NHSPN competition - Healthcare at Home Recovery at Home service at Good Hope Hospital

In November 2012, Good Hope Hospital (GHH) sought an innovative solution to both improve clinical outcomes and increase the cost-effectiveness of care. The hospital decided that finding alternative capacity to replace expensive acute care would help meet these goals, and partnered with Healthcare at Home in 2012 to launch a Recovery at Home service. The Recovery at Home service provides an alternative for patients who do not wish to be treated in hospital, by providing the option to receive clinical care at home.

Since its launch almost 1,000 patients have benefitted from the service, which has delivered excellent outcomes for the hospital and patients:

- 10,988 bed nights have been saved
- Cancelled elective Operations have been reduced by 43%
- The length of stay for medical patients has dropped from 10.8 to 8.6 days
- Patient satisfaction with the care they received is over 97%
- GHH has been able to close a 34 bed inpatient elderly care ward, releasing savings of £1.2 million to reinvest in Recovery at Home

Background

To make the local health economy more sustainable, the cost footprint of GHH had to be reduced. To determine areas where the hospital could reduce expenditure, The Oak Group carried out an audit at GHH. They found that 42% of admissions to the hospital were non-qualified and 78% of patients admitted could have been treated at home with the provision of appropriate clinical and social services.

GHH also noted that there was a high volume of patients occupying hospital beds that were not receiving direct medical care, but were waiting for processes (such as assessments or referral decisions) to be complete. This waiting time meant patients were put at greater risk of deterioration or contracting hospital acquired infections, ultimately increasing the time they spent in hospital. These capacity problems and longer than expected lengths of stay held serious connotations for the trust’s ability to meet its performance targets around A&E, and manage their elective programs. They decided to seek a solution that would provide an alternative means to manage this cohort of patients and reduce their reliance on acute care in hospital.

The solution – an innovative public-private partnership with Healthcare at Home

GHH decided to establish a service where patients who met specific criteria could continue their treatment in their home, rather than in hospital. Healthcare at Home, the UK’s largest homecare provider worked with GHH to develop and deliver a Recovery at Home service suitable for the hospital’s patients. GHH re-invested the £1.2M from the ward closure to deliver a more flexible and sustainable model of healthcare that would be focused on the specific needs of the patients using HaH’s Virtual Ward. The primary objective of the service was to deliver improved patient care by enabling safe, early discharge from hospital, whilst delivering cost-savings through the reduction of inappropriate readmissions and length of stay. The Recovery at Home model started as a 26 bed virtual ward and now covers most pathways, expanding to 36 beds.
How the GHH Recovery at Home service works

Recovery at Home enables selected in-patients and those presenting themselves at A&E to continue their care in their own home as soon as they are clinically stable. Patients are selected for the service by specialists and ward staff and are assessed against a set of inclusion and exclusion criteria, such as the patient’s home environment and their acuity. The Healthcare at Home and GGH team then proactively work with referring clinicians and local providers to agree a comprehensive care plan for every patient, designed around the individual’s clinical and personal needs.

Healthcare at Home provides the clinical staff needed to care for the patient in the home. Each patient that uses this service remains under the care of the hospital consultant whilst treatment continues to be administered by a team of physiotherapists, occupational therapists and healthcare support workers. Once at the end of their acute care pathway, the patient will be discharged from the service into the care of their GP and on-going care by community services if required. The Recovery at Home service has not replaced any existing service providers, including health, social care and other community services; but provides a complementary service supporting and building on the professional care already provided.

Outcomes

The outcome of the Recovery at Home service has been extremely positive, proving a highly effective alternative to in-hospital care for patients and representing a more appropriate use of public resources and acute hospital facilities.

- **Released Capacity**
  - A reduction in unnecessary hospitalisations and an increase in the number of patients discharged early has saved the hospital 10,988 bed nights over the life of the service.
  - Almost 1000 patients have been referred to the Recovery at Home service, allowing one 34 bed elderly care ward to be closed. This ensures acute hospital capacity is reassigned to deliver other services and meet other demands within GHH.
  - The Recovery at Home service has assisted in shortening the time people stay in hospital when it is not clinically necessary, reducing length of stay in hospital from 10.8 days to 8.6 days on average.
  - Cancelled elective operations have reduced by 43%

- **Patient outcomes and satisfaction**
  - The experience of patients on the scheme is a notable positive outcome, 97% of patients stated they were satisfied with the service. This can be attributed to the empowerment and support patients receive, facilitating more independent living. Recovery at Home provides a service tailored to the individual needs of the patient, whilst they are able to experience the familiarities of home with friends and family in the local community.
  - Clinically, risk is dramatically reduced as patients recovering at home are less likely to deteriorate through infection, falls or medical errors.
• **Culture change**
  - The Recovery at Home service has helped improve the working relationships with community providers, as they are forced to think for the same patient outcome.
  - Staff have become more open to ‘disruptive innovation’ as GHH and Healthcare at Home have shown that things can be done differently and that it is something yields positive results for patients.
  - It has also laid a foundation upon which future service developments can be implemented with the aim of delivering care to patients in the most appropriate setting and generating greater economies of scale.

**Conclusion**

The Recovery at Home service has transformed the provision of care for hundreds of patients by allowing them to benefit from a safe, early hospital discharge. Even at an early stage of implementation it is representing a better use of public resources, resulting in an increase in the appropriate use of acute hospital facilities, a reduction in unnecessary hospitalisations and shortening the time people stay in hospital. Furthermore it is hugely popular with patients and is leading the way in designing innovative out-of-hospital models of care, co-designed and tailored to the needs of the specific patient cohorts.

The service has also lead to the development of the Collaborating Care Programme, a partnership between Good Hope, Healthcare at Home, St. Giles Care Agency and Midland Heart, which aims to identify further patient cohorts that can receive their care out of the hospital setting, including patients directly from A&E.

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