Health Consumers Queensland

Hospital in the Home (HITH)

Kitchen Table Discussions Report to

Healthcare Improvement Team

Clinical Excellence Queensland

Date: 20 November 2020
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1. SECTION ONE

1.1. Executive Summary and Key Themes

Health Consumers Queensland was contracted by Clinical Excellence Queensland Healthcare Improvement Unit to undertake consultation with grassroots consumers and carers through their consumer-led consultation methodology – Kitchen Table Discussions.

The contract requires Health Consumers Queensland to recruit and train 15 consumer and carers to host the kitchen table discussions and, provide support to the hosts with the required materials and financial support. On completion of the consultation Health Consumers Queensland is to provide a report by November 2020 summarizing the outcomes of the kitchen table discussions including a summary of the individual sessions and analysis of key themes.

Kitchen Table Discussions are community engagement sessions led by local people for local people. They allow small groups to participate in discussions at a time of day, and in a place, that suits them. The discussions enable health consumers, carers and community members who do not ordinarily participate in healthcare consultation to have their say in a safe and supportive environment.

Due to COVID-19 guidelines the host invites up to 6 community members to a discussion in a location of their choosing or host the session online via zoom. The host guides the discussion with a set of questions provided to all hosts. The feedback from the participants is provided to Health Consumers Queensland for analysis and reporting back to the Healthcare Improvement Team.

In total **104** consumers and carers were consulted. This number includes the hosts whose comments were also incorporated into the feedback.

Of the 15 kitchen table discussions:

- Two were hosted by Aboriginal consumers
- Three by CALD/NESB consumers
- Three in rural and remote locations
- Three in regional areas
- One with chronic complex conditions, and
- Three with various age groups

Key themes

Of the 104 consumers and carers consulted only one-third of participants were aware of HITH services. There was confusion regarding what HITH services are, where they are available, how to access services and eligibility criteria. Although we had briefed hosts there were still comments in relation to cost of service.

There appeared to be quite a lot of confusion as to whether those who had experienced a hospital in the home service knew whether it was a public or private service, or if they had a HITH service or another home-based care service.

The participants also identified what they see as the benefits of HITH. Benefits included being at home, not having to travel to visit patients in hospital, more family members allowed to visit, convenience, eases pressure on family members and saves time and travel time. For others there are cost savings and ability to maintain their religious practice at home. This information is an asset when considering any future promotion or rebranding of the HITH service.

Others want more information on how those who are disadvantaged and marginalised can access the service, including those in homeless shelters and living rough.

Yet, in learning more, all participants indicated they were keen to learn about HITH and strongly supported the idea of being able to utilize the service when needed. They want more information on HITH services and what constitutes a HITH service. They also want to know that hospital staff are aware of it and offering it to suitable patients.

When discussing if there is anything the Queensland health system can do to better support consumers the feedback was significant and participants were clear in what would better support them to know what services are available outside of a hospital setting. For them, the first thing is for Queensland Health to engage and consult with consumers more effectively. The participants also recognised that there hasn't been much community consultation or promotion about HITH services that they are aware of.

What is needed is improved consumer knowledge and understanding of available public out of hospitals services in Queensland. Community in general needs to know what is required to access such services and to have access to appropriate and easy to find information on what the service provides, how to access it and how to ensure it is offered as a choice at pre-admission or admission. It should be part of their care plan and discharge planning.

The feedback does indicate that consumers are not always being given HITH services as a care option. If this is the case, then possibly the first step for Queensland Health would be to ensure that hospital staff and specialists are supportive of HITH services and ensure consumers are informed of all their options for care.

In discussing virtual care, the participants indicated they support telehealth and virtual wards however, there are still those who want to maintain face-to-face consultations with their GP and health providers. For others, they do not have the technology or literacy level to enable them to utilise virtual care and this is often the case for people with English as a second language.

Participants in some groups did agree they would be willing to receive care virtually or via telehealth, completing on line surveys and monitoring their own observations. However, another group said no one wanted to monitor blood pressure or heart rate unless it was via Zoom or similar as they would all be concerned it wasn't being done correctly and the consequences of that. Support from health professionals would also be required to educate patients on use of monitoring equipment.

In summary, the feedback received from grassroots community clearly supports the availability of HITH services and expansion of such services throughout Queensland. There is a strong need to improve both community knowledge and understanding of the services as well as health staff and primary care providers.

Health Consumers Queensland would recommend as a starting point that HITH be a theme for a Queensland Clinical Senate meeting to discuss the benefits of the service, how to expand it and increase access to consumers.

We thank you for the opportunity to undertake this important consultation. The extent of feedback received from grassroots community clearly indicates that HITH services are wanted, needed and that promotion of the service will be necessary to increase uptake.

2. SECTION TWO - Discussion Questions

The consultation questions were developed by HITH Services with input from Health Consumers Queensland. Each host had the same set of questions for their discussion.

***QUESTION 1**: Are you aware there are Hospital in the Home (HITH) services offered through Queensland public hospitals that currently provide hospital equivalent care (acute care) to Queenslanders in their own homes on a daily basis to adult patients (and in some locations, to children)?*

***1B**: Did you know this service includes people who have a temporary place of residence i.e. caravan, prison, or a workplace?*

***1C**: Did you know that the services are free of charge for eligible patients, and are delivered by registered nursing staff (with some services providing access to allied health services i.e. physiotherapy)?*

***QUESTION 2**: Of the answers given to the previous question:*

***2A**: For those that are receiving or have received care from a HITH service, or have or had a family member (adult and/or children) receive care from a HITH service, can you talk about what it meant to you/your family to receive that care at home, and how you came to learn about the HITH service initially?*

***2B**: If you were unaware of HITH services and what they provide, describe what would be important to you/or a family member (adult and/or children) if you/they were able to receive hospital equivalent care (acute care) at home – is it something that may be of interest and why?*

***QUESTION 3**: Is there anything the Queensland health system could do to:*

***3A**: Better support you/your family (adult and/or children) to know what services are available to you outside of a hospital setting and,*

***3B**: Assist you to feel empowered to ask if you may be eligible for those services i.e. Hospital in the Home?*

***QUESTION 4**: What communication avenues could the health system explore to better promote and educate Queenslanders (adult and/or children) about the existence of HITH services and what they offer?*

***QUESTION 5**: Would you/or a family member (adult and/or children) be comfortable receiving some care through a virtual ward process e.g. via a telehealth consultation, completing online surveys, monitoring your own observations like blood pressure/heart rate remotely through technology or providing health feedback electronically? If not, why not?*

***5B**: If you/or a family member (adult and/or children) is already receiving some care virtually, what do you/they like about it?*

***5C**: Number of participants who have received their care through a virtual ward process*

3. SECTION 3 - Consultation Outcomes

The following outlines the key themes drawn from the feedback to each of the five questions.

