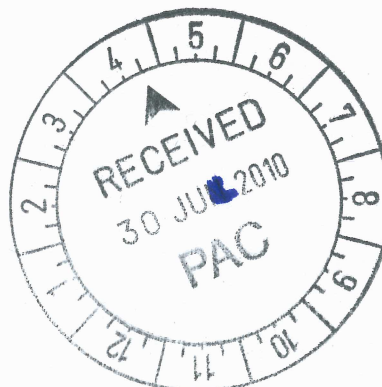


Mr Paul Gibson MP  
Chair  
Public Accounts Committee  
Legislative Assembly  
Parliament of NSW  
Macquarie St  
**SYDNEY NSW 2000**



Dear Mr Gibson

Thank you for the opportunity to provide further information in response to the questions raised by the Committee at the hearing held in May. I apologise for the delay in responding to your request.

**Informing the community about out of hospital care (Rec 2) and informing health care professionals about the impact of out of hospital care (Rec 3.6).**

A number of strategies have been identified to promote Out-of-Hospital care services to the community and to health care professionals.

In the first instance, we are finalising high level information packages for use by health services to promote Hospital in the Home services as a safe and effective alternative to admitted care. We have used the results from patient surveys and patient interviews to ensure we make these messages clear and relevant to patients and their carers.

The Health Services Performance Improvement Branch is also working with Area Health Service clinicians and managers regarding promoting the benefits of Hospital in the Home to their patients. Strategies to educate and promote the service to non-Hospital in the Home clinicians are being undertaken. The process includes multidisciplinary workshops to inform the broader communication strategy and engage clinicians in the process.

Information packages include brochures and posters for use in wards and waiting areas and material for distribution to referrers including general practitioners. The materials will be available in August 2010.

Our communication strategy will also include working with local community agencies including the Council on the Ageing (NSW) to undertake peer education to promote the benefits of Hospital in the Home. We are also working with GP NSW to develop effective strategies for engaging general practitioners.

Our media unit is advising us on the most appropriate approach to take regarding media involvement in the communication strategy.

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At an Area Health Service level, there are a number of local initiatives and strategies being undertaken. We have used the Hunter New England Health communication strategy as a resource for other Area Health Services to guide implementation of local activities. A copy of this strategy is *included* for your information.

In addition, most Area Health Services have developed or are finalising web page information regarding Hospital in the Home Services including Hunter New England <http://www.hnehealth.nsw.gov.au/hith> and Northern Sydney Central Coast <http://www.nscchhs.health.nsw.gov.au/apac/about.html#why>.

### **Data collection on patient numbers and the cost of care (Rec 3.1)**

As previously discussed, NSW Health is undertaking a significant project to develop an integrated Primary Community and Outpatient Care (PCOC) Information System. This is a major IT development project with an estimated total cost of \$100M. The project extends over a six year period from 09/10 to 14/15. Progress with this program has been affected by difficulties in recruiting experienced personnel and the need to now incorporate the significant change expected in primary care following the April COAG decisions on national health reform. This change includes the Commonwealth establishing a number of new primary health care organisations (to be known as 'Medicare Locals') across Australia, the transfer of the Home and Community Care Program for persons aged 65 and older to the Commonwealth and the proposed transfer of policy and funding responsibility for GP and primary care equivalent non-inpatient and community services to the Commonwealth.

In the interim, NSW health services are using a mix of existing systems. As a bridge to the future, the two main systems in use (CHIME and Cerner) continue to be supported and extended. As noted at the hearing in May, the information needs of service providers in the out of hospital care space are very diverse. Both the existing systems and the planned replacement system (PCOC) collect activity information (including patient numbers and volume of services).

In relation to costing, the existing and planned replacement systems will provide essential feeder information to separate costing systems. Under a National Partnership Agreement, the Commonwealth, States and Territories have commenced a national project to develop extended clinical costing systems. This work will accelerate following the April 2010 COAG agreement on health reform. Priority at the present time is being given to activity based costing systems for acute and subacute inpatient care. It is anticipated that in time the project will then extend to out of hospital, community health and primary health care.

Accordingly, for the time being, the cost of out of hospital care and specific out of hospital care programs will need to be calculated by periodic surveys and cost modelling studies.

