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Conference Abstract

## **Anticipatory Care Planning and Integration**

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## **Abstract**

**Aim:** To identify a population who were at risk of admission to hospital and to provide an anticipatory care plan (ACP) for them and to ascertain whether using data to identify this population and then applying an ACP can help to reduce hospital admissions.

**Content:** The ACP sets out patient's wishes in the event of a sudden deterioration in health. If admitted, a proactive approach was taken to transfer and discharge patients into the community. Cohorts were selected using software, which matched patients in two practices, 96 patients in each practice were studied for admission rate, occupied bed days and survival.

**Relevance:** To long term conditions, dementia, elderly care, end-of-life care and acute admissions.

**Outcomes:** Survivors from the ACP cohort (n = 80) had 510 fewer days in hospital than in the 12months pre-intervention: a significant reduction of 52.0%(P = 0.020). There were 37 fewer admissions of the survivors from that cohort post-intervention than in the preceding 12months, with a significant reduction of 42.5%(P = 0.002). Mortality rates in the two cohorts were similar, but the number of patients who died in hospital and the hospital bed days used in the last 3 months of life were statistically significantly lower for the decedents with an ACP than for the controls who had died.

**Conclusion:** This approach produced statistically significant reductions in unplanned hospitalisation for cohort of patients with multiple morbidities. It demonstrates the potential for providing better care for patients as well as better value for health and social care services.

## Keywords

admission; advance care planning; end-of-life care; general practice; patient readmission

## **PowerPoint presentation**

http://integratedcarefoundation.org/resource/icic15-presentations