

Barriers, Benefits, and Enablers of Acute Home-Based Care (Hospital In The Home) in Australia for Older People: A Systematic Review

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Abstract

To determine the barriers, benefits, and enablers of acute home-based care in Australia for older people (aged 65 and over). A systematic review for people aged 65 and over receiving acute home-based care in Australia was conducted using various databases (CINAHL, Medline, PsycINFO, SCOPUS, Web of Science, PubMed, Informit) and citation searching in September 2023. The Critical Appraisal Skills Program (CASP) was used to assess the quality of the evidence and a thematic analysis approach was utilized to narratively synthesize results. Ten studies were included, consisting mostly of cohort studies in metropolitan areas. Barriers included inefficacy, patient demographics, and carers. Benefits included efficacy, high satisfaction, and medical management. Enablers included education, holistic assessments, and support interventions. Within the literature there was a significant research gap regarding HITH for older people in rural areas of Australia. Patient outcomes were closely aligned with admission pathways.

Keywords

acute home-based care, Australia, older adults, hospital in the home, geriatric, narrative synthesis

Background

Acute home-based care is utilized internationally and in Australia. Acute home-based care was formally introduced in Australia during the 1994 Hospital In The Home (HITH) pilot in Victoria.¹ Following the success of this trial, implementation of acute home-based care continued across Australia. Since then acute home-based care services have further expanded to enable remote delivery for a variety of non-acute inpatient and day procedure services in the home including chemotherapy, palliative care, Geriatric Evaluation & Management (GEM), and rehabilitation.²⁻⁵ In the 2020 to 2021 Victorian budget, “Better at Home” funding was introduced to increase availability of acute, subacute, and rehabilitation care provided at home across Victoria highlighting its central importance to the healthcare landscape.⁶

In the context of differences in healthcare systems and associated funding models, definitional consistency remains elusive and challenges the interpretation and application of the findings within the literature. Within Australia acute home-based care varies between states, operating under different funding models, and utilizing different models of care and service titles,⁷ has increased the difficulty of comparing and interpreting Australian acute home-based care literature.

Throughout this article acute home-based care is synonymous with HITH and the term will be used throughout this review to be inclusive of all acute home-based care models. Further complicating the synthesis of data, is the lack of consistency. HITH admission pathways are not universally reported and as a result there are conflicting results regarding the efficacy of HITH, difficulties finding and interpreting the literature, and confusion regarding patient eligibility for HITH.

There are generally 2 types of admission pathways to HITH services, direct admissions and transferred admissions. Direct admissions originate from the community, general practitioner or Emergency Department, known in the literature as Admission Avoidance (AA) to avoid an acute in hospital admission^{8,9} or Pure HITH.^{10,11} It is important to note that although admission avoidance infers the patient is

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