### **Establishing quality indicators (Rec 3.7)**

The Department has selected two quality indicators for out of hospital care programs funded by the Department:

- unplanned readmissions to hospital, for conditions related to the out of hospital care; and
- adverse events/incidents during an episode of care (including those related to medications).

We are currently working with teams to ensure collection and reporting of these indicators is comprehensive and used to improve quality of care.



The Australian Commission on Safety and Quality of Health Care is developing a draft set of safety and quality indicators for consideration by Health Ministers. Once this indicator set has been developed, we will review the applicability of these indicators to out of hospital care services and incorporate them into safety and quality monitoring of these services.

#### **Targets for Out-of-Hospital performance (Rec 3.8)**

Ernst and Young developed a demand projection tool which will be used to inform targets and locations of services. The tool uses historical activity data and broad population projections. Area Health Services also review local activity to identify specific needs for their local community.

Our target for 2010/11 is to have 50,000 people receiving services under our Hospital in the Home program.

#### **Continuing Healthy at Home Pilots (Rec 4)**

As noted in the Auditor-General's report, we have not expanded the number of Healthy at Home pilots. Though the four pilot sites have not achieved projected referral numbers nor significantly reduced Emergency Department activity, the model has improved access for patients to comprehensive assessment and community packages. We have identified the key elements and principles that have proven successful and we will be incorporating these within the other out of hospital care services during 2010/11.

Please contact myself or my Director of Health Services Performance Improvement, Mr Raj Verma, if you have any further questions regarding the work we are undertaking to strengthen Hospital in the Home services. Mr. Verma can be contacted at [rverm@doh.health.nsw.gov.au](mailto:rverm@doh.health.nsw.gov.au) or 9391 9558.

