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MEDIA RELEASE

HOSPITAL IN THE HOME: GROWING PART OF AUSTRALIAN CARE

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CARE delivered as Hospital in the Home is growing rapidly in Australia, with fewer hospital readmissions and fewer deaths, according to the authors of research published online today by the *Medical Journal of Australia*.

“The core aim of the Hospital in the Home (HIH) concept is to provide the skills, technologies, and support needed to treat patients at home who would otherwise require admission to hospital,” wrote the researchers, led by Associate Professor Michael Montalto, a senior consultant and Head of the Hospital in the Home Unit at Epworth HealthCare. “Our study aimed to describe the uptake of HIH by major Australian hospitals and the characteristics of patients and their HIH admissions. Our secondary aim was to assess the change in the number of HIH admissions over 7 years relative to total hospital activity.”

Montalto and colleagues analysed previously collected census data for all multi-day hospital inpatient admissions to 19 principal referrer hospital members of the Health Roundtable in Australia, during the period 1 January 2011 – 31 December 2017.

They found that 3.7% of admissions to the 19 hospitals included HIH care. Median length of stay for admissions including HIH (7.3 days) was longer than that for those that did not (2.7 days). For HIH admissions, the proportion of men was higher (54.4% v 45.9%), the proportion of patients who died in hospital was lower (0.3% v 1.4%), and readmission within 28 days was less frequent (2.3% v 3.6%).

The 50 diagnosis-related groups (DRGs) with greatest HIH activity encompassed 65 811 HIH admissions (82.1%), or 8.4% of all admissions in those DRGs. HIH admission numbers grew almost twice as rapidly as non-HIH admissions, but the difference was not statistically significant.

“HIH care is most frequently provided to patients requiring hospital treatment related to infections, venous thromboembolism, or post-surgical care,” Montalto and colleagues wrote.

“The funding and organisational effort required to establish and support HIH is considerable, and policymakers in acute health and hospital services need to be convinced of its tangible benefits for both patients and health systems.

“We found that HIH plays an important and growing role in care for patients with a range of hospital diagnoses.

“The challenge for health systems is to expand its role further and, more importantly, to carefully determine clinical areas in which HIH may be useful but is currently unused.

“As with specialist intensive care and emergency medicine, introduced during the 1960s, HIH could develop into a non-organ-specific hospital specialist service with a significant and lasting impact on hospital services, organisation, and funding,” they concluded.

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CONTACTS: Paul Bentley
Media and Public Relations Manager
Epworth HealthCare
Ph: (03) 9426 8816 or 0407 154 162
Email: paul.bentley@epworth.org.au