



INTRODUCTION

There is growing recognition that different groups of patients - such as the elderly with chronic diseases - have different needs for health promotion. With increased patient awareness, organizations have begun to develop strategies for individualized care, designing each individual as unique, shifting from general assistance to patient-centered care, understanding the person as a whole. Encouraging the use of data to manage gaps between what is expected and what is done has become more and more necessary. The purpose of the current study is to identify all patients who need a Planned Discharge Structuring since hospital admission.

METHOD

The study was held in two general hospitals in the metropolitan region of Sao Paulo, both participants of the Brazilian Patient Safety Program (PBSP) of the Qualisa Institute of Management (IQG). For risk assessment, the Index LACE score was used, which is a risk stratification model that uses four variables to predict the risk of death or non-elective rehospitalization within 30 days after hospital discharge. The data collection from a convenience sample was performed between July and August of 2017. This sample included adult medical and surgical patients admitted to open units of the two hospitals.

RESULTS

A total of 131 patients were assessed, from 19 to 91 years, being 14 (11%) of 30 y.o., 60 (46%) 30 to 60 y.o. and 57 (44%) over 60 y.o. Also, 69 (53%) of these patients were male and 62 (49%) were female, of which 102 (77.86%) were medical and 29 (22.14%) were surgical patients. According to the Index LACE Score, 69 (52.67%) were classified as risk, 42 (32.06%) as moderate risk and 20 (15.27%) as high risk. Among medical patients, 102 (45.10%) were classified as low risk, 36 (35.29%) as moderate risk and 20 (19.61%) as high risk. In the group of surgical patients, 23 (79,31%) were considered as low risk and 6 (20,69%) as moderate risk, not being observed a high risk patient.

CONCLUSION

Our study showed that 47.33% of the patients assessed were considered moderate or high risk profile, that is, eligible for the Planned Discharge Structuring. The next step will lead to a pilot study in 6 Brazilian hospitals using the INDEX LACE score to identify eligible patients within the first 24 hours after admission. For these patients will be structured a care planning, discharge and differentiated follow-up, focusing on minimizing these risks. The results will be presented in a timely manner.

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