



**Thursday 30 May 2024 Southport Sharks Club, Southport** 

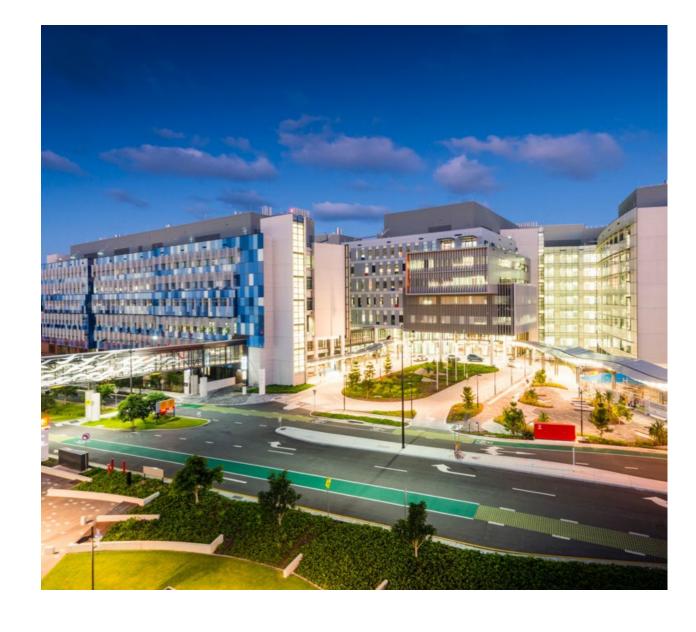






## Mental Health Hospital In The Home Treatment

Home is Where the Health Is







### Jingeri

We acknowledge the Traditional Custodians of the land in which we work, live and grow, the Kombumerri, Wangerriburra, Bullongin, Minjungbal and Birinburra peoples, of the Yugambeh Language speaking nation. We also pay our respects to Elders past, present and emerging. We also acknowledge other Aboriginal and Torres Strait Islander people present today.



### Acknowledgement of Lived Experience

We acknowledge and value the perspectives of the consumers, carers and families of our service and all people living with mental health challenges and difficulties associated with the use of alcohol and other drugs.

We recognize the impacts of suicide within our community and will continue to strive to create services that compassionately care.

### Mental Health- Hospital in the Home (HITH)

Funded through Better Care Together and in line with HealthQ32 Reform Strategy 2032 with aims to

- Optimise the delivery of safe, appropriate and timely care using newer evidence-based models of care
- Enhance options for admitted inpatient care outside hospital-built infrastructure
- Relieve the pressure from the current inpatient and community teams





HITH is acute inpatient equivalent care, utilising highly skilled staff, hospital technologies, equipment, medication, and safety and quality standards, to deliver hospital-level care within a person's place of residence or preferred (non-hospital) treatment location.





### **GCHHS** MH-HITH Team





- 1 Clinical Lead & Consultant Psychiatrist
- 1 Organisational Lead and NUM
- 1 Psychiatric Registrar
- 1 RMO
- 1 Pharmacist
- 3 Clinical Nurse
- 2 Registered Nurse
- 1 Psychologist
- 1 Advanced Peer Support Worker
- 1 Administrative Officer





### **Goals of the MH HITH Service**

To provide clinically appropriate care and treatment in their home environment as an alternative to hospital admission.

Deliver acute treatment within the home setting, allowing greater flexibility to meet consumer and family needs.

Maintain more active family/carer involvement as an integral part of the consumer journey.

Least restrictive approach to consumer care and treatment.

Improve capacity and efficiency of GCMHSS to respond to increasing demands for hospital beds.



### Who is the service for?

Acutely unwell consumers, requiring an IPU admission

Suitable and safe accommodation for staff to visit

A responsible relative, carer or support person.

A willingness to engage in MH-HITH



### Potential Barriers to MH HITH



If a person does not require an IPU admission, MH HITH is not indicated.



Being too unwell to be safety managed in their home.



Consumers requiring the support of an Inpatient TA.



An active substance use disorder, which contributes to a fluctuating mental state, that is likely to significantly increase risk to self or others.



Not having a care person available to support the consumer 24 hours a day



A high-risk level for suicide, violence, vulnerability or treatment non-adherence.



