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Exploring patients' and their carers' levels of satisfaction towards the service of Case Management in the Integrated Care and Discharge Support Service provided by the Community Outreach Services Team

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Introduction

Hospital readmissions have been a significant issue in patients with chronic illnesses. Associated undesirable impact includes psychological responses such as anxiety and powerlessness among patients and their families, and the burden on hospital service utilization. A recent systematic review shows that home care interventions may have a better effect in comparison with in-hospital interventions to reduce readmissions in elderly patients (Linertová et al., 2011). Since January of 2012, the service of Integrated Care and Discharge Support for Elderly Patients (ICDS) has been launched in the Community Outreach Services Teams (COST) in New Territories East Cluster (NTEC) Hospitals. This innovative service aims to provide timely transitional care support for patients with different levels of post-discharge care needs. Case Management is a branch of the ICDS which is an 8-week home visit service provided to newly-discharged patients with a Hospital Admission Risk Reduction Program for Elderly (HARRPE) score of 0.3-0.4 or with specific diseases showing complex health needs. This study aims to explore patients' and their carers' levels of satisfaction towards the service of case management in ICDS provided by the COST of NTEC hospitals.

Objectives

1.To explore patients' and carers' levels of satisfaction towards the service of case management; 2.To explore the relationships between patients'/carers' characteristics and their levels of satisfaction in the service of case management.

Methodology

A descriptive survey design using questionnaires for data collection is employed by

this study. All the patients and their primary carers who have enrolled into the service of case management in the ICDS provided by the COST of NTEC hospitals during the period from December 2012 to March 2013 are potential subjects of this study. However, cognitively incompetent patients (Abbreviated Mental Test score ≤ 6) will be excluded. The estimated sample size will be 344 patient-carer dyads. Study instruments for this study including satisfaction questionnaires, the Quality-of-Life Concerns in the End of Life Questionnaire (mQOLC-E), the Hospital Anxiety and Depression Scale (HADS), patients' medical records, patients' service utilization records, and a demographic data sheet.

Result

Up to 25th January 2013, a total of 93 patients and 106 carers completed the baseline questionnaires. Preliminary analysis showed that the patients' mean age was 79.01 (SD=8.672) and the carers' mean age was 59.10 (SD=13.508). 50% of the patients and 27.7% of the carers were male. Majority of the carers were either spouse (40.2%) or children (45.6%) of the patients. The major disease categories of the patients included respiratory (33%) and neurology (41%) problems. Both the patients' quality of life and the carers' psychological status were at moderate level at baseline as measured by the mQOLC-E and HADS respectively. The data collection of this study will be completed in May 2013 and the results with respect to the study objectives will be reported at the Convention.