3.1. Are you aware there are Hospital in the Home (HITH) services?

The response to this question identified that two-thirds of the participants were not aware of HITH services.

Yes **- 31**

No **– 62**

One participant explained that an elderly relative had '*Blue nurses coming to the home'* but was not sure whether it was a Hospital in the Home service. The Service that was provided was good. Whilst another participant asked if Hospital in the Home included assistance with housework, gardening and going shopping.

3.1B Did you know this service includes people who have a temporary place of residence?

The response to this question clearly identified that the majority of participants were not aware HITH services included people with a temporary place of residence. One comment was made that they believe prisons (corrections facilities) have their own service.

Yes **– 11**

No **- 82**

3.1C: Did you know that the services are free of charge for eligible patients?

Again, the response indicated that two thirds of participants did not know the services were free of charge for eligible patients and delivered by nursing staff.

Yes **– 30**

No **– 63**

Additional comments were received from participants when asked these questions including one group indicating they did not understand what "eligible" meant and what it entailed.

Several participants referred to the Medibank Private commercial currently shown on television featuring a male patient receiving physiotherapy services at home. The participants asked if this was Hospital in the Home. One host explained that this was not a free service and that it was not the public HITH program.

A participant asked if giving birth at home with a special nurse assisting the woman was a part of HITH services. The host explained that giving birth at home was different and it was a different service to Hospital in the Home. One said their family member had received allied health and psychology services in the home after hospital discharge. They commented that this was very helpful to the patient and family during their rehabilitation however they were not aware if it was a public or private service.

Another participant talked about their family member who was in hospital for five months; disabled and with hearing impairment. They suggested the family member's problems and other health issues could have been supported by HITH. "*Numerous hospital resources were utilized and could have been avoided."*

3.2: Talking about what it meant to receive care at home, and learn about the HITH service?

The participants indicated they learnt about HITH and its availability in their region in a variety of ways. For example, one participant said they learnt about the service from a 'friend' in South East Queensland who had a chronic disease. *"It has been life saving for her. I have never heard of it being offered in Far North Queensland."*

Another suggested it hasn't been available anywhere they've lived when they needed it. The same participant did say their grandmother had wound care at home. "*If she hadn't been able to receive that I don't think she would have gotten any better."*

> "*My mother was in hospital and I was made aware of HITH program through the hospital nurses and the Social Worker. I think the Social Worker was the main person and my daughter is an Aboriginal Health Worker, so she too helped with the information. The hospital explained how they would provide the support out of hospital. When Mum was sent home, she had a registered nurse visit her as well as a physiotherapist and a doctor too. My mother is elderly, and it is important for her to be home and the family wanted to "give it a go" to support her. We needed to work with the Allied Health team to achieve this. Having mum back at home allowed the extended family to visit her at all times of the day and evening. There were no limitations. As an Aboriginal family, culturally this is very important and HITH care provided for this."*

A participant in a different group talked about receiving hospital organised physiotherapy. This person normally lived in the Moreton Bay region but had to have her sister who lived in Logan shire drive the patient to her home to receive the physio sessions. This was due to the patient being discharged from hospital located in the Logan region. This was raised as a potential issue if it was a HITH service suggesting it should not be limited by where the admitting hospital was located.

Whilst another's son had surgery in hospital and the HITH service was offered before discharge. The parent said it was a wonderful service in that they came to the house to do the wound care daily and assisted her in

caring for the wound. "*As the wound was initially quite raw, I was quite hesitant to deal with it, but after observing what they nurses did daily, I felt more equipped to care for it myself by the time the service ran out."*

There appeared to be quite a lot of confusion as to whether those who had experienced a hospital in the home service knew whether it was a public or private service, or if they had a HITH service or another home-based care service. For one participant, they referred to their family members palliative care in the home service as being a HITH service as it was care provided by the palliative care team and Blue Care nurses.

Some participants who were aware of HITH services had been informed by community care services or their GP. Comments also suggested that HITH was not well known by hospital staff and during discharge planning.

One host had experienced HITH in May (during COVID-19 restrictions) and relayed her story to help her participants understand what it involved. She said It was initially actioned by her GP who contacted the Emergency Department of Prince Charles Hospital Virtual ED to initiate intravenous antibiotics. As this was not possible, she was required to present to ED, be evaluated, spend one night in the Short Stay Unit prior to being reviewed by the Infectious Disease Consultant and the HITH Registrar. She was discharged to HITH and received two days of intravenous antibiotics with weekly visits as an outpatient to the Infectious Disease Consultant. The host said at that time she was not aware she needed to be admitted to hospital to be referred to HITH.

> "*I learnt about Hospital in the home when I tried to access it for my husband. It was very much unspoken about and I asked repeatedly if it existed. We finally came across a nurse who thought that we must have been worthy. It would have meant the world to us. Unfortunately, it seems as though it is something that is very rare and difficult to sign up for. We needed it immediately, and it just couldn't happen. The equipment also seems to be an issue. We needed a hospital bed, but it was going to be a week before that could be delivered to our home and we just didn't have that time. I looked into private nursing and was organising that but also ran out of time."*

Benefits of HITH services

When discussing the benefits of accessing HITH services participants were very positive with most wanting to know more information. Their suggested benefits include:

- Being at home.
- No need to visit a patient in hospital.
- Family members can visit the patient at home.
- More family members can visit than allowed in hospital.
- More convenient, save time and travel time.
- No transport and parking costs.
- Reduces difficulty in locating patients in hospital.
- Patients at home can eat their traditional food.
- Patients can listen to their music and radio programs.
- Patients at home can go to the bathroom or for a walk and be assisted by family.
- There would be less risk of hospital acquired infection.
- Kinship support and Health Worker home visits so it would be culturally sensitive.

- Less stressful than being an inpatient, particularly in rural remote areas when family and friends cannot get to visit hospitals because of distances and vehicle access.
- Being at home would empower the patient more.
- In the patient's home it would provide a better healing environment as they are in familiar territory and are surrounded by their family, children, friends, pets and comforts.
- Some cultures are fearful of hospital – patient may never return home.
- Prayer times are not disrupted by hospital routines.

