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CONFERENCE ABSTRACT

An Integrated Model of Environmental Care for a Patient Discharged from the Emergency Department - A Comparative Analysis of Meeting the Needs of Emergency Department Patients and General Practice Patients

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Introduction

The development of an environmental care model taking the comprehensive coverage of the needs of patients receiving a stay at home care after being discharged from the Emergency Department (ED) into account may be effective in the prevention of subsequent hospitalisation in the ED. The aim of the study was to determine the level of satisfying the needs of the emergency department patients (EDPs) and general practice patients (GPPs) as well as the factors corresponding to a high level of satisfaction of needs in both groups.

Theory/Methods

A cross-sectional study was conducted among 200 EDPs and 200 GPPs. The modified version of the Camberwell Assessment of Need Short Appraisal Schedule, Health Behaviour Inventory, Generalized Self – Efficacy Scale, Patients Satisfaction Questionnaire and an original questionnaire were used.

Results. EDP patients showed a lower level of met needs measured by the Camberwel Index than the GPP (M=0.75 EDP vs. M=0.80 GPP, p=0.008). In both groups, a high level of satisfaction of the needs (above the median) more often co-occurred with: high values of a positive mental attitude (rs=0.53, p<0.001 GPP vs. rs=0.30, p=0.010 EDP), a high generalized sense of self-efficacy (rs=0.44, p<0.001 GPP vs. rs=0.35, p=0.010 EDP), high values of health practices (rs=0.49, p<0.001 GPP vs. rs=0.17, p=0.020 EDP), the number of medications taken daily below the median (rs= -0.38, p<0.001 GPP vs. rs= - 0.41, p<0.001 EDP), good and very good material status of families (rs= 0.30, p<0.001 GPP vs. rs= 0.35, p<0.001 EDP), the number of chronic diseases lower or equal to the median (rs= -0.23, p=0.001 GPP vs. rs= - 0.46, p<0.001 EDP), secondary and higher education (rs= 0.27, p<0.001 GPP vs. rs= 0.35, p<0.001 EDP), high level of patient satisfaction with GP's services (rs=0.38, p<0.001 GPP vs. rs=0.18, p=0.010 EDP), GP's visit at a patient's home (rs=0.20, p=0.005 GPP vs. rs=0,14, p=0.042 EDP).

Discussions. In 1991, health and social care in Poland were separated into two separately administered and managed bodies. Certainly, there is a view that the health and social care systems are ill-prepared and under-equipped to meet the needs of the growing population of older adults.

Conclusions

A comprehensive model of environmental care for patients discharged from the ED should include: their sociodemographic factors, health profile, level of health behaviours, generalized self-efficacy and quality indicators of health care provided by GP and primary care nurses.

Lessons learned. ED's nurses should conduct a screening based on the examination of the level of satisfying the needs of the patients being discharged. The results should be passed on to the primary care physician and social welfare units.

Limitations

This research was conducted on a small research sample and only in one ED.

Suggestions for future research. Currently, in most countries healthcare coordinators use evaluation systems where health and physical needs are prioritized rather than psychological or social needs. A short, easy and practice tool, which will take the complexity of patients' needs and the abovementioned elements of the environmental care model into account should be developed.