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CONFERENCE ABSTRACT

Care route of attention to chronicity in the high field and basin of Barbera. Results of the deployment of alternatives to conventional hospitalization in a regional hospital.

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Introduction: Pius Hospital of Valls serves a reference population of about 65,000 inhabitants with a rate higher than the Catalan average superannuation. The largest population is the most frequently used health services. In 2010: the 39'6% of the highest in the center corresponded to patients older than 70 years and 21'38% in patients older than 80 years, representing 35'8% of total stays.

The existence of frail elderly and pluripatológicos patients admitted to different services, both medical and surgical, which have exacerbations of comorbidities with great clinical variability of care provided, has suggested the need for the operation of alternative to conventional hospitalization devices that improve the comprehensive care of this patient profile, to achieve:

1. the adequacy of clinical practice,

2. avoid therapeutic obstinacy and

3. always take into account the functional, psychological and social aspects of the patient.

This change of care model has been developed in the Pius Hospital unfolding, from the second half of 2011, the following devices:

- Acute Geriatric Unit (UGA)

- subacute beds

- Home hospitalization (HADO)

- Geriatric Day Hospital (HDG)

- Day Unit chronically ill (UDFC)

- PREALT the Shared Medical Record (HCC)

- Route Asistencial complex chronic patient in Alt Camp and Conca de Barbera (Route PCC), in conjunction with primary care of the territory.

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Objectives: Describe the use and operation of the services of conventional hospitalization of Pius Hospital in Valls in emergency care of patients over 69 years, before and after the establishment and progressive introduction of various alternative devices to hospitalization, comparing the previous 42 months and after the shift.

Material and methods: retrospective comparative study between patients older than 69 years admitted urgently to any service of the Hospital in the period 01/01/2008 to 30/06/2011 (42 months) and admitted between 01/01/2012 30 / 06/2015 (42 months). During the second half of 2011 began the intervention in changing healthcare model.

The variables analyzed each episode of income grouped into periods mentioned are: increased diagnostic category (CDM), mean age, weight DRGs (APR 30 version), average number of diagnoses at discharge, average stay, condition outlier stay, exitus and reentry to 30 days.

For the assessment of the operation the two periods are compared and obtained: the average stay adjusted for case mix (EMAC), average stay adjusted performance (EMAF) Reason for standard operation (RFE), Functional Index (FI) and index case -Mix (ICM).

Results: In the first period (01/01/2008 to 30/06/2011) we obtain a total of 3542 high with 26'7% corresponding to the CDM AP. respiratory; 15.4% S.Musculo-skeletal; AP.Circulatori 14.8%; AP.Digestiu 9'9%; 9'1% Nervous System; 7.4% S. hepatobiliary and pancreatic cancer; 6'8% kidney and urinary tract; 9'9% other. Average age: 81'7 years; Women: 49'4%; Average stay: 8'2 days; Outliers: 3.67%; Middleweight GRD: 1'0027. Average 9'65 No discharge diagnoses; Exitus: 9'2%; Percentage of readmissions within 30 days 10'97%.

In the second period (01/01/2012 to 06/30/2015) We have a total of 3266 high with 27.4% corresponding to the CDM respiratory AP; 14.6% S.Musculo-skeletal; 13.7% AP. circulatory; AP.Digestiu 9.8%; 9'1% Nervous System; 7'8% kidney and urinary tract; 7'2% S. hepatobiliary and pancreatic cancer; 10'4% other. Average age: 82'9 years; Women: 50'9%; average stay 8.4 days; Outliers: 3: 58%; average weight of GRD 1'0295. Average number discharge diagnoses 10'42; Exitus: 9.5%; Percentage of readmissions within 30 days 14'21%.

The performance data shown in the second period an EM: 8'38 stays, EMAF: 8.12, EMAC: 8'41. RFE: 1'03, IF: 1'03 ICM: 1'00

Conclusions:

1) The use of conventional hospital has not increased, as would be expected with the progressive increase in frailty and comorbidity of the population in the seven years studied, but even declined in the post-period change of care model suggesting better matching of hospital admission.

2) Revenues for the second period are more middle-aged and a greater degree of complexity in a distribution of case-mix for like CMD.

3) Your attention has meant higher consumption of stays (up 3%) to equal 30 APR DRGs and an increase in the rate of readmissions. The percentage of exitus and stays outlier has been similar.

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4) After this global analysis is required to explore the different profiles and patient subgroups to advance the study and determine areas for improvement of the Welfare Road.

Keywords: chronicity; route assistance; alternatives to hospitalization