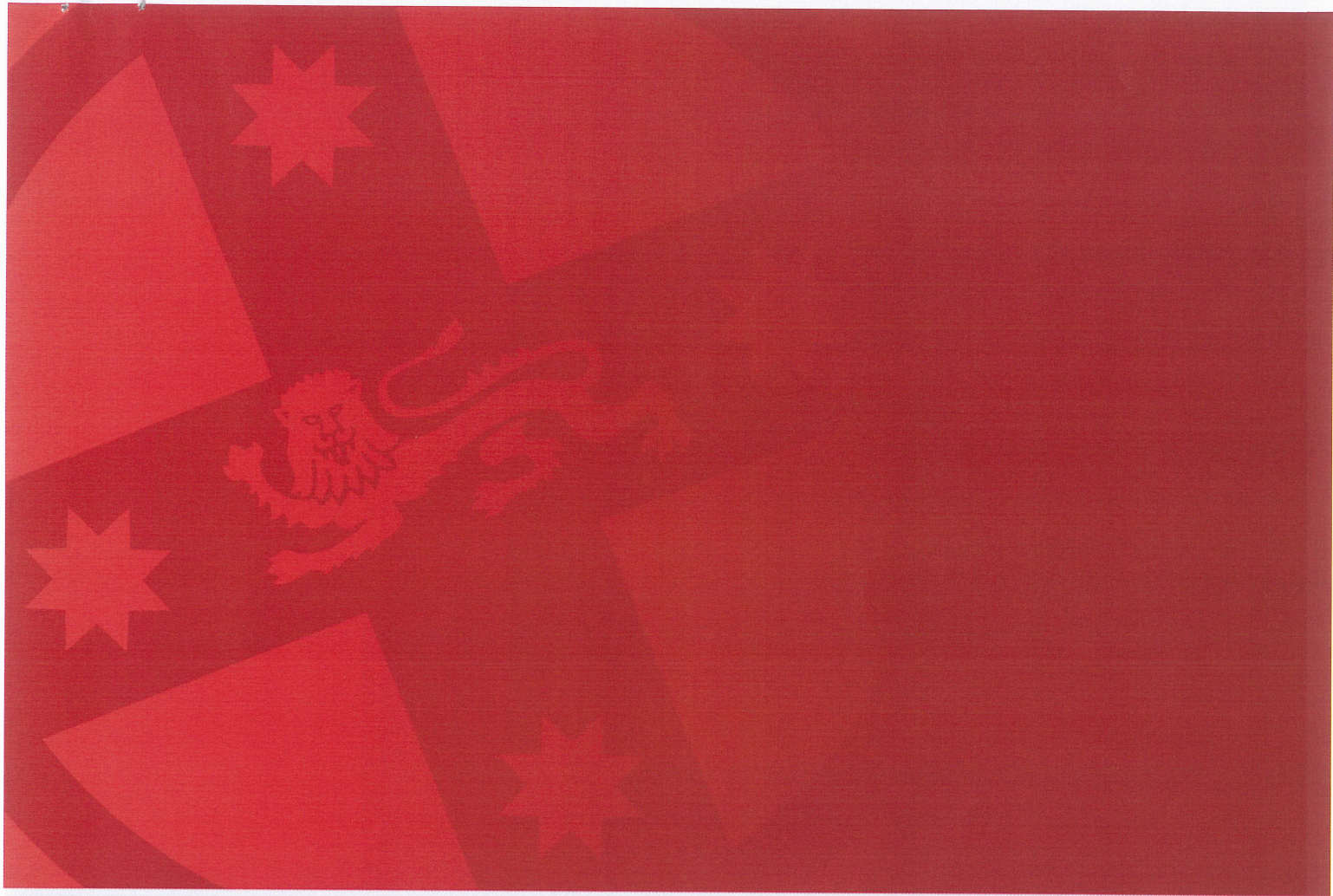
Yours sincerely



Dr Tim Smyth  
**Deputy-Director-General**  
**Health System Quality Performance and Innovation**

27 July 2010





HUNTER NEW ENGLAND  
NSW⊕HEALTH

# Hospital in the Home Communication Strategy

*25<sup>th</sup> February 2009*

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**HUNTER NEW ENGLAND HEALTH**  
**Hospital in the Home: Communication Strategy**

<b><u>ISSUE</u></b>		
<b>Hospital in the Home: Communication Strategy</b>		
<b>REQUESTED BY</b>	Innovation and Reform	
<b>DEADLINE</b>	February 2009	
<b>COMMUNICATIONS CONTACT</b>	Karen Harrison Carisa Josephs	4922 3388 6767 7135

**APPROVAL PROCESS:**

- ☐ Michael DiRienzo, Executive Sponsor, Avoidable Admissions Project
- ☐ Helen Milne, Director, Innovation and Reform

<b><u>DATE SUBMITTED</u></b>	<b><u>SUBMITTED TO:</u></b>
25 <sup>th</sup> February 2009	M. Di Rienzo H. Milne



# HUNTER NEW ENGLAND HEALTH

## Hospital in the Home: Communication Strategy

### Background

This communication strategy has been developed for HNE Health services that meet the definition of a “Hospital in the Home” service. The number of services included under the umbrella term of “Hospital in the Home” may increase over time and this plan allows for growth.

A “Hospital in the Home” service is defined as a service that provides active treatment in the patient’s home of a condition that otherwise would require acute hospital in-patient care. Only services that met that definition can be identified as a Hospital in the Home service.

When a service provides a combination of services including Hospital in the Home and non-Hospital in the Home, only the Hospital in the Home services will be branded so. This communication strategy is only for Hospital in the Home services.

This communication strategy was an outcome of the Avoidable Admissions project.

The key drivers to the development of this communication strategy were:

- limited awareness and understanding of the services
- confusion about service names and acronyms
- different names for services providing the same type of care across the area health service
- service names not being descriptive of what they do

This communication strategy will be implemented in stages defined by stakeholder groups. The key stakeholders have been divided into three categories: primary, secondary and tertiary stakeholders.

The communication activities have been identified as either launch activities or sustainability activities. Launch activities are predominately short term or one off activities. Sustainability activities are long term or ongoing activities

The table below provides an overview of the communication strategy framework and high level timeline.

	Go Live	+ 6 Months	+12 Months	+ 18 Month	+ 24 Months
Hospital in the Home	Launch Activities	Sustainability Activities			
Primary Stakeholders		Launch Activities	Sustainability Activities		
Secondary Stakeholders			Launch Activities	Sustainability Activities	
Tertiary Stakeholders				Launch Activities	Sustainability Activities

The Avoidable Admissions project is responsible for the development of the communication strategy. The Hospital in the Home Forum (CAPAC Forum) is responsible for the ongoing management of the strategy.

