. Team huddles

All HITH services must hold daily multidisciplinary team (MDT) huddles to discuss care coordination for patients and discharge needs. All patients should be discussed in the huddles. Huddles do not replace in-depth clinical reviews.

4.3.2. Estimated date of discharge (EDD)

All patients admitted to a HITH service must have an EDD and be updated on the Electronic Patient Journey Board (EPJB) as part of the Patient Flow Portal (PFP). This should be based on the MDT care plan.

The EDD for the patient admitted to HITH via an inter-ward or interhospital transfer must be updated in the EPJB on arrival into the service.

4.3.3. Accessing private health care providers during a HITH episode

HITH services are publicly funded to provide comprehensive care for patients under the National Health Reform Agreement (NHRA) with the same arrangements as inpatient care, including HITH for people in residential aged care facilities (RACF). This means that the HITH service is responsible for managing the primary cause for admission inclusive of any related or incidental care needs.

In *rare* or *exceptional circumstances*, a patient may see a private provider for routine prescheduled unrelated care to the HITH admission. This type of encounter may compliantly be billed to Medicare.

4.3.4. Home visits

Prior to the first home visit, a home visit risk assessment must be completed in eMR. Ongoing evaluations are to be conducted before each subsequent visit to identify changes and review safety measures in accordance with LHD/SHN home and community visiting risk management policies.

Additionally, where appropriate, assessments should address child safety and ensure a safe environment for children and young people in the home where treatment is taking place.

4.3.5. Out of hospital care packages

Patients admitted to HITH are eligible for Out of Hospital Care Packages (OHCP), including End of Life (EoL), Safe and Supported at Home (SASH) and Community Packages (ComPacks).

4.4. Discharge

Patients should be discharged from HITH when:

- they no longer require admitted patient care; or
- they sign a discharge against medical advice form; or
- the patient is declared deceased.

The discharge process from HITH must be consistent with NSW Health Policy Directive *Admission to Discharge Care Coordination* (PD2022_021) [9].

5. Activity capture

All HITH services are admitted, and data capture must meet the requirements of the Admitted Patient Data Collection.

Data for sub-acute and non-acute admitted care is to be captured in line with NSW Health Policy Directive *NSW Sub-Acute and Non-Acute Patient (SNAP) Data Collection - Reporting and Submission Requirements* (PD2018_007) [6].

A SNAP record must be provided for the following sub-acute care types:

- Rehabilitation
- Palliative Care
- Geriatric evaluation and management.

For all mental health episodes, documentation needs to be compliant with NSW Health Policy Directive *Mental Health Clinical Documentation* (PD2021_039) [7].

All HITH patients must be admitted into a HITH bed type. To ensure consistency of reporting HITH activity in NSW:

- Only admitted patient services use the naming convention of Hospital in the Home (or any derivation thereof) within the HERO system
- All activity noted against services named as Hospital in the Home is provided to patients who have undergone a formal admission process.

Some HITH services may provide care to non-admitted patients for continuity of care. This activity must be noted against an appropriate non-admitted service unit, and not utilising the admitted patient term of “Hospital in the Home" or “HITH”.

6. Appendix

6.1. Implementation checklist

This checklist has been designed to be completed by Local Health Districts (LHDs)/ Specialty Health Networks (SHNs) to ensure they meet the core elements of a Hospital in the Home (HITH) service.

LHD/SHN:	

Assessed by:	**Date of assessment:**		
Implementation Requirements	**Not commenced**	**Partial compliance**	**Full compliance**
District/ network-wide accessibility to HITH with virtual care District/ network-wide HITH model with utilisation of virtual care technology, where clinically appropriate, to enhance and standardise clinical workflows.	☐	☐	☐
Governance – operational HITH is operational 7 days a week with integration into operational governance structures.	☐	☐	☐
Governance – operational Use of Electronic Patient Journey Board (EPJB) to support efficient patient flow.	☐	☐	☐

Governance - medical Dedicated Admitting Medical Officer/s (AMOs) with the ability to accept a variety of clinical conditions.	☐	☐	☐
Multidisciplinary Team Access to a multidisciplinary team (MDT) – including but not limited to pharmacy, physiotherapy, occupational therapy, speech therapy, dietetics, Aboriginal Health Practitioner, social work and podiatry. Access to pathology services.	☐	☐	☐
Centralised triage Central clinical triage and referral point across each district/network.	☐	☐	☐
Referral pathways Referral pathways from emergency department (ED), inpatient, urgent care services, NSW Ambulance, general practitioners and outpatient clinics.	☐	☐	☐

7. References

[1] Australian Government , Health Insurance Act 1973, Department of Health and Aged Care, 2022.

[2] NSW Government , *Mental Health Act 2007,* NSW Government , 2024.

[3] Hospital in the Home Society of Australasia , "Position Statement - Definition of Hospital in the Home," 2023. [Online]. Available: https://www.hithsociety.org.au/Definition. [Accessed 19 September 2024].

[4] NSW Health, "NSW Health Admission Policy," 15 June 2017. [Online]. Available: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2017_015.pdf. [Accessed 19 September 2024].

[5] NSW Health, "Protecting People and Property," February 2022. [Online]. Available: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.health.nsw.gov.au/policies/manuals/Documents/prot-people-prop.pdf. [Accessed 13 December 2024].

[6] NSW Health, "NSW Sub-Acute and Non-Acute Patient (SNAP) Data Collection - Reporting and Submission Requirements," 21 February 2018. [Online]. Available: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2018_007.pdf. [Accessed 19 September 2024].

[7] NSW Health, "Mental Health Clinical Documentation," 12 October 2021. [Online]. Available: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2021_039.pdf. [Accessed 19 September 2024].

[8] NSW Health, "Admitted Patient Election Processes," 3 December 2021. [Online]. Available: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2021_046.pdf. [Accessed 2024 September 2024].

[9] NSW Health , "Admission to Discharge Care Coordination," 11 April 2022. [Online]. Available: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2022_012.pdf. [Accessed 19 September 2024].