

Exploring the Factors Affecting Discharge Planning Patients' Residing Institutional Long-Term Care Facilities

Yia-Wun Liang¹ Su-Mei Wang² Jwo-Leun Lee³ Yu-Hsiu Lin⁴ Ying-Lin Cheng⁵

Abstract

Object: This study explores factors affecting patient discharge from institutional long-term care facilities.

Methods: Data was collected from a central Taiwan regional hospital. The sample included 259 subjects receiving discharge planning services. Descriptive analysis, bivariate analysis and multiple logistic regression were used to examine possible factors associated with use of institutional long-term care facilities.

Results: After adjusting for various variables, the data indicated that education level, living arrangement, income source, self-rated health status, chronic disease, daily life activity, and discharge planning intensity were significantly related to entering the institutional long-term care facilities. Junior high school (OR = 5.989, 95% CI = 1.456-25.517) and senior high school (OR = 5.869, 95% CI = 1.033-3.353) graduates were more likely to enter institutional long-term care facilities. People living with others (OR = 0.122, 95% CI = 0.019-0.766) were less likely to enter institutional long-term care facilities. People receiving government benefits (OR = 13.027, 95% CI = 1.309-129.616) were more likely to enter institutional long-term care facilities. Subjects who self-rated their health as poor (OR = 4.975, 95% CI = 1.043-23.742) or very poor (OR = 9.815, 95% CI = 1.550-62.134) were more likely to enter institutional long-term care facilities. Additionally, the corresponding risk of entering institutional long-term care facilities in subjects with chronic diseases was 4.919 times higher than those without chronic disease (95% CI = 1.117-21.669). Similarly, better functional status of daily life was also associated with higher risk (OR = 15.215, 95% CI = 1.235-187.513). Subjects who received more discharge planning visits (OR = 0.203, 95% CI = 0.071-0.576) were less likely to enter institutional long-term care facilities.

Conclusion: "Aging in Place" is currently the guiding principle for devising elderly care policy in Taiwan. To some extent, aging in place may delay the time of entry into institutional long-term care facilities but cannot replace it completely. Consequently, a more comprehensive transfer system for patients, hospitals and institutional long-term care facilities is needed. Policy makers should develop policies that improve discharge planning and integrate the expertise of more health professionals to promote the acceptance of institutional long-term care facilities.

Key words: Long-term care, discharge planning, institutional long-term care facility.

¹ Department of Health Care Administration, Central Taiwan University of Science and Technology.

² Department of Nursing, Cheng Ching Hospital.

³ Department of Public Health, China Medical University.

⁴ Institute of Health Care Management, Central Taiwan University of Science and Technology.

⁵ Northern Region Branch of Bureau of National Health Insurance.

Received: Nov. 22, 2007 Revised: Feb. 21, 2008 Accepted: Feb. 29, 2008

Address Correspondence to: Su-Mei Wang No. 118, Sec. 3, Chung-Kang Rd., Taichung 407, Taiwan.