One group of CALD participants talked about the importance of their religious practice and how it would support the patient at home if healthcare professionals visiting the home are aware of the importance of the special religious days and practices.

> "*It would be really good for the patient to be at home. In my home country people are usually cared for at home by the relatives and when the patient is not getting better the family takes the patient to the hospital. If the nurses could visit every day to see if everything is going well with the patient that would be really good. It would give the family peace of mind as well as help the patient to get better"*

3.2B: If unaware of HITH services and what they provide, what would be important to you/or a family member?

Participants had many suggestions on what would be important to them and their family. For example, for one participant, post-natal care in the home would be important. The participant said she did not have faith in the hospital system to implement a safe home birth program and will not birth inside a hospital. She said postnatal midwifery services would have been very helpful.

Another talked about the importance to her family of being able to stay at home when acutely unwell or experiencing normal milestones such as uncomplicated birth. *"I would definitely be interested in this because I find hospitals a really unpleasant place to be if you are acutely unwell or labouring/birthing. I really think healing happens faster at home in a comfortable environment. Infection control is also an issue for me."*

Being in a place of their choice such as home is a priority. Convenience, cost effectiveness and timeliness are important to another participant who suggested it would have to cost less to have her at home healing than it would to take up a hospital bed.

> "*Care visitors to the home must be good communicators and it is important that the same staff visit regularly whenever and wherever possible. This develops relationships and trust and is of particular need in Indigenous Health care*."

Seamless services and linked medical records are important, and If the patient is taken back to the hospital, there are no care or time delays, a bed prioritised and the patient not left in corridors or emergency waiting room.

A participant said she thinks her GP mentioned it to her for recurring UTIs that may require IV antibiotics. She said she would be willing to do hospital in the home for this but not for anything more serious.

Safety was identified as an important element for the patient, carer/family and visiting health staff.

> "*What's important to me is quality of care. I would like to think that the people providing in home care are highly trained and passionate about what they do. That can be hit and miss inside the walls of the hospital."*

Other suggestions for why HITH services are of interest included:

- Like to be cared for equivalent to hospital: full care and as good as at hospital
- Do not have to book carer or have children (son/daughter) to take leave off work to take to hospital
- If they do not live together with children, they need help from hospital because they cannot drive
- Need interpreters, need special phone number for people who do not speak English
- Many people do not want to go to doctors
- To be monitored frequently
- To be seen at home at a minimum of once a day preferably twice, particularly in the rural and remote areas.
- Especially for people who have difficulties on moving/driving
- To have someone reliable at home with the patient; a family member or carer who understands. It would not work necessarily, if you were home alone unless the patient had a personal emergency call button that they could activate if anything goes wrong.
- Care offered 7 days a week at the same level as Monday to Friday.
- Safer – pandemic, and infections lessen. No visitors allowed in the hospital during COVID
- Alleviates the problem of not enough beds in hospital.
- Lessens the chance of catching super bugs.
- Alleviating depression for patients who experience it in hospital surrounds.
- Not having to take children into hospital when having treatment.
- Single parents not needing to be put through trauma of children at home whilst in hospital.
- Pets cared for.
- Reduce likelihood of not attending follow up appointments due to cost of parking and transport issues.

The majority of participants agreed that Hospital in the Home would be very useful and were interested in finding out more about receiving hospital services in their home. One said they would want to know the care was hospital equivalent. "*Is the care comparable it needs to be timely and to have processes in place that if the patient worsens, they can be readmitted to hospital ASAP by ambulance?"*

Suggestions include:

- Kinship support and health worker home visits so it would be culturally sensitive.
- It would be less stressful than being an inpatient in hospital particularly in rural and remote areas when family and friends cannot get to visit hospitals because of distances and vehicle access.
- Some feel powerless in hospital and don't understand the system or processes. Being at home would empower the patient more.

- In the patient's home it would provide a better healing environment as they are in familiar territory and are surrounded by their family, children, friends, pets and comforts.
- There would be less risk of hospital acquired infection.
- Convenience and takes stress off. Would not have to visit or take clothes, medications, personal items, find parking, take time out of day.
- Familiarity - maintain normal routine and avoid confusion which often comes about when a patient is in an alien environment.
- It would allow children to receive medical care with the support of their close family, and with less disruption to the care of other family members due to mum/dad needing to be at the hospital.

Being in your own home is more convenient and comfortable and eases pressure on family members. One participant said she lives on Magnetic Island and catching the ferry at certain times is difficult to fit into visiting family in hospital who also live on the Island. Said HITH would take a lot of stress off in that way.

Again, participants said they want more information on HITH services and what constitutes a HITH service. They also want to know that hospital staff are aware of it and offering it to suitable patients.

Others want more information on how those who are disadvantaged and marginalised can access the service, including those in homeless shelters and living rough.

As one host said, "*most of the participants were not aware of HITH but thought it was a wonderful idea. Of great value to the patient and the family in many ways."*

> "*As consumers, we need more information and pathways that are easy to access the information – not only for those who are equipped to seek out information but those who are disadvantaged and cannot easily access information. These people are certainly being disadvantaged even more by lack of information to begin with followed by the means to even investigate how they would use a service of this kind and what they could gain."*

3.3: Is there anything the Queensland health system could do to better support consumers to know what services are available outside of a hospital setting

The participants were clear in what would better support them to know what services are available outside of a hospital setting. For them, the first thing is to engage and consult with consumers more effectively. The participants also recognised that there hasn't been much community consultation or promotion about HITH services.

What is needed is improved consumer knowledge and understanding of available public out of hospitals services in Queensland. They need to know what is required to access such services and to have access to appropriate and easy to find information on what the service provides, how to access it and how to ensure it is offered as a choice at admission.

> "*Upon discharge or before discharge would like to be told about this option instead of being told, "Go and see your GP." Would like to be asked, "Would you like someone to see you in your home?""*

There are many ways in which to promote out of hospital services. One participant suggested a simple video about HITH be available to them as part of informed choice. "*The video could explain what Hospital in the Home is and what happens when the patient accepts Hospital in the Home services. For CALD people such videos would be very informative if they were produced in different languages*."

> "*The hospital doctor is the head of the health team and my experience is no health decisions are made without reference to that team leader. So, if the option for HITH is offered by the doctor at their rounds then the patient and family may be better placed to hear and take up the option, particularly if they are handed information about the service as well*."

