### Pandemic (i.e. COVID-19)

#### 1. Statement

This addendum to the Hospital in the Home (HITH) Guideline (#QH-GDL-379:2016), provides recommendations regarding best practice for public HITH services across Queensland in the event of a pandemic (i.e. COVID-19), which is defined as the worldwide spread of a new disease.

Unless mentioned in this addendum or *Addendum A*, all other requirements under the HITH Guideline will remain applicable.

Hospital in the Home (HITH) is an essential service during times of healthcare crisis. HITH services provide a safe alternative to hospital-based care to increase healthcare capacity when the health system is under extreme pressure. When the World Health Organisation (WHO) issues a pandemic notification (e.g. COVID-19) there are significant impacts on the health system, including the closure of services. As such, HITH services need to be agile and responsive to assist in meeting the increased healthcare demand and managing changing needs throughout pandemics.

During a pandemic, a high demand on health services is anticipated, with demand potentially exceeding supply. HITH services will be required to provide clinical interventions to patients who have the pandemic condition, in addition to treating traditional HITH patients.

HITH in Queensland is defined as providing care for admitted patients, in their permanent or temporary residence, for conditions requiring clinical governance, monitoring and/or input that would otherwise require treatment in the traditional inpatient hospital bed. The admission criterion is governed by the Authorising Officer and is focused exclusively on admitted care substitution.

During times of a pandemic, HITH services may support new functions of healthcare service delivery, such as treatments, procedures, and short-term restorative care.

#### 2. Scope

The purpose of this Addendum is to support best practice advice, and ensure standardisation of HITH admissions, processes, and reporting during a pandemic. This Addendum provides guidance to public HITH services across Queensland and should be considered in the development of local HITH processes.

Compliance is not mandatory, however sound reasoning must exist for departing from the recommendations contained within this Addendum.
3. Recommendations for HITH services

The following recommended requirements are provided to inform and support best practice in the event of a pandemic. Outlined recommendations correlate with applicable headings (where appropriate) in the Hospital in the Home (HITH) Guideline (#QH-GDL-379:2016) – Refer 4. Supporting documents.

It is recognised there may be multiple types of patient activity managed by HITH services during the pandemic.

1. Multi-day admitted HITH activity (COVID 19 or Non COVID 19) - to be assigned a code such as Home Ward care. All patients that meet the Queensland Health admission criteria, receiving hospital Emergency Department (ED) avoidance and hospital inpatient substitution are to be recorded in the HOME ward (as per Queensland Hospital Admitted Patient Data Collection (QHAPDC) Manual 2019-20 version 1.2)- Refer 4. Supporting documents.

2. Admitted same day HITH activity (COVID 19 or Non COVID 19) - to be assigned a code such as Home Ward care. All patients that meet the Queensland Health admission criteria, where care substitutes an admitted same day occasion of service are to be recorded in the HOME ward (as per QHAPDC).

Note:

Non-Admitted (Outpatient Activity) that does not meet Queensland Health admission criteria and there is no clinical decision to admit the patient, are to be managed through existing non-admitted systems using local clinic type identifier, and assigned a Corporate Clinic Code (CCC): for example 376 – Infectious Diseases – COVID19.

Figure 1 overleaf outlines the coding process for admitted and non-admitted HITH patients.

For patients in Rural and Remote areas

Due to the unique challenges, both cultural and geographical, faced within Rural and Remote Queensland it is essential care is provided in a different and more flexible way. As such for patients that are COVID 19 positive that reside in rural and remote areas of Queensland it is recommended that these patients are admitted to a HOMECO ward with location of HCOV. These patients may not meet the admission requirements however due to the tyranny of distance, the potentially reduced ability to access urgent medical support, the inability to meet isolation requirements or for cultural reasons, these patients may require greater monitoring, and therefore may need to be admitted. The Statewide Rural & Remote Clinical Network has developed a model of care outlining the service requirements (LINK). Services are encouraged to follow these guidelines to ensure safe practice.
Figure 1: Flowchart for the coding of admitted and non-admitted HITH patients
3.1. Corporate and Clinical Governance

Corporate Governance
HITH services are to be incorporated into the Hospital and Health Service (HHS) pandemic plans.

Clinical Governance
Clinical governance and responsibility for Admitted patients remains under the admitting clinician and aligns to the most suitable inpatient admitting team or Authorised Officer, as clinically appropriate.

- Clinical governance for Non-Admitted remains with the General Practitioner (GP), as per standard billing arrangements.

3.2. HITH Inclusion and Exclusion Criteria

Inclusion Criteria

**COVID-19 / Pandemic positive patients:**

Physical environment:

- Admitted patients who are deemed by the treating team/Infectious Diseases to have a suitable home environment will be referred to HITH services to support home isolation and limit the risk of exposure to other home occupants.

