Anticipatory Risk-based Management of Potential Discharge Problems in Patients with Chronic Diseases

Ma EHM(1), Leung LK(2), Wan MC(2), Poon SL(2), Chow YY(1), Wong CK(1)
(1)TPH M&G (2)TPH MSSU

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Introduction
While acute hospitals are facing access block during demand surges, sub-acute medical and rehabilitation wards are facing exit block (45% new admissions need MSSU services), especially in chronic diseases with disabilities. Prolonged hospital stay increases risks of hospital acquired infections and bed rest. Apart from enhancing transitional medical care through organized admission care plan, a proactive medico-social care plan for potential discharge problems may smoothen discharge process.

Objectives
To promote early and safe discharge by anticipatory risk-based management of potential discharge problems in chronic diseases

Methodology
Senior physician coaches residents to build personalized medico-social care plans for patients within 3 days of admission. Apart from medical and integrated rehabilitation care, key social issues, mobility status, expected length of stay, discharge destiny and carer availability are elucidated. Highly dependent patients requiring placement are referred to MSW on Day 1-3. For those requiring medication optimization and rehabilitation, senior physician will define preliminary discharge date and confirmed discharge date and communicate with medical social workers in delivering early and appropriate medical, social and community services to patients and carers. Weekly case conference confirms team communication with patients and families.
Result
For 6 weeks from 1 Jan 2015, 32 chronic disease patients (20% admissions) with potential discharge problems in a 32-male and 16-female M&G beds were proactively followed by senior physician and 3 case social workers. Risk matrix of discharge problem versus home safety provided insight towards medico-social interventions. High patient risk included home alone, back from China, recent increased dependency from cognitive, swallowing, continence and mobility problems. High social risk included lack of carer or requiring >1 carer, unrealistic carer expectation of longer rehabilitation and family avoidance, disputes or undecisiveness on placement. After anticipatory risk-based medico-social interventions, 75% of 32 discharge problems were solved within Jan 2015 and 25% settled by mid-Feb 2015. Shortest new placement took 12 days. 2 long-stay (>60 days) patients were successfully discharged through family conference. A proactive risk-based medico-social care plan smoothens patients’discharge and community reintegration, easing burden of poverty, social isolation, old spouse, elderly with multiple disabilities, lack of carer while improving access to community care services.