

Special Interest Group Hospital in the Home (SIG4)

17-18 Oct 2018 - Sydney
Meeting code HRT1814

Why Participate?

- Improve patient outcomes and satisfaction*
- Reduce harm to vulnerable patients*
- Increase bed capacity without capital*
- Reduce bed block*
- Develop practical action plans to improve your service over the next year*

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Select Roundtable SIG4 on your subscription agreement and return by email to: accounts@healthroundtable.org

COST

\$A5,750* for first facility in your network. \$A4,750* for each additional facility. *excl GST

Individual delegate venue fees are billed separately.

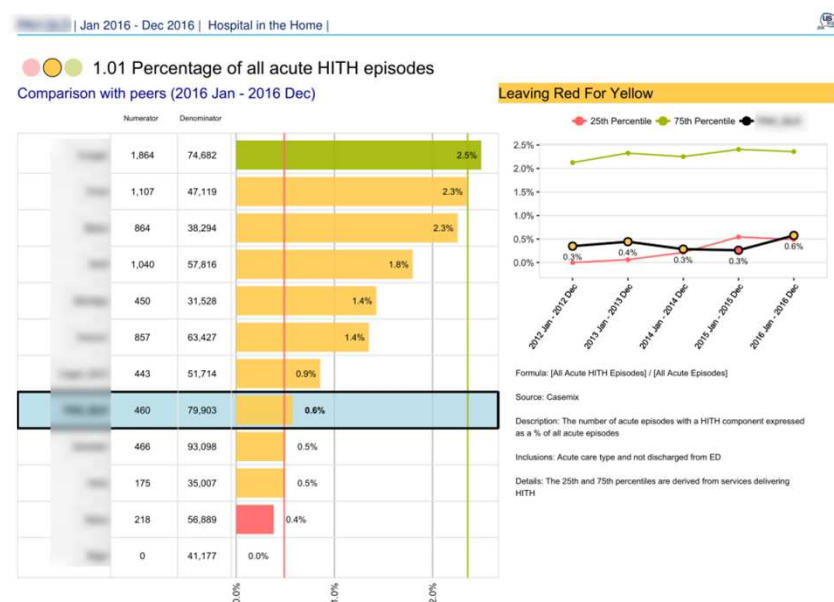
ENQUIRIES

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Hospital in the Home services provide an alternative for delivering patient centred care. **Patients report high satisfaction, have superior clinical outcomes and less complications of care.**

Delivering acute care in the home also offers many advantages to the service by increasing bed capacity and promoting patient flow through ED and wards. Direct costs are also reduced. 80 members deliver these services however, there is considerable variation in utilisation, service models and scope of conditions managed.

The Roundtable has developed benchmarking reports to assist services to review the gap in their HITH referrals against similar services. Members share innovations to improve and mature their services. There is an increasing confidence to care for highly complex patients who have long stays as well as simple acute care.



← Hospital In The Home

Hospital in the Home is SAFER

- Less falls
- Less Hospital acquired infections
- Less medical errors
- Less delirium and

GREATER PATIENT SATISFACTION

Special Interest Group Hospital in the Home

Existing HITH Services

By comparing your service with the exemplars for each of the top 20 principal diagnoses associated with HITH admissions, it is possible to calculate the capacity to improve and set realistic goals for your service. The Health Roundtable will use the most recent data to:

- Quantify potential episodes suitable for HITH admissions
- Quantify bedday savings by improving HITH utilisation and set goals
- Benchmark Length of Stay of HITH episodes with non HITH episodes
- Benchmark Length of Stay of HITH episodes
 - Hospital component
 - HITH component
- Benchmark 28 day readmissions after an episode with HITH

For New HITH Services

Take this opportunity to learn from established services and set realistic goals. Share important innovations and develop peer networks that will help you implement HITH services in your facility.

Changing therapies and ageing demographics will continue to challenge HITH providers to expand the scope of conditions treated in HITH. Some new opportunities are: Rehabilitation, GEM, Palliative Care, Mental Health, and Hospital in the nursing home. Some services are now offering Sameday acute admissions for Chemotherapy and Infusions.

Partnerships with Chronic Care Programs and Geriatric Services can also ease the burden on chronic and frail patients by providing timely HITH admissions and prevent deconditioning and harm.

Who should participate?

- This Roundtable is intended to share "good practice" ideas and innovations for HITH services.*
- Ideally, a cross-disciplinary team of those who are interested in improving HITH.*
- You may bring up to five people per health service.*

The Health Roundtable will:

- Work with experts to identify key trends and innovations.*
- Survey participating health services for innovative practices.*
- Collate and analyse results.*
- Summarise the meeting and circulate all presentations.*

The Challenge

- Providing *safe*, accessible, affordable, *high quality*, acute *patient centred* care in the home
- Meeting (*increasing*) targets
- Managing increasingly *complex* clients
- Meeting the *expectations* of our clients, their families, our Health Services and Health Departments

