

To Investigate a Discharge Planning Connect with Long Term Care 2.0 Program in a Medical Center in Taiwan

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Abstract : Background and Aim: The discharge planning is considered helpful to reduce the hospital length of stay and readmission rate, and then increased satisfaction with healthcare for patients and professionals. In order to decrease the waiting time of long-term care and boost the care quality of patients after discharge from the hospital, the Ministry of Health and Welfare department in Taiwan initiates a program "discharge planning connects with long-term care 2.0 services" in 2017. The purpose of this study is to investigate the outcome of the pilot of this program in a medical center. Methods: By purpose sampling, the study chose five wards in a medical center as pilot units. The researchers compared the beds of service, the numbers of cases which were transferred to the long-term care center and transferred rates per month between the pilot units and the other units, and analyze the basic data, the long-term care service needs and the approval service items of cases transfer to the long-term care center in pilot units. Results: From June to September 2017, a total of 92 referrals were made, and 51 patients were enrolled into the pilot program. There is a significant difference of transferring rate between the pilot units and the other units ($\chi = 702.6683$, $p < 0.001$). Only 20 cases (39.2% success rate) were approved to accept the parts of service items of long-term care in the pilot units. The most approval item was respite care service ($n = 13$; 65%), while it was third at needs ranking of service lists during linking services process. Among the reasons of patients who cancelled the request, 38.71% reasons were related to the services which could not match the patients' needs and expectation. Conclusion: The results indicate there is a requirement to modify the long-term care services to fit the needs of cases. The researchers suggest estimating the potential cases by screening data from hospital informatics systems and to hire more case manager according the service time of potential cases. Meanwhile, the strategies shortened the assessment scale and authorized hospital case managers to approve some items of long-term care should be considered.

Keywords : discharge planning, long-term care, case manager, patient care

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