

Service Priorities and Programmes Electronic Presentations

Convention ID: 1059

Submitting author: Dr Tiong Chee Sim

Post title: Consultant, United Christian Hospital, KEC

Case management to reduce avoidable hospital admission in United Christian Hospital

Sim TC, Sha EKY, Leung EMF, Ng WL, Tang SK, Tsang WY, Chan PK. Department of Medicine and Geriatrics, United Christian Hospital

Keywords:

avoidable hospitalizations emergency readmissions case management home visits Harrpe score Harrpe score

Introduction

Reducing avoidable hospital admissions is a key Hospital Authority (HA) strategy to meet increasing health care demand. A systems approach with discharge planning and coordinated post-discharge support for high risk elderly patients has been implemented. This includes early risk assessment and stratification of in-patients to provide discharge planning and protocol-based care for high risk patients, coordinated multi-disciplinary services across the care continuum, and coordination with NGOs to provide timely support services after discharge back to home. Post-discharge support targeted at high risk patients includes home visits by case managers. As part of Integrated Care and Support for Elderly patients (ICDS), United Christian Hospital commenced case management in October 2011.

Objectives

To assess the effectiveness of case managers in reducing 28day emergency medical readmissions for high risk elderly patients.

Methodology

A) Compare 28day emergency medical readmission of recruited patients with their Hospital Admission Risk Reduction Program for Elderly score. Harrpe score is the predicted probability of emergency admission to medical ward of any HA hospital within 28days after an index discharge; this ranges from 0 to 1. (B) Compare the total number of emergency admissions to all hospital wards, both medical and non-medical specialties, in the 1-month and 3-month period before and after recruitment to care by case managers.

Result

The predicted risk of emergency medical readmission, based on mean Harrpe score of 1,021 patients (mean age 81±SD 7.5 years) cared by case managers, was 0.3. The observed proportion of these patients with 28-day emergency readmissions to

medical wards was 0.2. There was relative reduction in emergency admissions to all hospital wards by 36% in 1month period and 30% in 3month period. CONCULSIONS: Care of high risk patients with home visits by case managers is effective in reducing avoidable hospital admissions.