The participants other suggestions on what Queensland Health can do include:

- Hospital staff discuss options with patients at pre-admission and on discharge as part of their care plan.
- Advertise - social media, hospital and GP clinic TV, brochures, posters etc. so people can make an informed choice.
- Providing information through relevant care networks i.e. MyGov, Blue Care etc.
- Educate and inform GP's specialists, and hospital staff.
- Have information available in GP clinics, hospital outpatient, ED and pre-admission clinics.
- Assist consumers to understand the difference between community care and HITH, and public and private services.
- Information readily available on whom the services benefit, eligibility criteria and any limitations.
- Information on where to find contact details to learn more. Who can help them?
- Knowledge of patient rights to access HITH services.
- Information suitable for First Nations people, those from other cultures or with English as a second language, the disadvantaged and those with lower health literacy.
- Provisions of language and interpreter support when discussing home care options.
- Education and training for hospital staff on the benefits of HITH as a care pathway for specific cohorts of patients.
- Clarification of the term 'acute'.

> "*The health system is very complex, and it is only when you have a need that you start to explore what is out there. My experience with Aged Care and navigating the system for my mother has been alarming. It is almost like you need an advocate to go to in community to help you understand the processes at the time you need them. For HITH, it sounds like it would be a great benefit to many, and I am not sure everyone would want to know about it unless they had an immediate need. I think having the information given at admission or during your early days of admission to explain it would be the best option*."

And finally, some participants did identify that they were well informed by hospital staff and enabled to access HITH services.

3.3B: And assist you to feel empowered to ask if you may be eligible for those services.

The first suggestion was that there needs to be transparency within the system in relation to what services people are eligible to receive before they can feel empowered to ask. And for consumers to have the right information in regard to eligibility. For others it's knowing there is enough equipment, resources and staff to provide the services in the home.

Promote the benefits of being at home including reduction of potential infections (Covid19, Golden Staph), being able to connect by phone or video to hospital staff when necessary, having health staff visit you at home and how this will all support your wellbeing and healing.

Provide information or pamphlets at pre-admission and on admission with alternative care options for discussion with their care team. Have a care team member speak to patients well before discharge. This opens the door for the patient to ask questions and to discuss options as part of informed choice.

As one participant said: "*We are all reliant on the health care professionals to share and advise us. And then, many times the response is "I am not there yet".*

Another suggestion was for a webpage dedicated to available services. This would require an update and rethink of the current information available on Queensland Health website. Providing an information line for consumers to learn more about available services and how to access them was also suggested.

It is important to Aboriginal and Torres Strait Islander people that hospital liaison officers understand the program and available services, to enable them to advocate for patients and clients.

One group were not sure if people from CALD backgrounds would ask if they could receive HITH services. In their home country the doctors are highly respected, and the family do what they are told. Sometimes when the doctors say that the relative can go home, but is still unwell it means that they are very sick and there is nothing more that the doctors can do, so the person is discharged and goes home to die and be with the family during that time.

> "*If CALD communities heard from their friends and others that Hospital in the Home provides good service this may convince them to use it themselves It needs to be remembered that word of mouth within CALD communities is extremely influential. In addition, information about Hospital in the Home services needs to be correct and understood by the community. This is why it is important to have information about Hospital in the Home translated into different languages using simple language. Prior to the translations being released materials should be read by some members of that language group so that the idiomatic expressions and phrases are translated correctly and portray correct meaning*."

If consumers knew they had the option of using these services and had more information as to the benefit to their ongoing health and wellness they would be more informed and empowered to discuss choices and options with their care team.

3.4: What communication avenues could the health system explore to better promote and educate Queenslanders?

Many communication avenues were suggested in addition to those included in Question 3A and 3B. A TV campaign appears to have the most chance of reaching the broader community. This is evident in the number of participants who spoke about the Medibank Private commercial with the knee surgery patient.

Verbal advice from their GP, specialist, pre-admissions staff or their care team is highlighted along with the provision of written material.

Other suggestions included and not limited to:

- Information provided by hospital staff and hospital websites.
- Direct information sessions to different communities using their own language.
- In-person information for those without access to technology.
- Information about Hospital in the Home could be displayed in the Ethnic radio 4EB foyer. There are over 100 broadcasters that regularly come to the studio. Information could be broadcast to the different communities through their 4EB Current Affairs program as well in specific cultural programs. For those members of the community who cannot read, radio 4EB is the only source of local information about all matters.
- Place posters in the foyer of Brisbane Multicultural Centre.
- Articles in local ethnic newspapers.
- Notice Boards in TAFE colleges where English lessons are conducted would also be a good source of information for those who attend classes.
- Health Hubs throughout the state
- Ethnic Doctors networks
- Develop a "Hot Line" for information about Hospital in the Home so that once people are aware that it exists, they can call and ask questions.
- Develop small posters and put them on buses, trains, bus shelters and train stations

- Educate and encourage community leaders to run information sessions about Hospital in the Home in their community or contract an appropriate person who is well connected to the various CALD communities to run such education sessions.
- Place posters public libraries in English and in languages throughout the state
- Special brochures distributed through organisations who work with CALD communities e.g. ECCQ, ACCESS, QPASTT, MULTILINK MA.
- Promote through various churches.
- Posters at GP clinics and informed GPs.
- Provide information through the "Men's Sheds" network.
- Hospital Facebook pages.
- Fact sheet for Aboriginal Medical Services. The local Indigenous medical service called Galangoor Duwalami Primary Healthcare – a Community Controlled service for Aboriginal and Torres Strait Islander people on the Fraser Coast, would be a great place to start.
- Queensland National Indigenous Radio outlets exist in many communities.
- The Deadly Choices program which is a trademark from The Institute of Urban Indigenous Health is another avenue for promoting the service.
- A patient story published in the Koori Mail – the National Indigenous newspaper which cover stories from every single state.
- Seek out community leaders who could do a story in the local newspaper.
- Get an interview with Norman Swann on The Health Report on RN.
- Lots of SE Queensland people listen to Steve Austin on Local ABC Radio. Interviews on ABC, commercial and community radio.
- Liaising with not for profits who can pass on information – Lions, RSL, Churches
- Centrelink. People have to tell Centrelink if they are off work and so they are alert to this sort of thing.
- Advertising in school newsletters. Students could share this information with their family members.
- Promotion through Women's health centres and community boards.
- Include Foxtel and Satellite services in TV promotion to reach remote communities.
- Have a 'catch phrase or slogan' to promote the service e.g. "Happy at Home? Then why not try Hospital in the Home"
- Roadside Billboards on the highway are really good advertising for rural and remote areas when you have to drive long distances to get anywhere.
- Local radio stations and ABC radio.
- A general mailing to all Queenslanders highlighting in simple language the list of services to meet their individual needs, would get the attention of many but not all.
- Flyers available at Pharmacies.
- Home Care Provides such as C.O.A.S.I.T., Blue Care, Oz Care, Anglicare, and others have experience with a client being admitted to Hospital and then returning home to rehabilitate. As part of their Duty of Care they could also assist in offering the availability of HITH if warranted.
- Information avenues to reach remote communities.
- Informed primary care services and providers.
- Information suitable to all ages.

