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POSTER ABSTRACT

Assessment tool for early prediction of patients in an acute hospital requiring long term institutional placement

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Introduction: With a rapidly aging population in Singapore, there is an increasing need to look into a potential tool to quickly assess patients that are admitted into acute care to determine the type of care services that they would require to support their care after their discharge from the hospital. This can reduce unnecessary rework needed which can help patient gain access to care services earlier and decrease the overall length of stay in an acute ward.

This paper focuses on the development of an assessment tool for early identification of patients who require and will qualify for long term subsidised institutional care in Singapore.

Method: Drawing de-identified data of 178 patients from Tan Tock Seng Hospital who applied for long term subsidised institutional care during the period from October 2015 to December 2015, a profile of the patients was created to inform development of the assessment tool that can allow the multi-disciplinary team to assess patients within 48 hours of their admission to the hospital.

A literature review of available screening tools was done to guide identification of themes from the created profile of patients. The identified themes were then incorporated into the assessment tool.

Themes identified were (1) high medical needs, (2) high nursing needs, (3) social issues and (4) financial-related causes.

This assessment tool would then be piloted by healthcare professionals in the multidisciplinary team that helps facilitate discharge care plans to gather feedback to enhance the assessment tool.

Implications for practice: With the implementation of the assessment tool, it will help to identify patients who requires long term subsidised institutional care faster and thereby decreasing the patients' length of stay within the hospital. It will also allow the multidisciplinary team to have a guide that decreases inconsistency in assessment across different professionals who are currently assessing patients based on personal interpretation of the care planning process.