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Conference Abstract

## Outcomes of an integrated care model for high risk older patients discharged from acute hospitals in Hong Kong

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### Abstract

**Background:** the Integrated Care and Discharge Support (ICDS) Programme was introduced in 2012, targeting older patients discharged from acute medical wards in a major teaching hospital in the north-eastern part of Hong Kong. The catchment area has a population 0.7 million, of which 11% or 77,000 are aged over 65 years. A statistical model that predicts the early (28-day) unplanned readmission rate in older patients is applied daily to all acute medical admissions. Those predicted to have > 30% chance of readmission will be assessed by a Link Nurse who will formulate discharge plans and assign post-discharge supporting services including intensive support by clinical case managers, home and personal care provided by social services and rehabilitation at the Geriatric Day Hospital. The above services are not mutually exclusive, and patients will spend on average 8 weeks in the programme.

**Objectives:** To evaluate outcomes in terms of healthcare utilization and user quality of life and satisfaction.

**Methods:** Data on healthcare utilisation (length of stay of index admission and 28-day unplanned readmission rate) over a one-year period (April 2012 to March 2013) was collected for all patients (389) enrolled into the programme. Furthermore, 172 patient-carer dyads were interviewed for evaluation of quality of life (Modified Quality of Life Concerns, mQOLC) and carer stress (Hospital Anxiety and Depression Score, HADS), and their healthcare utilization up to 90 days following exit from the programme.

**Results:** In the first year, the observed unplanned readmissions were 11% versus the predicted 30% among 389 enrolled cases. Length of stay during the index episode was reduced from 5.16 to 4.79 days. Among the patient-carer dyads, significant improvements were observed for mQOLC

and HADS, with reduction in use of hospital beds sustained up to 90 days after leaving the programme. The level of satisfaction was generally high.

**Conclusions:** The ICDS programme was able to reduce healthcare utilization and improve quality of life among patients and their carers.

## **Keywords**

**discharge support, integrated care, older people**

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## **Powerpoint presentation:**

<http://www.integratedcarefoundation.org/content/measuring-impact-integrated-care>

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