

A future for the hospital-in-the-home (HITH) deteriorating patient: shifting the paradigm

TO THE EDITOR: We thank Cubitt and Lim for their insightful article describing the challenges and opportunities in responding to deteriorating hospital-in-the-home (HITH) patients.¹ Within this response framework and drawing on parallels to the hospital rapid response systems, we are interested in how goals of care and palliative care can aid goal-concordant decision making and inform timely support.

As HITH services increasingly care for complex patients with multiple chronic, often advanced diseases, a significant proportion of these patients are likely to have palliative care needs. Population survey data indicate that approximately 70% of Australians prefer to die at home; however, only around 15% achieve this goal.² Hospitalisations increase towards the end of life, which may be at odds with patients' preferences and this may be due to the complexity of their care needs and how acute deterioration episodes are managed and supported through existing systems and resources.³

Establishing goals of care (GOC) early in the patient's HITH admission can inform medical decision making and any treatment limitations aligned with their expressed preferences and values.

This is particularly helpful in guiding discussions and decision-making during episodes of deterioration or crises at home. Considering a patient's GOC, these emergency situations may prompt connection with a palliative care team if further irreversible deterioration or death is likely. Palliative care plays a crucial role by providing expertise in managing distressing symptoms, addressing psychosocial and spiritual needs, and supporting high quality end-of-life care in the patient's preferred place of care.

Emerging novel palliative care models and integrated pathways may aid timely and responsive support for HITH patients with acute, emerging or complex palliative care needs. Rapid response outreach and HITH palliative care models have been shown to improve patient outcomes and likelihood of home death.^{4,5,6}

The status quo of hospital-based and community palliative care may no longer be sufficient. As home-based care models continue to evolve, embracing an evolution of innovative palliative care delivery models that are collaborative, integrated and responsive to the complex needs of deteriorating patients at home and their families will help ensure that the future of care is both effective and compassionate.

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