One group suggested that Queensland Health 'go for it'. Consumers need the information to be out there for them to absorb. However, there was one participant who felt promotion of the service should not occur until it is expanded across Queensland as "*it just gets people's hopes up*".

And finally, one participant stated that consumers seem to be informing the health professionals at the moment. This has merit as informed consumers are more likely to feel empowered to discuss available care options with health professionals.

3.5: Feeling comfortable receiving some care through a virtual ward process. If not, why not?

The response to this question was overwhelmingly positive with one participant suggesting it should be standard now. However, many of the participants spoke of the the virtual ward as telehealth.

For some participants with rapid heart rates or high blood pressure they discussed how they can have contact with the hospital and their GP. For others there was a mixed reaction to monitoring blood pressure and providing feedback electronically. It was not the provision of information electronically that was questioned but rather fear of the blood pressure measuring equipment not providing accurate results and not knowing how to use it correctly.

> *"I would be happy to wear a blood pressure or a heart monitor and for those recordings to be monitored by the hospital. That would save me time and allow me to be at home more. But it would have to be beneficial to me because if I had to travel long distances to and from the hospital for appointments and to pick up and return the equipment then it would not be of any benefit and I would have extra out of pocket expenses."*

Another participant wanted to know where the self-monitoring devices come from and how are they provided. For others, they felt comfortable with virtual care and indicated they receive accurate advice from their health care team.

One group of CALD participants felt that some younger members of the community may like to participate in virtual care services after receiving relevant information about them. Virtual care services may not be accepted by the older members of some communities particularly if they were not living in an extended family set up.

For young mothers it enables them to care for their children at home and for remote communities it is a positive. Whilst others prefer to maintain a face-to-face consultations and monitoring. One participant related how they had video-linked to their GP and specialist and how poor the service was due to the doctors speaking to each other. For the consumer it felt impersonal.

Others talked about being happy to receive results like blood tests via a virtual ward but not all services. For those in remote locations technology and infrastructure do not always support successful virtual services. One issue that a participant has experienced is the inability to return calls to health professionals as most Queensland Health numbers are unknown or silent.

Participants agreed they would need a reliable phone and laptop and the ability to afford to connect to internet services. They commented that people often do not have enough credit to have their phone up-to-date and receive calls.

A general discussion by one group regarding traditional beliefs identified that for some people they do not want to be a nuisance, or pretend to be okey, when not fully understanding the questions being asked by a

health professional. Often this is the elderly or those with English as a second language. "*In a face to face meeting both parties can see facial expressions and body language, this is not as noticeable in an online or virtual appointment."*

Other groups all agreed they would be willing to receive care virtually or via telehealth, completing on line surveys and monitoring their own observations. However, another group said no one wanted to monitor blood pressure or heart rate unless it was via Zoom or similar as they would all be concerned it wasn't being done correctly and the consequences of that. Support from health professionals would also be required to educate patients on use of monitoring equipment.

One group mentioned how beneficial a virtual follow up would be rather than the cost of attending appointments to be told "*Everything is OK, see you again in a few months".*

> "*I would be completely comfortable and highly recommend it to my immediate family. This year has seen a move to more scope and flexibility and empathy in delivery of services. Technology is a vital tool that can soundly achieve a more thorough health examination more expediently."*

However, others provided feedback that was not supportive of virtual care. One participant said it would be a 'no' for her husband but a 'yes' for her. Said her husband is not 'tech savvy' and not interested in learning. Also said equipment would need to be high quality and instructions would need to be given before use and someone would need to be able to come and fix immediately if there was an issue.

- If you mean HITH service by videoconference instead of a home visit. No, definitely.
- Is this the thin edge of the wedge? Home visit then videoconference then nothing?
- Not all rural areas have good internet or telecommunications cover so hospitals need to be aware of the barriers to accessing this care and videoconferencing or even telephone connections in some areas. A local school only 12 kilometres from Sarina has very poor Telstra coverage and only Optus mobiles can be used there. You need good connections for this to happen effectively and reliably.
- If someone is unwell at home the last thing, they want is to set up a video link and face a screen to talk to someone.
- "A few of us have "white coat" syndrome and are therefore more relaxed doing it on our own volition, keeping a record to be reviewed by their GP. In other words, we do not trust that accurate information would be relayed. More a confidence issue as we try new protocols.
- No. Don't understand technology and want to see a real doctor.
- No. Not tech savvy and not interested. Want to see a doctor so they can do a physical exam. Would find it stressful having to take own BP etc. Said her husband would be the same and she would not want to have to do this for him either.
- Phone consultations are expensive. Does not want a virtual process. Doesn't like surveys online. Thinks follow ups are better face to face as consumers are often not fully forthcoming with reality.
- It would depend on the service being required or being offered.
- "*Most of us aren't that tech savvy or don't have computers at home or smart phones, and especially not out bush in the outback*."

Face to face for many is still the most accepted situation particularly for a serious health issue. However, telehealth is the future. "*It may be more difficult for older people but for the young ones it is the way to go*."

Finally, one group said telehealth is a win/win moving forward. It would be a steep learning curve but worth it. A real positive would be the ability for a patient to record their videoconference session and play back when they need to check an instruction. "*It would be reassuring to be able to play back and hear the medic's voice, particularly for patients who live alone.*"

> "*This is the future and the sooner we move in this direction the better for the individuals and the community."*

3.5b: If already receiving some care virtually, what do you/they like about it?

Participants shared their stories in relation to what they like about receiving some care virtually.

