

OP48.3

Experience of the set-up of an integrated care process for pluripathological, chronic, complex patients (CPPCP) in a healthcare area in Castilla y León

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Antecedents: The increase in elderly, pluripathological patients with a high consumption of healthcare resources, and with not-covered sociosanitary needs, has generated the development of continuity care programmes. Within the framework of the Regional Strategy for Chronic Care, an integrated process of care for CPPCP was designed. It was implemented, creating the Continuity of Care Unit (CCU) formed by Primary Care (PC) professionals and a hospital team with immediate telephonic access to the family doctors. Social services will take part too, managing the Sociosanitary Convalescence Units.

Objective: To describe the results of the process of CPPCP care after one year.

Population: CPPCP patients, referred by their family doctors, emergency services, identified by stratification system as CRG, as G3.

Method: Activity register analysis

Results: 1256 telephonic enquiries were received, mostly from PC. 61.2% of those were solved by phone, and the remaining 38.8% were dealt with in face-to-face consultation in less than 48h.

Among the patients who attended through Emergency Services, 227 were placed in CCU beds (maximum 72h/ stay). 69% were discharged and 31% were referred to Internal Care services, with a total average stay of 7 days.

Among admissions of G3 patients in the medical services, there was a decrease of 56% and 58.4% in readmissions during one year and the decrease of hospitalization days was.

Discussion and Conclusions: The integrated care process for CPPCP, which allows for a joint patient management by PC professionals and the hospital, shows a high resolution level, admissions and readmissions decrease, as well as the days in hospital. Telephonic enquiries give immediate access to the hospital CCU, it is a key element.

The role of family doctors and nurses is crucial in the follow-up of the patient. The integration of Social Services is an important element in order to avoid hospitalizations extended due only to social reasons.