

Intermediate care: An important contribution to integrate care for older people, in Osona.

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Project abstract

Geriatric care, has been playing a key role in the integration of services. Development of intermediate care is a good example. In modern hospitals alternative services to hospitalization had been developed, especially those for elderly patients who are the main users of hospitals. There is an internationally significant interest to create services that occupy the virtual space between primary and hospital care, which is known as intermediate care. The main functions of intermediate care is to provide different options to hospitalization, like preventing admission or easing discharge. The process should last less than 6 weeks and can take place in hospital or at home.

Methodology / Materials

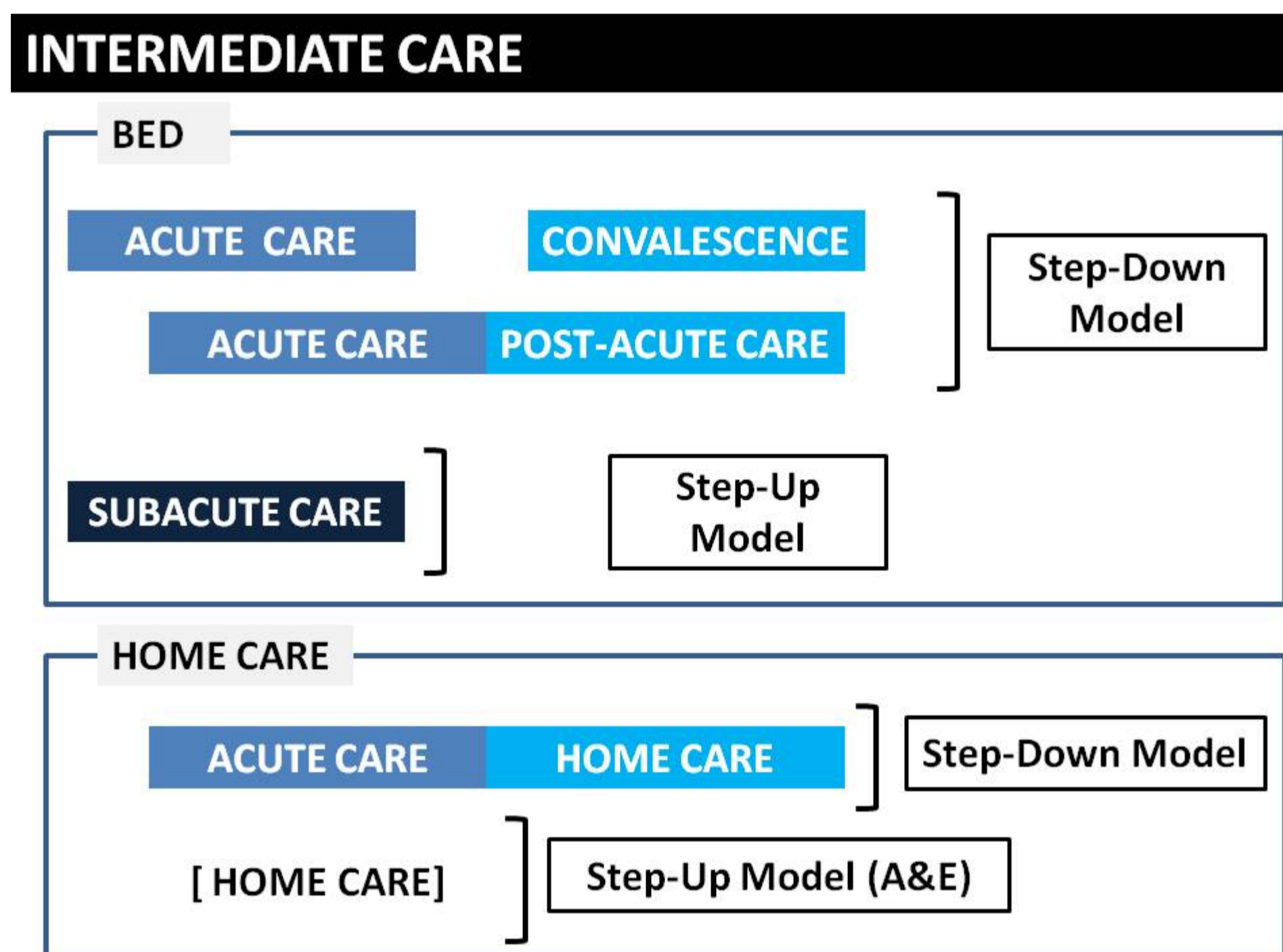
Osona intermediate care is supplied by Consorci Hospitalari de Vic and Fundació Hospital de la Santa Creu de Vic. There are three kinds of intermediate care hospitalization (convalescence, post-acute and subacute). Intermediate care at home is included in the hospital at home. The whole intermediate care program can be described in two models; the "Step-Down model" where patients come from an acute hospitalization episode and the "step-up model" where patients come from the community or A&E services.

Conclusions

The Intermediate care Step-Down model was carried out in 16% of acute care hospital discharges, and the step-up model in 2% of A&E events. This classification facilitates the comparison between other territorial areas and aids planning. We are seeing a gradual increase in the Step-Up model which will force changes in the organization of intermediate care model. Intermediate care has been a great enabler of clinical integration in our area.

Objectives

Description of intermediate care results in Osona during 2014.



Findings / Research update

SOURCES OF ADMISSIONS			
HOSPITAL SANTA CREU	2013	2014	%
Admission from the community	197	290	+47
Admission from A&E	172	231	+32
Admission from Acute Care (Post Acute)	489	495	+1.2
Admissions from Acute Care (Convalescence)	392	340	-13.3
Total	1.375	1.461	+6.3

Intermediate Health Care in Osona in 2014

Bed Step-Down	1374 events
Bed Step-Up (A&E)	231 events
Bed Step-Up (Community)	393 events
Home Care Step-Down	202 events
Home Care Step-Up (A&E)	240 events

The Step-down model is found in 16% of discharges in acute care in the Hospital Universitari de Vic (Step-Down events (1374+202) / total discharges 9751).

The Step-Up model (A&E) is found in 2% of the A&E events (Step-Up events (231+240)/23.289 events)

Bibliography

1. John young, John R. F. Gladman, Duncan R. Forsyth, Claire Holditch. The second national audit of intermediate care. Age and Ageing 2015; 44: 182–184
2. Margarita Admetlla Falgueras y Josep Fusté Sugrañes. Cuidados postagudos. Med Clin (Barc). 2014;143(1):29-33.
3. Ian Philp. The contribution of geriatric medicine to integrated care for older people. Age and Ageing 2015; 44: 11–15.
4. One Person, One Team, One System. Report of the Independent Commission on Whole Person Care for the Labour Party. February 2014