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Poster Abstract

Risk stratification for patients with high care needs: the experience of the integrated care team in the Singapore General Hospital

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Abstract

Background: Hospital readmissions are serious and expensive events, and are potentially preventable. [1,2] Many predictive tools such as PARR-30, HARPPE, and LACE have been developed overseas to identify patients at risk of unplanned readmission, but none of these have been validated for use in Singapore. [3-5] A good risk stratification tool will enable us to direct intensive care integration efforts towards patients who are most in need and allow the interventions to produce the greatest impact in system improvement.

Methodology: We identified patients with high risk of readmission by using our hospital administrative data to select patients who had 2 or more admissions in our hospital in the past 90 days. We then applied a clinical risk assessment tool called LACE (Length of stay, Acuity of admission, Co-morbidities and Emergency department visits) that had been validated in Canada to further risk stratify these patients. [4]

Findings: A LACE cut-off of ≥10 identified a group of patients in our hospital who have 5-times the risk of 30-day re¬admission compared to LACE <10. [6] Our modified LACE tool was able to identify patients with a 40% and 55% risk of readmission within the first month and third month of discharge respectively. [7]

Conclusions: Our modified LACE tool enabled us to identify patients at high risk of readmission and allowed cost effective allocation of resources to help such patients. We feel that this simple risk stratification tool is easy to use and has the potential to be refined into a screening tool for identifying patients who need intensive care integration.

Keywords:

readmission, lace, risk stratification

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