

# Bariatric Hospital in the home (bHITH) – Providing safe, resource efficient care in government funded healthcare settings

HREC/110401/Austin-2024

I have the following potential conflict of interest to report:

I am an honorary clinical fellow with the University of Melbourne, Austin Precinct

I would like to acknowledge the *Beverley Briese Austin Health Nursing Scholarship* which has supported my attendance at IFSO Melbourne 2024



Government funded MBS accounts for <5% of all MBS in Australia (BSR, 2023)

There is limited resources  
+ allocation of these resources is heavily scrutinized

= access to bariatric and metabolic surgery is often **limited** to those who fall within narrow selection criteria and **favors those who suit low-acuity settings and who fit criteria for shortened inpatient stay**



# Background

Significant waiting list 'blow out'

+

Rising cost of inpatient stay

+

Increasing consumer demand for greater perioperative capacity



Resourcing given for elective surgery reform which delivers best care while **reconsidering best place of care**

Opportunity to leverage Govt. initiative to improve access to MBS in public hospitals

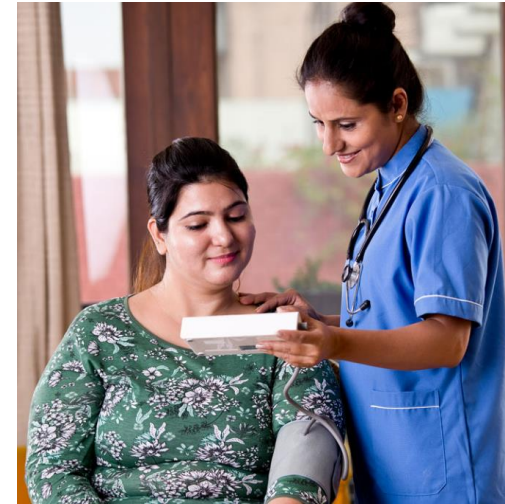
# Background

Hospital in the Home (HITH) provides admitted care in the comfort of the patient's home or other suitable location.

Initial pilot program in 1994, now widely established in Australia

HITH is an **alternative** to an in-hospital stay:

- **Attracts its own funding**
- Patients remain under care of hospital doctor
- Care can be provided by nurses, doctors, or allied health



# Hospital in the Home (HITH) - Why bother?

Our resources are limited *and* monitored

Like to display efficiency

We push the envelope

But...

Perceptions matter

Once you're out, you're out!



# Hospital in the Home (HITH) - Why bother?

## Day case?

15%\* of DSC need something in first 24 hours

No back up of 'drop in' clinics

No back up of infusion centres

...and few of our patients meet the criteria for DSC selection globally

Hospital in the home can provide access to this and escalate care as necessary to avoid hospital readmission

# Hospital in the Home (HITH) - Why bother?

## Barriers to early discharge



Perceptions

Nausea / Pain (common)

Dehydration/Starvation (rare)

Bleeding (Very rare)

## Enablers for early discharge

Interested & Adaptable HITH

Push for HITH Expansion

Experience with low-risk selection

Established ERAS

Exceptional Safety Record

Open Communication & Trust





# The bHITH Concept



- Expand on established ERAS pathway
- Reduce inpatient LOS
- Same or improved clinical outcomes
- Same or improved patient satisfaction

=

Demonstrating safe, resource efficient method of delivering care

**Nurse-led pathway**

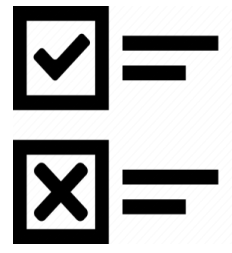
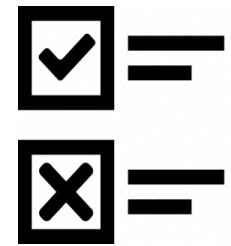
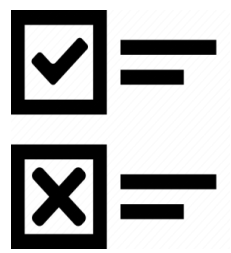
**Primary SG or RYGB/OAGB + select criteria**

**OOHC + Remote Monitoring**

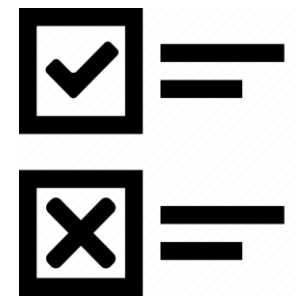
**First 6 months**

# BHITH Pathway

Day 1



Day 2



# BioBeat Wearable Monitor



Regulated sub-acute patient monitor for short or long term use.