The implementation of this strategy will provide the platform for standardisation of service terminology, resources and delivery across HNE Health and may assist with future initiatives such as common protocols and communication materials.



# HUNTER NEW ENGLAND HEALTH

## Hospital in the Home: Communication Strategy

### Key Messages

- HNE Health supports a culture of acute care delivery in alternative settings.
- When referring to **Hospital in the Home**, always express in full. Try to avoid using the acronym “HiTH”. The aim is to reduce confusion not replace one acronym with another.
- As defined by a Cochran review, **Hospital in the Home** is “a service that provides active treatment ....in the patient’s home of a condition that otherwise would require acute hospital in-patient care”.
- The Institute of Health and Welfare defines **Hospital in the Home** as “Provision of care to hospital admitted patients in their place of residence as a substitute for hospital accommodation. Place of residence may be permanent or temporary.”
- **Hospital in the Home** is a substitute for acute care provided in the hospital; therefore if it the service did not exist the patient would be admitted to hospital or have to remain in hospital.
- **Hospital in the Home** teams consist of a variety of health professionals providing acute care to patients in accordance with both a clinical assessment of the patient’s needs and specific treatment protocols.
- **Hospital in the Home** services provide the patient with personal and clinical support and effective coordinated management of an acute clinical condition for a defined period. The patients considered for inclusion in these programs are medically stable, not requiring high clinical support but may include multi-morbid patients with complex needs. The care setting is often the patient’s place of residence.
- **Hospital in the Home** is a viable option for delivering acute care for appropriate illnesses and diseases.
- **Hospital in the Home** can replace a hospital admission or be in conjunction to a hospital admission.
- **Hospital in the Home** is a treatment delivery service.
- **Hospital in the Home** provides acute care treatment usually for no longer than 6 week period.
- **Hospital in the Home** is a safe, effective and efficient holistic care service delivery method.
- While on **Hospital in the Home** patients may continue to see their General Practitioner, and in fact are encouraged to do so for continuity of care. The Hospital in the Home team will clarify with the patients GP what care the GP is to provide. In some instances the GP will provide all aspects of the patient’s medical care during the **Hospital in the Home** episode; in other instances care will be shared by the GP and **Hospital in the Home** Medical Staff.
- **Hospital in the Home** staff members include both clinical specialists (from medicine, nursing, occupational therapy, physiotherapy, pharmacy, social work, speech pathology and dietetics) and non-clinical specialists (eg community care aides, data managers, researchers and administrative staff) who support the work of the interdisciplinary team.



## **HUNTER NEW ENGLAND HEALTH**

### **Hospital in the Home: Communication Strategy**

- Intensive palliative care is not included as a **Hospital in the Home** services.
- The following Hospital in the Home criteria information is sourced from METeOR. METeOR is Australia's repository for national data standards for health, housing and community services statistics and information.

The criteria for inclusion as hospital-in-the-home include but are not limited to:

- without hospital in the home care being available patients would be accommodated in the hospital,
- the treatment forms all or part of an episode of care for an admitted patient (as defined in the metadata item Admitted patient),
- the hospital medical record is maintained for the patient,
- there is adequate provision for crisis care.

Selection criteria for the assessment of suitable patients include but are not limited to:

- the hospital deems the patient requires health care professionals funded by the hospital to take an active part in their treatment,
- the patient does not require continuous 24 hour assessment, treatment or observation,
- the patient agrees to this form of treatment,
- the patient's place of residence is safe and has carer support available,
- the patient's place of residence is accessible for crisis care,
- the patient's place of residence has adequate communication facilities and access to transportation.



# HUNTER NEW ENGLAND HEALTH

## Hospital in the Home: Communication Strategy

### Services for Inclusion

Services for initial inclusion are, but not limited to:

Current Service Name	Contact
GNC Community Acute Post Acute Care CAPAC Hospital in the Home type services	Sandra Ryan Dr Chris Geraghty
Taree Community Acute Post Acute Care PAC Hospital in the Home type services	Louise Saville
Mater Acute Community care Service MACCS Hospital in the Home type services	Lynne O'Brien
Maitland Post Acute Community Care PACCS Hospital in the Home type services	Bernadette Greentree
Out and About Hospital in the Home type services	Roz Everingham, Pauline Dobson

Any service that commence providing active treatment in the patient's home of a condition that otherwise would require acute hospital in-patient care, will be branded Hospital in the Home. This could include new models of care for practitioner led services, GP led services or other yet to be defined models of care.