> "*All of my psychologist appointments are virtual. I really like it because it means that I do not have to find care for my children that day, I can usually just pop a movie on for the older kids and have the baby on my lap the whole time. It makes it easy which makes me stick to it and that is why I am reaping the benefits now. I usually had to just give up in the past because ongoing medical care is not family friendly."*

One participant said their son had all of his specialist appointments through facetime before his surgery. They are used to that because they travel a lot for surgery." *It just seems normal to do important things on the phone, but I haven't had any virtual care personally."*

Another said their psychologist appointments are online, and it is awesome. It enables them to have their appointments as soon as they finish work and saves so much time in travel. "*I don't have to stress about finding a park anymore and I can just relax."*

Others said that it provides rapid help with dealing with disease, there is no need to travel or use public transport, and no long waits at the hospital. It also alleviates the need to travel from rural and remote regions to larger hospitals. For others there are cost benefits and also safety benefits of not having to go anywhere near crowds or on public transport.

One said it would be good to have a caregiver or nurse present when using virtual technology as that would help with support for the patient through the consultation as well as understanding medical terminology and interpretation of information.

Another participant has three Type 1 diabetic daughters and one Type 1 diabetic granddaughter. She said it is "the best thing since sliced bread" for them to be able to use the monitor they have on their arm to send readings to the doctors. Also said for her daughter (mother of the child with diabetes) it is reassuring as they receive alerts when her BSLs are high.

For a parent with a daughter with chronic OSA her CPAP readings are sent to the specialist and he is able to see them when they have appointments. Her daughter has an intellectual disability so this services helps to know if her daughter is using the device properly.

Virtual care supports people who have returned home from hospital after a serious health episode and live alone. Also, many were positive about the ability to access virtual care during the COVID-19 lockdown.

> *"I have had surgery and did most of my pre-op and all of my post-op appointments virtually. I don't quite like it because it is so rushed. I am bulk billed but am curious as to how much my specialist makes from that 90 second Facetime call. Also, I'm old fashioned and feel a sense of comfort when I see a well organised office with qualifications on the wall. I don't like thinking that my specialist might have his good work shirt on the top half and shorts and slippers on the bottom half."*

Other comments received were supportive, but some participants also faced challenges. As one participant quoted, "*Any face to face consultation or videoconferencing has drawbacks. I have used both and the time limits can have drawbacks with videoconferencing, it seems more distant and impersonal. I have wanted to ask questions at the end of the time about my blood results and did not have the opportunity to get the answers to those questions*."

Another said instead of travelling every three months to Brisbane for review with their specialist they would alternate face to face with videoconferencing. However, they said they prefer face to face as it seems more personal and feels like the care is about them, not the process of getting the review done.

3.5c: Number of participants who have received their care through a virtual ward process

The total number of consumers who identified as receiving care through a virtual ward process was: **11**

3.6 Other comments

At the end of each discussion the host reads back what they have heard and ask each participant if they have any other final comments they would like included. Often there are a few comments however, for this project there are a significant number, and all provide valuable additional or qualifying feedback. The comments have not been incorporated into the questions as they are final comments:

- I think a lot of medical care used to occur in the home and I wonder why this stopped. If it was deemed unsafe, was that just society being risk adverse or should we be thinking of this carefully.
- I am really surprised to talk about this topic tonight because I struggle to see how hospital in the home will work with COVID around.
- It would be good to see Hospital in the Home expand to include its own field of qualifications so that nurse practitioners, midwifes, allied health professionals etc. could practice to their full scope and have some autonomy.

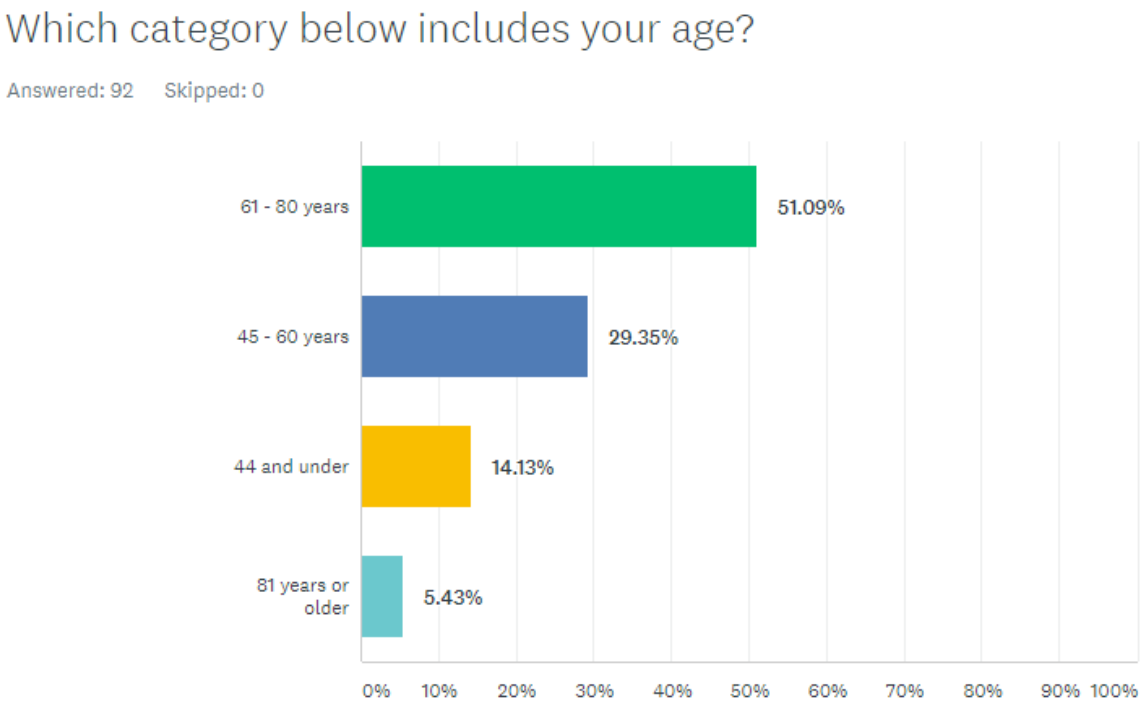
- I would like to see how dial a doctor and the like have performed over the past few years and perhaps learn from any mistakes or triumphs there.
- I really worry about a single clinician going into someone's home alone. I think the screening process needs to be very stringent because it puts nurses and staff in a very vulnerable position.
- Hospital in the home could be amazing if it is modelled off systems that already exist and thrive in other countries.
- Need more information to promote to friends and relatives
- How to let people know, especially elders who do not live with their children
- There seemed to be confusion about different services provided by different organizations that are available. The information that participants were describing in question 1C were mostly obtained from television advertising of private services which are available.
- The most effective way to promote Hospital in the Home is to develop a video about it in English as well as in the number of different languages. This video could be shown while the patient is still in hospital but may be going home soon. The video could explain what Hospital in Home is, and what happens when people are receiving services after they come home from the hospital. Such a video could explain that patients have an option to choose Hospital in the Home services if the doctor agrees for them to do so. Such a video could also be a useful source of information for all hospital patients.
- Use Ethnic radio 4EB to inform listeners about the Hospital in the Home. 4EB could invite special guests to discuss the Hospital in the Home and have a "Talk Back" session
- Encourage doctors from CALD backgrounds to promote Hospital in the Home. Patients are likely to listen to the doctor in preference to anyone else. This can be done by developing a small business card size information in different languages that can be given to their patients, family members and other community members. The business card size information could be kept in the wallet or handbag for future use.
- Provide staff who are a part of the Hospital in the Home team with cultural awareness training. Such training would facilitate culturally appropriate communication with the patient and the family which in turn would make a patient more comfortable, comply with the treatment as well as lead to the development of trust and confidence which is very important in the Hospital in the Home environment.
- Ensure that gender appropriate interpreters are provided both for the physical and virtual visits
- Employ a person who has experience in working with different CALD communities and CALD organisations on short term contract to promote Hospital in the Home. This person could visit and inform CALD organisations about Hospital in the Home. Face-to- face contact works best with people from CALD backgrounds and the community. Organisations who work with CALD communities could arrange information sessions for various CALD community groups as well as organise information booth at cultural and community gatherings (covid-19 permitting).
- Promote information about Hospital in the Home through some churches and invite a guest to speak about Hospital in the Home to speak after the official church service has been completed.
- Thank you for the opportunity to participate in this "Kitchen Table", it is nice to know we have a voice and are being heard.
- Yes, I agree, now we know this is a service delivered by Queensland Health it would be great to know how it is delivered locally.
- It was the local GP who visited my mother when she was home receiving care from the hospital and I am not sure all GPs can provide this visiting home service.
- HITH program sounds like it has great benefits to the health system by freeing up hospital beds, cutting costs to the system and if run efficiently it has great benefits to everyone.

