



Service Priorities and Programmes
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Continuity of care for old aged home residents: Patient Discharge Improvement Program (PDIP)

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Introduction

The transfer of older people from hospital to community may entail risks for patient safety because it is difficult to ensure whether patient can receive correct medical treatment and continuity of care after discharged without precise information delivery. So, effective communication between hospital staff and the receiving parties in the community is the key to success. However, communication and information transfer was found inefficient and often inadequate in 11B ward (acute geriatrics of The United Christian Hospital) so ward staff always receive enquiry phone calls from old aged home after patient discharged. In order to improve the quality of care for patient and enhance communication between hospital and community, PDIP was kicked off in December 2012.

Objectives

1. To ensure continuity of health care after patients being discharged. 2. To enhance communication between hospital and old aged home staff.

Methodology

Within the study period.(1) Patients who are discharged to old aged home were recruited to this program.(2)A pre-test was conducted to capture any inefficient and inadequate discharge planning. (3)Established a discharge planning checklist and reminder. Contents of the checklist and reminder include basic nursing care, medical treatment and specific geriatric care concern. (4)Train the frontline nursing staff as a discharge planner. (5)A post-test was conducted at the end of the program.

Result

Total 385 samples of old aged home residents were examined. Participants were discharged from 11B ward from 1st December 2012 to 28th February 2013 and 1st December 2013 to 31st January 2014 separately. Among the two study periods, 220 subjects (57.2%) received routine discharged care whereas 165 subjects (42.8%) were referred to the PDIP. By comparing the number of enquiry phone calls from old age home after patient discharged, patients receiving routine discharged care had made 38 (17.3%) enquiry phone calls whereas the patients were referred to the PDIP

had made 21 (12.7%) enquiry phone calls only. From this study, the use of PDIP for patient discharge in acute geriatrics setting enhancing continuity of care and effective communication between hospital and old aged home.