

POSTER ABSTRACT

Acute and Subacute Care Units. From the high-tech to the high-touch technologies.

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Introduction: Decompensation of chronic diseases in patients of advanced age are common. They generate a large consumption of resources, hospital readmissions and require hospitalization for care. Despite various initiatives, it can not be prevented and often require acute hospital care. These patients in most cases have already been studied. Therefore, they do not need further high-tech testing but conventional hospital care. In the Consorci Sanitari Integral, an organization that serves the population of Baix Llobregat we set to implement an Acute and Subacute Geriatric Units to provide health resources to the area's population. In order to achieve this we wanted to make the most of high-tech resources of Hospital General de L'Hospitalet (Ultrasound scan, tomography, MRI -magnetic resonance, and laboratory testing) and Geriatric structure of Hospital Sociosanitari de L'Hospitalet .

Objective: To describe the results of the implementation of a Acute and Subacute Geriatric Units as well as the impact on the set of hospital discharges of patients in our area of influence.

Patients and Methods: Retrospective analysis of clinical activity during the period 2014-2015, quantifying the number of patients treated, the profile of users and sociodemographic variables, length of stay, mortality, number of readmissions and institutionalization.

Results: Subacute Unit (2014-11 beds):

Discharges 348; home-discharges 79.5%, length of stay 9.59 days, readmissions 10.34% Mortality 10.63%

Subacute Unit (2015-11 beds-6 months) Discharges 169; home-discharges 78.5%, length of stay 9.94 days, readmissions 7.10% Mortality 10.6%.

Acute Care Unit 2015 (16 beds - 6months):

Discharges 211; home-discharges 61.5%, length of stay 11.06 days, readmissions 13.45% Mortality 15.17%

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Conclusion: 1. The use of General Hospital technology resources to care for geriatric patients has allowed quality care at a lower consumption of resources and close to home.

2. The most fragile patients benefit from care close to home with similar standards to those of quality literature. (Selection bias to the geriatric dept)

3. This model of care can be very useful in the context of metropolitan areas with large demands and need for acute care hospitalization.

Keywords: integrated care; subacute and acute care unit