- All participants felt positive and vocalised the myths of caring for oneself and speaking up and out as ambassadors for HITH.
- They all recognised that “word of mouth” is the way we need to communicate to our families, friends and neighbours. Out of seven participants, two are widows, four are divorced and all live alone except of course for our one married participant.
- Those of us who live alone all have a variety of health issues that are currently manageable. But, as we all know, life happens.
- They also noted that if our health presents as acute, we immediately contact Ambulance services as directed by our GP. There was doubt and fear of presenting to a GP would be wasting precious time.
- The overall impact of our meeting was powerful and positive.
- “Great idea” depending on each individual situation and whether the patient and family want to do this. Thinks it is a great addition for people to be able to use if they would like to.
- Looked after her parents in New Zealand when they were dying. She did most of this herself and found it physically and emotionally and mentally draining. Said her mum died in a hospital which she regrets to this day. Said her dad spent all his time at home, except for the last week, when he had to go to hospital. She was glad he had more time at home than her mum but would have liked both of them to be able to die in their own home and be cared for in their own home. She said taking her dad to and from hospital for his appointments was stressful and upsetting because he had bone cancer and he cried every time she drove over a bump or railway crossing. She said taking her mum and dad to appointments at the same time was even more stressful because her mum was on crutches and her dad was in a wheelchair and she had to look after both of them during these times. She would have liked a doctor or nurse to come to their home and check BPs and heart rates. She said this would have been reassuring, especially towards the end, as she would wonder what her dad’s BP or heart rate were.
- Said Nurses are being trained so they have more authority in New Zealand and can now write prescriptions. Believes this would be a good move in Australia, especially for services like HITH.
- “Good option if appropriate.” Depends on illness and family circumstances.
- Believes it would be a good addition to the hospital service and hopes the hospital service is not going to be taken away.
- Believes it needs to start with GPs. Her GP is “all over it,” but she knows most are not.
- It would be a very good service to utilize for patients to be released earlier from hospital- especially the elderly and their carers.
- Love the concept - and would utilize it if it were offered.
- Wished it were more widely known about and also understood the type and relevance of help being offered.
- You don’t know what you don’t know, until you need to know it! The care providers also need to fully understand and be able to offer it and tell people about it.
- Hospitals can be dangerous places!
  Funding required to make community members aware of this service
- HITH an extremely valuable service for all eligible people. Needs further education re program for consumers and medical practitioners
- I became aware today that this service is somewhat available and will be very well received in the future. My only CONCERN would be that patients felt confident that the service is reliable – replacing the hospital service!!!!!
- Awareness of the availability of what is in the hospital system to cater for the home care.
- HITH is not well known, there is much to be done to raise awareness. I would not hesitate to request HITH if it were offered to me.

- Consumers need to be able to communicate re their personal needs and requirements as they gain awareness of HITH information.
- As the host, I googled what HITH was and was very interested in seeing if I could get more information about it prior to the meetings. I inquired for an elderly man who required drops 3 x daily after ophthalmology plastic surgery. I eventually got onto Metro North Hospital and was told that it could not be possible to provide for more than one visit per day. This was after telling me that the gentleman wasn't eligible anyway. So, they did not appear to know much about it and the gentleman was definitely not given any information about the option in pre and post operation discussions at the Royal Brisbane
- No, but thank you for the opportunity to participate and to learn about another tool that can be used to be proactive and participatory in our own health care decisions and treatment choices.
- No waiting for hours at hospitals by being in the comfort of your own home is a better way to treat illness.
- Participants really enjoyed this discussion and learning from one another and having input into how this service could work well in their community.
- One participant shared the journey of an experience in the Queensland health care system. It was particularly poignant as she was misdiagnosed with a mental health illness and made to endure a horrific cascade of events. I will not disclose this story at this time but the general message from this person was the Hospital in the Home Program could have made a difference to her and her family's journey. A service suited to her as her experience with hospitals has been negative.
- All participants would welcome this service, if given the opportunity.
- It was recommended that health staff are given proper training to communicate this service to community members.
- Participants discussed that there could be some confusion between this service and NDIS. There needed to be clear message that these services are quite different, as people could be easily confused.
- I would like to see an Aboriginal and/or Torres Strait Islander Health worker accompanying the clinician, whether that be the occupational therapist or the nurse or the physiotherapist etc.
- It is also important to ensure the patient is comfortable with either a male or female clinician visiting them in the home.
- Risk assessments are really important because of issues such as domestic and/or family violence in the home. The reason why it's good to have a second person visiting with the primary care giver.
- Our experience with HITH was that it was a valuable service however, it had its limitations in that care was only for a limited time, sometimes they needed two staff to deal with the wounds which meant we had to actually go to the hospital. But overall, we were very grateful of the service.
- Very helpful for the elderly who can't drive, and they live on their own.
- New to me and I'm glad that it's available.
- Make sure that experienced nurses are used – one of the one's that I got had no idea what to do.
- I was in hospital for 5-6 days then they sent me home and was getting care from HITH – they were good, but I had a mishap one day and had to go back to the hospital for something and the emergency department were absolutely hopeless…
- As long as the care is there, then it's a great initiative, it can certainly free up beds for those that are just being monitored and not getting major treatment. Needs to be utilised more, but not sure who makes that call.
- Health is a very personal matter.
- What will I get out of HITH?
- Support, reassurance, comfort.