Clinical criteria:

The following clinical criteria must be met for an admission and/or transfer of a COVID19 patient to the HITH service:

- Admitted patients who have been tested for a pandemic condition (i.e. COVID-19) and returned a positive result, who are deemed safe for management as a HITH patient (including symptomatic and still infectious),
  OR
- Admitted patients who have been exposed to a pandemic condition and may or may not have symptoms, but have tested negative,
  OR
- Admitted patients who have been tested for a pandemic condition who are awaiting test results and are required to self-isolate to see if an infection develops,
  AND
- Have been assessed and approved by Infectious Diseases to be able to be medically stable for home management (patient able to safely self-isolate at home),
  AND
- Have been assessed by HITH team and deemed suitable for HITH,
  AND
- Have had their status notified to Public Health Unit (PHU) of admission to HITH and self-isolation at home.
Service modality and frequency:

- Where daily face-to-face visits may not be practicable, intervention can be undertaken through virtual technology, such as telehealth and Remote Patient Monitoring, where clinically appropriate.
- Whilst daily intervention is preferable, if deemed not practicable, intervention regardless of service modality (face to face or virtual) must occur every two days at a minimum.

Non-COVID-19 / Pandemic patients:

- Care to be given in the patient’s permanent or temporary residence, and only where aligns to the patient’s wishes, in a clinic or hospital setting (excluding medical review)
- Patients must have access to a telephone

Exclusion criteria

Admitted patients who:

- Are non-compliant with any inclusion criteria, OR
- Are unable to isolate at home due to being assessed by the Infectious Diseases team to be medically unsuitable for home management (patient unable to safely self-isolate at home), or have cohabitants with an increased risk of complications, OR
- Do not have an appropriate residence for home-based care.

Specialty areas requiring further consideration for inclusion/exclusion

- If the patient or treating team requires access to specialist care, such as palliative care/mental health treatment.

3.3. Patient Care

Admission/transfer of care

- A one phone call referral system (24-hour) should be in place
- A simple direct-referral process for GPs and ward transfer process from Emergency Departments (EDs) should be developed and implemented (Sample GP HITH Referral Process attached - Refer 4. Supporting Documents). Specific pathways for patients with the pandemic condition should be developed and implemented, if clinically appropriate. (Sample HITH and COVID-19 Clinical Pathway for public Queensland HITH Services attached - Refer 4. Supporting Documents)

Management of the Deteriorating Patient

- Deteriorating patients should be identified and managed as per the usual local protocol, viz. via the Queensland Adult Deterioration Detection System (Q-ADDS) or the “Between the Flags” protocols.
Patient Discharge

- Non-COVID-19 patients are discharged according to usual local protocols.
- COVID-19 patients are discharged as per current public health guidelines.

Patient Education and Health Literacy

HITH patients should be provided with information regarding:

- Hygiene
- Signs and symptoms of deterioration
- Waste management.

3.4. Quality and Safety

HITH services should:

- Create a local exposure plan for staff who may have been exposed to the pandemic condition and employ standard isolation practices according to local HHS protocol.
- Ensure adequate access to Personal Protective Equipment (PPE) for staff.
- Educate staff on correct procedure to don and doff PPE.
- Ensure staff members don PPE as per protocol and place biohazard container and bag outside the place of residence, or treatment room (if applicable).
- Waste generated during the clinical care of suspected and confirmed cases of the pandemic illness should be disposed of as clinical waste. Local process should be followed to adhere to the correct process for managing clinical waste.
- Ensure staff clean equipment prior to putting it in the vehicle between patient encounters.
- Provide staff with emotional support and ensure there is adequate fatigue leave and access to employee assistance services as required.
- Develop staff wellness strategies to implement to support staff.

Death during a HITH admission

Services should:

- For non-COVID-19 patients, adhere to the local HHS protocol for management of death during a HITH admission
- For COVID-19 positive patients, adhere to the local HHS protocol for management of the death of such a patient
- Refer to Coronor Reporting requirements
3.5. Corporate Functions

Staffing training and competencies

HITH services should:

- Employ the recommended PPE and relevant procedure (i.e. COVID-19 swabs) training as per current local HHS protocol
- Provide training for staff regarding the new and emerging pandemic condition
- Work with specialty services to upskill staff in specialist care e.g. palliative care

Staffing requirements

HITH services should consider:

- Utilisation of student nurses and support staff to assist within their scope of practice to expand the reach of clinical service delivery (ensuring adequate clinical supervision is provided)
- Utilisation of acute redeployed staff to supplement the usual HITH workforce e.g. surgical outpatient department nursing staff

4. Supporting documents

Following are related documents that support the implementation of this Addendum.

Key HITH documents:

- Hospital in the Home (HITH) Guideline Addendum A – Clinic-Based Hospital in the Home – Block Funded Facilities
- Hospital in the Home Recommended KPIs/Minimum Data Set
- Queensland Hospital Admitted Patient Data Collection (QHAPDC) Manual 2019-2020 version 1.2

Key resources:

- Correct Use of Personal Protective Equipment (PPE) - developed by Sunshine Coast HHS
- COVID-19 – Information for Cases Isolating at Home factsheet - developed by Metro South HHS
- Oropharyngeal/Nasopharyngeal Swabs for COVID-19 - developed by Sunshine Coast HHS
- Phone/Face to Face Assessment COVID-19 - developed by Metro North and Metro South HHSs respectively)
- Sample GP HITH Referral Process
- Sample HITH and COVID-19 Clinical Pathway for public Queensland HITH Services
## Version Control

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