PALLIATIVE CARE HOSPITAL IN THE HOME IN RESIDENTIAL AGED CARE FACILITY

Michelle Leung-Cheng NP
Calvary Healthcare Kogarah, Sydney, NSW, Australia

KEYWORDS

Hospital in the Home (HiTH), aged care, home death, palliative care, residential aged care facilities (RACFs)

EXECUTIVE SUMMARY

The Community Palliative Care Team (CPCT) at Calvary Healthcare Kogarah has long utilised the Hospital in the Home (HiTH) program to deliver hospital-level care to community patients, enabling closer symptom monitoring, patient and carer support, and facilitating home death. While CPCT supports 57 residential aged care facilities (RACFs), patients from these facilities have not traditionally been included in HiTH. Following the first RACF HiTH admission in June 2025, 13 patients across 11 facilities were managed over a 5-month period. This poster presents a reflective case review and early outcomes, demonstrating the feasibility and equity of palliative care delivery.

INTRODUCTION

Access to equitable specialist palliative care is essential for all patients, regardless of their place of residence. The Hospital in the Home (HiTH) model has been successfully used to deliver acute-level care in private homes, supporting patient preference for end-of-life care outside hospital settings. However, patients residing in residential aged care facilities (RACFs) have historically not been included in this model, despite having similar clinical complexity and palliative care needs.

The first RACF patient was admitted to the HiTH program in June 2025. Over the subsequent 5 months, 13 patients from 11 different RACFs were supported under this model. With an ageing population and increasing demand for end-of-life care, expanding community-based models such as HiTH to include RACF residents is both necessary and timely. This poster outlines the first case and explores the feasibility of this approach.

HIGHLIGHTS

- Specialist palliative care should be accessible to all community patients, including those in RACFs
- Patients and family members in RACFs require the same level of support as those living at home
- Over a 5-month period, 13 RACF patients from 11 facilities were successfully managed under HiTH
- An ageing population with increasing clinical complexity necessitates stronger community-based care models
- High levels of satisfaction reported by RACF staff, patients, and families

RESULTS / OUTCOMES

The implementation of HiTH within RACFs was feasible and enabled equitable access to specialist palliative care. Over a 5-month period, 13 patients across 11 facilities received care under this model, demonstrating early scalability. The model supported effective symptom management and strengthened collaboration between CPCT and RACF staff.

CONCLUSION

RACF patients benefit from inclusion in the CPCT HiTH program. Expanding this model promotes equitable access to high-quality palliative care and supports patient preference for end-of-life care in their place of residence.