Sigma’s 30th International Nursing Research Congress
Case Study of the Long Term Care 2.0 Barriers on the Hospice Share Care Patient’s
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Purpose:
(1) Exploring the need of long-term care resources in terminal patients.
(2) Exploring the barrier of terminal patient to access the long-term care resources after discharge.
Methods:
This study adopts the medical record backtracking survey and case study design. We conducted this research in a rural hospital located in southern Taiwan. Patients with hospice share care were targeted. The patient discharged with stable condition were included, and the patients who died or continuous hospitalized were excluded. Researchers interviewed patients and their families to complete the hospice care medical record and discharge planning services record. The other expert in the same field analyzed the data with researchers to confirm the inter-rater reliability and validity. The barrier of using long-term care resources were inferred by the data.
Results:
The data were collected in October 2018, 7 patients were included among 30 patients who consulted hospice share care. Among these 7 patients, 6(85.71%) were referred from the medical ward, 4(57.41%) were male, 6(87.71%) were aged 65 or older, and 6(87.71%) had cancer-diagnosis. Basel Index assesses disability, Fully dependent on 5 (71.43%), the remaining 2 (28.57%) are partially dependent. In the hospitalization period, 4 (67.14%) were cared by hired personal care, and 3(42.86%) were cared by family members. 6(87.71) were cared at home after discharge and 1(14.29%) nursing home care. Only one patient (14.29%) consulted the hospice share care team within 5 days of hospitalization, and the other 3(42.85%) patients cared by former medical team and received discharge planning service.
Long-term attention to resource needs and use cases: care services has 3, can’t use 1 person; the respite care services has 4, can’t use 2 person; rehabilitation service needs 3 people, none of them are used ; assistive device purchases/rental has 3 person, can’t use 1 person; transportation and pick up has 4, which are not used ; home nursing has 2, all used, the total usage rate is 42.10% (8/19).
Four factors inferred by the resource-accessed data, may explain the reason why patients did not access the service: (1) Policy factors: patients were excluded by long-term care policy because of age and institutional care; (2) Professional factors: the professional team is not well-involved, and the information were not provided to the patients and their family; (3) Insufficient professional resources (4) Culture factors: family care-giver refuse to access the resource due to the responsibility of culture custom.
Conclusion:
The fund and professional training of hospice palliative care and long-term care resources are different. The bridge between these two care resources should be strengthened. The long-term care policy should cover the disabled in a comprehensive manner, and enhance the professional training.
Title:
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Keywords:
application barrier, hospice share care patients and long-term care resources

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Abstract Summary:
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.

Content Outline:
• Background ;
  1. In Taiwan, the Ministry of Health and Welfare began to promote long-term care resources and the discharge planning service to address the burden of ageing society and care-giver stress since 2016.
  2. This study expects to explore the barriers of terminal patient to access the long-term care resources after discharge.
• Purpose
  1. Exploring the need of long-term care resources in terminal patients.
  2. Exploring the barrier of terminal patient to access the long-term care resources after discharge.
• Results
  Four factors inferred by the resource-accessed data, may explain the reason why patients did not access the service ;
1. Policy factors.
2. Professional factors.
3. Insufficient professional resources.
   - Conclusion
     The fund and professional training of hospice palliative care and long-term care resources are different. The bridge between these two care resources should be strengthened.

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