



Service Priorities and Programmes
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Submitting author: Dr Fei Chan

Post title: Resident Specialist, Grantham Hospital, HKWC

Safe and effective discharge planning for geriatric patients with cognitive impairment

Chan F(1), Chiu KC(1), Chu LW(1), Lau H(2), Wong C(2), Wong K(2)

(1) Acute Geriatric Unit, Grantham Hospital (2) Medical Social Worker, Grantham hospital

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Introduction

Frail geriatric patients with multiple chronic diseases and inadequate social support are prone to prolonged hospitalization. Patients with dementia are different from those cognitively normal patients regarding the issue of discharge planning. This is because they may have lost the capacity to decide for their health or welfare matters. Under usual circumstances, family members will be responsible for their discharge planning. However, in occasions where family members are not prepared or not located, a legal guardian is required.

Objectives

Early multidisciplinary intervention for safe and effective discharge planning for geriatric patients with cognitive impairment.

Methodology

We adopt the following protocol to facilitate effective hospital discharge for dementia patients with discharge problem: (1) Screening of risk factors and early identification of discharge problem; (2) Prompt referral to medical social workers; (3) Involvement of family members in discharge planning; (4) Discussion in a multidisciplinary geriatric case conference; (5) If discharge planning cannot be resolved with family members AND the patient is suspected to be a mentally incapacitated person (MIP); (6) Referral to linked psychiatric nurse; (7) Prompt assessment by psychiatrist to document the MIP status of patient; (8) Medical social worker proceed to apply to Guardianship Board for a legal guardian; (9) Medical social worker (MSW) continue to work on the discharge plan for the patient before appointment of a legal guardian; (10) Once a legal guardian is appointed, the welfare, financial, health care and residential decision can be executed in the best interest of the patient.

Result

During 1 Jan 2011 to 30 June 2012, a total of 1,465 patients were discharged from our geriatric unit. Among them, 384 patients had dementia. 913 patients (62.3%) needed MSW referral. 93 patients were identified to have some discharge problems and

among them. After a repeated medical and social intervention, majority of them (89 out of 93, i.e. 95%) can be successfully discharged without the need of guardianship application. The remaining 4 were dementia patients who did not have immediate family members to make decision regarding their health / welfare issues (including residential placement upon discharge). Finally, legal guardianship applications were approved by the guardianship board, and they all were appointed their own legal guardians to take care of their personal and welfare issues.