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## POSTER ABSTRACT

# Fragmented care in highly complex cases. How to work towards the same end.

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**Introduction:** There is a subgroup of patients who are admitted to sociosanitary field in which competence is compromised. It is accompanied by healthcare and/or social complexity, including lack of reference person in the family and even the need for a proxy. These patients are transferred to long-stay units as the only resource available. We consider studying the volume of such cases and try to describe the items that affect their complexity as well as the length of hospital stay, whether the patients are deceased or they've been finally discharged.

**Patients and Methods:** Retrospective study of hospital discharges that required an Attorney General Office's statement to seek interim measures of protection during the period 31-12-2014 to 1-01-2012.

**Results:** During this period we have dealt with 14 cases that required this type of intervention. Casuistry of these three years has been 1.3%, 2.7% and 1.5% of discharges respectively. Psychogeriatric or conventional long-stay Unit has been the service of reference in all cases. Gender Distribution: 1: 1 (7 men and 7 women). The average age was 72.4 (SD 4.5) years. Discharge destination: nursing home in 6 cases (four public, two private); discharge to home without resolution: 6 cases and 2 deceases. Designed proxy during the process: 2 cases.

### Conclusions:

- Casuistry represents 1.9% of discharges in long-stay Unit.
- Responses from judicial instances are extraordinarily slow and without resolution in some cases.
- They generate large amounts of interventions and cause distress to professionals.

### Proposals for improvements:

**Case Detection:** Prioritize detection of cases before hospital admission. Plan health and social course without the need for distorting the hospital resources.

**Professional Level:** Training in specific skills to adopt the person-centred and not resource-centred model of care. Provide professionals and work teams with specific tools to deal with these cases in order to avoid burn-out.

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**Community level:** Create a commission amongst different actors involved in the case on a cross-cutting basis and with equal involvement of institutions (Health, Social Welfare, Municipal-District and Prosecutor's Office).

**Ethical level:** Ensure principles of Equity and Justice when accessing to resources.

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**Keywords:** complex cases; fragmented care; competence

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