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## POSTER ABSTRACT

### Improving Patient Care Chronic Complex: Sub-Acute Care Unit.

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**Introduction:** The increasing ageing population has led to a proportional increase of people with chronic diseases, which has required implementing alternative models to conventional hospitalization in order to be able to respond. Patients with chronic diseases which present imbalance that require hospital care without complex diagnostic technology can be treated in less intensive intern units.

The unit of sub-acute care (US) Health of Vallparadís (SSV) is a comprehensive, integral and cross-cutting assistive medical facility of intermediate hospitalization that was created at the end of 2012 within the framework of "Chronic patient care program of Mútua Terrassa" (PAPCMT). The ultimate goal of the program is to improve the chronic patient care complex (PCC) and MACA in the context of comprehensive and integrated care, reducing the frequency of emergency unit visits, unnecessary acute hospitals admissions, with a broader focus on the disease, geared to the person from a holistic perspective.

**Objective:** Description of the general characteristics of the sub-acute care of Vallparadís Healthcare, as well as their assistance activity since the creation of the unit (November 2012-September 2015).

**Methodology:** The US of SSV currently has 14 beds. It offers medical care 24 hours a day, 7 days a week.

The healthcare model was initially based on offering an alternative for chronic unstable patient care in the home, later adding the patient in the process from the Hospital Universitari Mútua Terrassa emergency service.

The functional plan of the unit defines inclusion and exclusion criteria, inner workings, circuits and flows of patients, relations with the chronic functional unit (CFU) of Mútua Terrassa and tracking indicators that are evaluated on a quarterly basis.

**Outcomes:** Since the start of the activity in September 2015, 567 patients have been admitted, 66.7% from home at the request of the UFC, 29.3% from emergency facilities, and 4% from other sources.

The most frequent diagnosis have been ICC (33.5%), COPD (25.04%), pneumonia (16.1%) and ITU (5.8%).

There have been a total of 557 discharges. The average stay has been 10.19 days, with a rate of readmissions within 30 days of 4.5% and a mortality rate of 8.6%. Patients have returned home in 78% of cases, 8% were sent to acute hospital, and 5% to socio-sanitari services.

A user satisfaction survey that assesses a global item, resulted in a score of 3.64 over 4. The admissions which didn't come from the emergency services, valued not having to go through this service as very satisfactory in 88% of cases (3.88 over 4).

**Conclusions:** The use of SSV has been consolidated as intermediate care hospitalization service within the PAPCMT assistance network.

The results are satisfactory, with a high rate of discharge and low mortality rates, transfer to other services and readmissions. The satisfaction perceived by the patient is very high, indicating the quality of care.

The management parameters of the unit show a correct internal functioning and good coordination with the other health resources involved in the attention within PCC, basically with the chronic functional unit of primary care and the hospital emergency services.

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**Keywords:** alternative model; holistic; integrated care; coordination; sub-acute

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