### Primary Stakeholders include:

- HNE Health Acute hospital services including emergency, ambulatory and inpatient services.
- Patient and carers receiving Hospital in the Home services.
- Patient and carers being considered suitable for Hospital in the Home service.

### Secondary Stakeholders include:

- All other HNE Health services including community, rehabilitation and aged care services.
- General Practitioners.

### Tertiary Stakeholders includes:

- Broader community.

# HUNTER NEW ENGLAND HEALTH

## Hospital in the Home: Communication Strategy

### STAGE 1. HOSPITAL IN THE HOME: Establishment, Marketing and Launch

Stakeholder	Action	Completion
Hospital in the Home Services	Define Hospital in the Home Service definition	Y
Hospital in the Home Services	Confirm initial Hospital in the Home service inclusions	Y
Hospital in the Home Services	Develop telephone survey to gauge the current level of knowledge and direct campaign	Y
Hospital in the Home Services	Conduct telephone survey to gauge the current level of knowledge of CAPAC/Hospital in the Home type services amongst people within the primary stakeholder group	Y
Hospital in the Home Services	Design Logo and confirm service name and sequencing of wording	Y
Hospital in the Home Services	Confirm service referral criteria and processes, catchment areas, contact details, The eligibility criteria The referral guidelines Intake process Response timeline	Y
Hospital in the Home Services	Explore option to centralise first line telephone response service for all Hospital in the Home services utilising the Patient Flow Unit or Referral and Information Centre.	
Hospital in the Home Services	Information about eligibility criteria and referral guidelines for staff in factsheets, newsletters, intranet, Laminated flip charts for staff to refer to, Posters to facilities	
Hospital in the Home Services	Design Intranet Site and confirm contents	Y
Hospital in the Home Services	Design Internet Site and confirm contents	
Hospital in the Home Services	Design brochure and confirm contents	Y
Hospital in the Home Services	Design poster and confirm contents	Y
Hospital in the Home Services	Targeting mail providing new marketing materials	Y
Hospital in the Home Services	Facilities Hand Books – ensure appropriate communications at relevant sites is included for all re-published hand books post the launch of Hospital in the Home.	
Hospital in the Home Services	Develop Fact Sheet for Launch	Y
Hospital in the Home Services	Launch message in CE news	Y
Hospital in the Home Services	Launch message in Hub	Y
Hospital in the Home Services	Morning Tea Launch at RNC	Y
Hospital in the Home Services	Evaluation of Communication Strategy	N
Hospital in the Home Services	Following the evaluation, development of the strategy for primary, secondary and tertiary stakeholders	N



# HUNTER NEW ENGLAND HEALTH

## Hospital in the Home: Communication Strategy

### STAGE 2. HOSPITAL IN THE HOME: Introduction of new service

A new Hospital in the Home service refers to either:

- A brand new service commencing within the area health service that meets the definition of a Hospital in the Home service; or
- An existing health service which meets the definition of Hospital in the Home and has decided to utilise the Hospital in the Home banner.

Stakeholder	Action	Responsibility
New Hospital in the Home service	Assurance alignment with marketing materials	HiTH Forum
New Hospital in the Home service	Explore option to centralise first line telephone response service for all Hospital in the Home services utilising the Patient Flow Unit or Referral and Information Centre.	HiTH Forum
New Hospital in the Home service	Targeting mail providing marketing materials for primary referrers	HiTH Forum
New Hospital in the Home service	Update brochures, posters, intranet and internet with new geographical locations	HiTH Forum

### STAGE 3. HOSPITAL IN THE HOME: Sustainability

Stakeholder	Action	Responsibility
Hospital in the Home	Ongoing Intranet site management	HiTH Forum
Hospital in the Home	Ongoing Internet site management	HiTH Forum
Hospital in the Home	Annual Review of Brochure	HiTH Forum
Hospital in the Home	Annual Review of Poster	HiTH Forum
Hospital in the Home	Facilities Hand Books	HiTH Forum
Hospital in the Home	Regular education sessions to primary referrers	HiTH Forum