Compassion | Accountability | Effectiveness

Case study of the long term care 2.0 barriers on the hospice share carepatient's discharge in terminal patient.

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Background & Significance
In 2016, the Taiwan’s Ministry of Health and Welfare began promoting Long Term Care Plan 2.0 (LTC 2.0) and discharge planning services to connect LTC 2.0 to address the heavy burden of ageing society and home care. According to the degree of disability, it provides 17 services (Figure 1.) including home care, care services, respite care services, and assistive device purchases/rental. The need for assessment during the hospitalization period, early referral before discharge, and follow-up care. In southern Taiwan, terminal patients have a high level of disability, while family caregivers are under pressure, but those with lower rates of use. This study expects to understand the barriers to the use of LTC 2.0 resources after discharge from the terminal patient.

Methods
This study adopts the case study method. In a rural regional hospital in the south Taiwan, targeting patients with hospice share care, valid cases is patients with stable discharge and exclude patients who continue to be discharged and died. The investigators interviewed patients and their families and completed the hospice care record. analysed the text of “hospice care record” and “discharge planning services record”, another field expert conducted the test to analyze the reliability and effectiveness of the content.

Results
From October 2nd to October 26th, 2018, consult hospice share care team has total of 30 patients, among them, there were 8 consecutive hospitalizations, 15 deaths, and 7 stable discharges were valid cases. In the basic information, 6(85.71%) referrals from the medical ward, 4 males (57.41%),6 people over 65 years old (87.71%), 6 cancer patients (87.71%), Basel Index assesses disability, Fully dependent on 5 (71.43%), the remaining 2 are partially dependent. The main caregivers during hospitalization were 4 Personal Care (67.14%) and 3 family members (42.86%), After discharge, 6 home care (85.71%) and 1 nursing home care. The former care team has three discharge planning service (42.86%), Only one person (14.29%) consult the hospice share care team within 5 days of hospitalization.

Purpose
(1) Discuss the need for LTC 2.0 resources for terminal patients.
(2) Realizing the LTC 2.0 resource barriers of terminal patients discharged from hospital.

Long-term attention to resource needs and use cases (Table 1):

<table>
<thead>
<tr>
<th>Nursing care services</th>
<th>Respite care services</th>
<th>Rehabilitation service</th>
<th>Assistive device purchases/rental</th>
<th>Home nursing</th>
</tr>
</thead>
<tbody>
<tr>
<td>uses cases</td>
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<tr>
<td>3</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>3</td>
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<tr>
<td>needs cases</td>
<td>2</td>
<td>2</td>
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<td>2</td>
</tr>
</tbody>
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Table 1: Long-term attention to resource needs and use cases

Conclusion
Community health in Taiwan, hospice palliative care and LTC 2.0 in Taiwan’s universal health insurance sources are different, and the professional training of the staff is different. Therefore, the link between the two care resources must be strengthened. In addition, the government’s long-term care policy should cover the disabled in a comprehensive manner, and should increase the long-term professional manpower training.