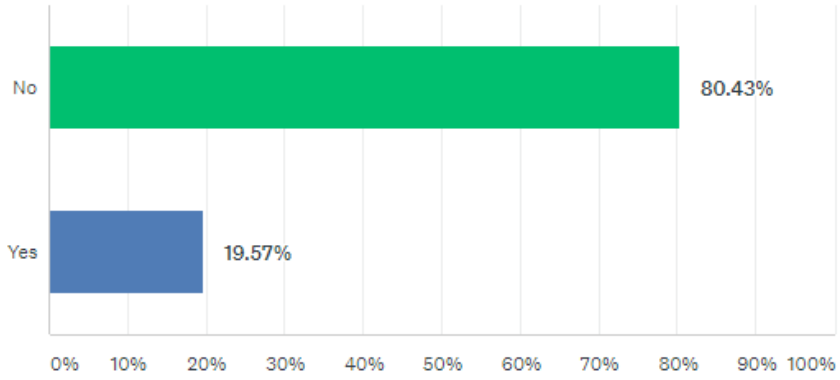
- Save time and effort of travelling.
- Avoids prolonged exposure to other sick people.
- Avoids exposure to hospital superbugs.

4. SECTION FOUR: Participant Demographics



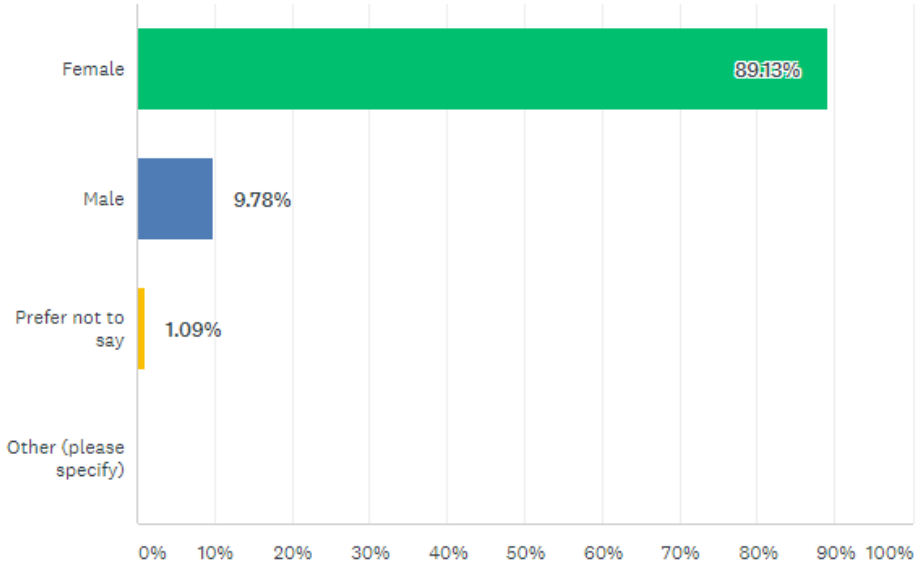
Have you or a family member received care from a Queensland public Hospital in the Home (HITH) service?

Answered: 92 Skipped: 0



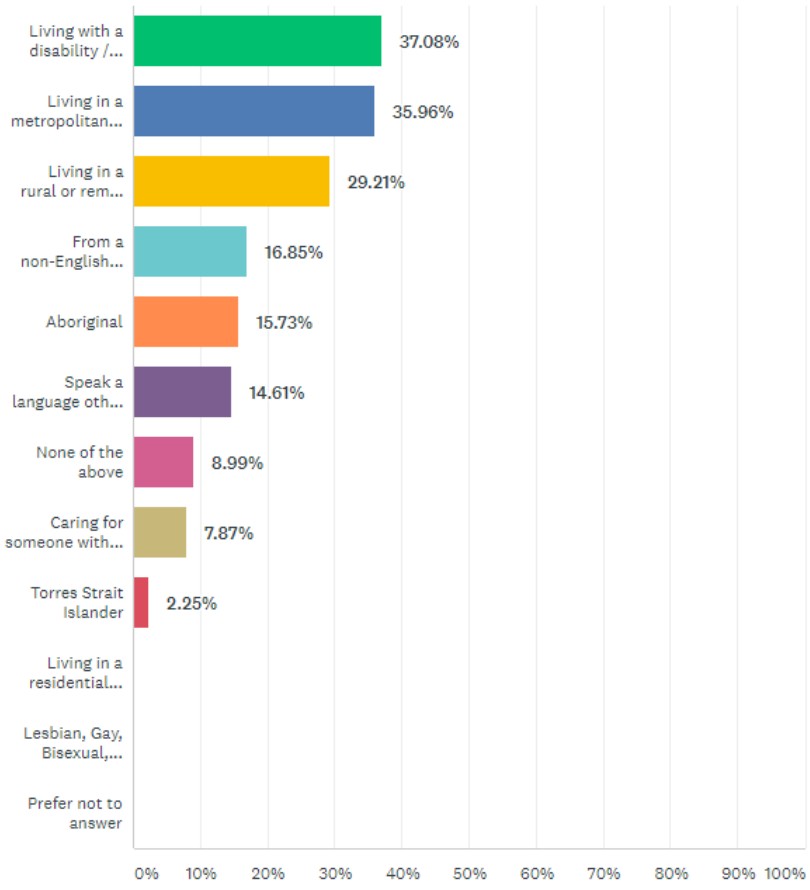
What is your gender

Answered: 92 Skipped: 0



Do you identify with any of the following (select all that apply)

Answered: 89 Skipped: 3



In your opinion, what information would you like to know or learn more about in relation to what a Hospital in the Home (HITH) service provides (select all that apply)?

Answered: 90 Skipped: 2