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DURING THE COVID-19 EPIDEMIC, CONTINUOUS STRENGTHENING OF POST-ACUTE REHABILITATION COMPREHENSIVE CARE MODE (PAC) PROCESS FOR STROKE PATIENTS

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INTRODUCTION

This study aims to continuously improve the process of stroke patients in the "post-acute care mode" during the COVID-19 epidemic prevention period, which shortens their hospitalization days, smoothly connects with rehabilitation hospitals during the epidemic period, and improves self-care ability.

RESULTS

The asterisk is marked on the map of the rehabilitation contracted hospital, which is the top five cooperative hospitals for the number of transfer cases, and also the hospital with the highest willingness to transfer and undertake the transfer during the epidemic. After continuous optimization of the transfer process, the overall transfer time has been effectively improved. The days from admission to transfer have increased from 19.5 days to 15 days, and the days from start-up to transfer have dropped significantly from 6 days to 3 days.

METHOD

The medical team is aiming at delaying the number of days in the transition to the "acute post-care mode" during the severe period of COVID-19 in the unit, which leads to the delay in receiving rehabilitation treatment for patients.

This project will discuss the reasons for the delay in receiving rehabilitation treatment, and summarize the following Three main reasons and six secondary reasons, including:

1. Rehabilitation PAC Hospital : The waiting time for a bed was too long, and the time to reply to the patient was delayed.
2. Medical team of this hospital : Failed to activate PAC immediately and did not set the main target for sitting posture.
3. Patient's family members : Did not actively participate in the PAC planning and repeated opinions. Based on the above reasons, the improvement measures for the medical team of our hospital, the contracting hospital and the families of patients are proposed as follows.

CONCLUSIONS

Even under the impact of the epidemic, by improving and optimizing the process tools, the timeliness of PAC transfer for cerebral apoplexy in our hospital can still be maintained at an excellent level. Stroke cases can continue to guess and strengthen rehabilitation treatment under the severe epidemic situation, improve their daily functional self-care ability, and reduce family and social cost burdens.



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