Set monitoring cycle (or continuous)

Used\*:

Blood pressure

Pulse rate

Respiratory rate

Blood oxygen saturation

MAP

TGA: ARTG 338811

Information courtesy of Dr Marcus Young



# Outcomes

**22** referred

**18** successfully transferred

All completed Pathway & DC

**0** readmissions within 28 days

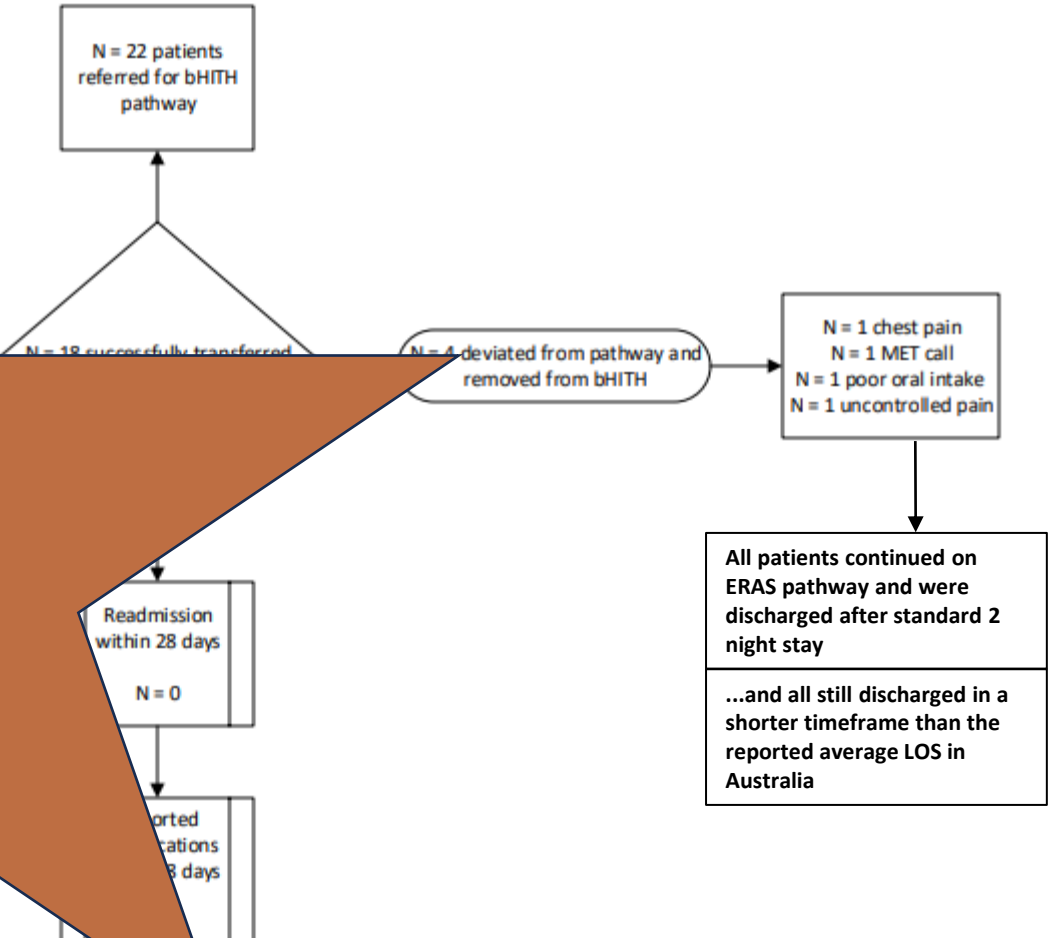
**0** complications within 28 days

**Avg LOS:** 29hrs ward, 31hrs HITH

## Diversions:

- 1x Uncontrolled pain
- 1x Undiagnosed OSA
- 1x Poor Oral intake (<1L/24hr)
- 1x MET Call - chest Pain

**Saved  
55 bed  
days**



# Patient Feedback

'I had been given so much information about what to expect"

"I was asked about decisions concerning my care"

"I felt safe at home"

"I knew who to call if I needed help"

"It was much nicer being in my own bed"

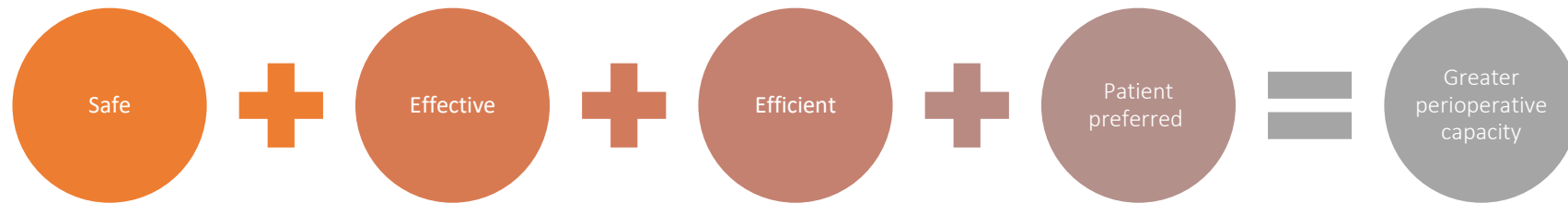
"The whole experience was better than expected"



Positive experience with out of hospital care

## Take Home Message

The bHITH treatment pathway is a novel, patient-centered approach to delivering primary bariatric surgery in Government funded tertiary healthcare settings.



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