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Sharing on Frailty Care Model in Hong Kong Buddhist Hospital

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Introduction

Clinically, frail patients have poor functional reserve and even a relatively minor illness can lead to fall incident or confusion on them. Studies showed that frail patients developed more hospital harms and have higher readmission rate within 30 days if they stayed in hospital longer. Hong Kong Buddhist Hospital (HKBH) adopted Frailty Care Model which recommends comprehensive geriatric assessment, well-coordinated community support and early discharge.

Objectives

(1) To reduce patient readmission rate (2) To shorten patient length of hospital stay

Methodology

On admission, prompt comprehensive geriatric assessments were performed by multidisciplines. Weekly multidisciplinary team case conference was held to keep track on patient's progress. During the first case conference, all disciplines reported their professional findings about patient. Patient's problems, care plans and expected date of discharge were determined afterward. On the following case conferences, patient's progress and care plan were reviewed and amended accordingly. Early discharge planning and care coordination were initiated on admission to facilitate early discharge. Carers were actively engaging in the whole rehabilitation planning and process. Care was well coordinated according to the health and social needs of the patient. Besides, community support from different social groups was liaised to avoid unnecessary attendance in emergency department in the future.

Result

From December 2015 to September 2016, 31 frail patients were admitted to BH geriatric bed. Their average length of stay was 20.9 days. No fall, hospital acquired pressure ulcer incident or hospital acquired infection was reported. The mortality rate of frail patient and readmission rate were both 0%. 80% of them was successfully

discharged. 20% of them was transferred back to QEH EMW due to change of medical condition or for specialty consultation. During hospitalization, patients got 11 % and 18 % improvement on Modified Barthel Index and Elderly Mobility Scale respectively. 100 % of carers were well trained on caring skill. Prior to discharge, patients were referred to relevant social support so as to keep them in community as longer and healthier as possible.