### **Operational Processes**

# Referral Pathways

**Inpatient Teams** 

**Consultation Liaison** 

Continuing Care Community (CCT/MIRT/REACH/TRS)

**Acute Care Community** 

## Operational Processes

Referral Form completed and sent via email to HITH

Referrals accepted between 0800-1630, Monday to Friday.

Suitability Assessment completed within 24 hours of receiving referral and outcome discussed with referring team.

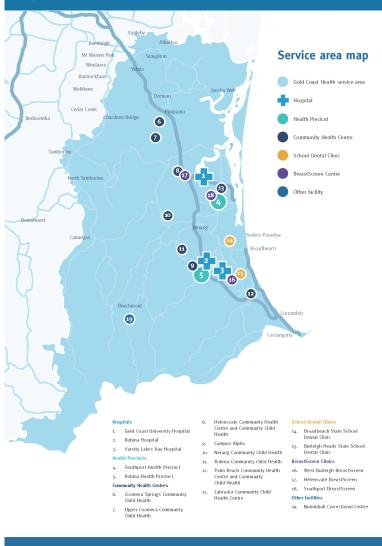
Accepted to HITH – admitted immediately (no planned admissions over the weekend).



### **Typical Day**

- Referrals & liaison with referring team
- Suitability assessments
- Home visits
- Treatment & Discharge planning
- Training: Supervision & Teaching junior medical colleagues and staff.
- Medical Leadership: Clinical governance.
- Operational Leadership: NUM.

### **Catchment Area**



Gold Coast Health
Building a healthier community



North GC > South GC



### Clinical Profile of the Patients

Average age: 53 years

#### Gender:

Males: 65 (49%)Females: 68 (51%)

#### Diagnostic clusters:

• Severe Mental Health Disorder: 115 (86%)

• Common Mental Health Disorder: 18 (14%)



### Clinical Profile of the Patients

Average Length of Stay: 14 days

Readmission rates (Within 28 Days): <4%

Absent without approval: <1%

Risk Assessments completed: 91%

Follow-up by acute and continuing care community teams: 100%

Care Plans completed: 100%



### Complaints & Complements

• 99.25% Complements

• 0.75% Complaint



### **Compliment form**



The staff here would like to hear from you if you have been happy with the services you have received.

Log your feedback online at www.goldcoast.health.qld.gov.au, click on 'Get involved'

Date: 4 1 8 1 2023
Service / department:
Tell us about your experience: I think this Service is great due
to our circumstances with having a new born my
husband didn't get to miss out Ion too much.
Hering the daily Usits helped myself and my husband
and like great to put a plan in place for this vecovery.
The Support from the team have been great.
I only wish we had this service a few years back
when my husband had his last episode. I can see this
Service belong a lot more familys.
'// /

- The HITH team have been amazing. We cannot rate this experience high enough. This program has been incredibly valuable to myself and my family without it, I would never have recovered to the extent that I am now. Being able to spend time recovering in my own home with my family has really benefited my health and wellbeing. Having full access to everything the hospital provides in my home is incredible. Such an awesome program that has to continue and expand. This could really make a massive impact on society and transform mental health. As a carer the HITH team have provided the best transition from hospital to the home, and I am sure in the future it will support our family at home without the need to go to hospital.
- The service was very good. Certainly, out of hospital early helpful to have home visits. Different staff is good this service should be bigger and be offered at every hospital.
- Excellent, best service I have ever experienced in 30 years of bipolar disorder. A much-needed service.

### **Early Learnings**

Clinical Learnings

Operational Learnings



### Clinical Learnings:

Suitability Assessments & Mutual agreements.

Service co-ordination & Integration

Medication dispensation issues

HITH is the least restrictive practice that is aligned with recovery-oriented practice.



### **Operational Learnings:**

Staff upskilling

Need for MDT

Upscaling: Gradual increase of bed numbers

Partnership with referrers & discharge services (QH & Non-QH)



### **Innovations**



**Use of SafeZone Mobile Application** 



Use of blended care delivery models:

Face-to-Face, & Telehealth



#### **Research initiatives:**

Setting up of MH HITH
Heath Economic Evaluation of MH HITH
Potential presentation at The 16th HITH
Society Annual Scientific Meeting, Sydney.



### Way Forward



Additional Better Care Together investment to scale up MH-HITH which will enable:

8 beds to 16 beds

More equitable reach across GCHHS catchment area



Recruit & Retain staff



Research & Quality Improvement





## THANK YOU

GCMHHITH@health.qld.gov.au



