

### **Service Priorities and Programmes**

**Electronic Presentations** 

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# Significant reduction of hospital readmission through timely assessment and intervention for high risk elderly in one local community in HKSAR

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AED

### **Introduction**

Vulnerable patients living at home record the highest risk of unplanned hospital admission. Many of these people have long term health conditions such as heart failure, Chronic Obstructive Pulmonary Disease, Hypertension and Diabetes Mellitus etc. Moreover, they have heavily depending on complex chronic care and social needs. Integrated Care Model (ICM) was implemented to facilitate early discharge and prevent avoidable readmission. Nurse case manager provides comprehensive assessment for patients with complex needs and facilitate them to live with long term conditions in their home setting. Nurse case managers continue to liaise with Geriatrician and multi-disciplinary teams, to provide holistic care for the high risk elderly.

### **Objectives**

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### **Methodology**

Retrospective reviews on the hospital admission data from April 2014 to March 2015 were conducted. Patient who was admitted to Medical & Geriatric wards through Acute Emergency Department with HARRPE Score≥0.2 or patient with complex health conditions was recruited.

### <u>Result</u>

Total 44 patients were recruited from April 2014 to March 2015, 5 cases were excluded as they did not complete the program due to death. Out of these 39 subjects, 21 (54%) were male whereas 18 (46%) were female with 82.2 years as the mean age. Among then, the major disease group were identified as Hypertension (84.6%), Heart disease (74.3%), Diabetes Mellitus (66.6%), Chronic Obstructive Pulmonary Disease (28.2%) and Cerebrovascular Accident (18%). There were 306 home visits were conducted by nurse case managers to empower patients in managing their own health problems and supporting care-givers. The mean of the HARRPE Score was 0.23. As compare with the total number of AED admission 3- month before and after ICM implementation, there were significant decreases in both AED attendance (reduced by 50%), and AED admission ( reduced by 55.8%). In addition, the length of

stay in the period of 3 month was greatly reduced by 42.6%.