

Creation of Criteria for Patient Admittance and Discharge (cc-pAd)

Tool overview

WHAT is it?

Framework of criteria for patient admittance and discharge

WHY use it?

- To help health care provider stay focused on its mission
- To formalize and share existing criteria internally for the sake of efficiency and consistency (e.g. internal training tool)
- To communicate to partners to generate or limit demand

WHO uses it?

Health care providers with

- Constrained patient capacity
- Referral patient process (Specialty care providers)
- Funding contingent on adherence to mission

Tool development

HOW to develop it

- Define catchment area
 - e.g. 15km from clinic
- Define range (lower and upper bound) of treatable symptoms or ailments for admittance
- Identify health indicators to monitor the improvement for discharge
 - e.g. weight gain
- List other relevant criteria
 - e.g. income level, home situation
- When relevant, identify the course of action if criteria is not met
- Clarify if multiple elements of criteria are required to admit or discharge

Tool deployment

HOW to implement

- Create visually appealing framework
- Determine medium for communication
 - e.g. digital, paper
- Communicate internally via trainings, post on the walls
- Communicate externally
- Exceptions to criteria must be rare for the framework to be effective and useful
- Quick iteration upon the initial implementation is needed to increase likelihood of success
- Revisit and update semi-annually

Example 1 - CRITERIA FOR ADMISSION



- CONSIDER FOR CARE -

Diagnosis with life limiting illness

- | | | |
|--------------------------|-----------------|---------------|
| HIV / AIDS | Cancer | Malnutrition |
| Congestive heart failure | COPD late stage | Renal failure |

Orphans, vulnerable or disabled children

- | | |
|---------------------|----------------|
| Disabled | Physical abuse |
| Parent mentally ill | |

- CRITERIA FOR ADMISSION -



OUTSIDE OF SCOPE

IN PATIENT HOSPICE

OUTPATIENTS

	OUTSIDE OF SCOPE	IN PATIENT HOSPICE	OUTPATIENTS
PHYSICAL	<ul style="list-style-type: none"> No symptoms or pain OR <ul style="list-style-type: none"> Unclear diagnosis or complications OR <ul style="list-style-type: none"> Procedure and transportation for chemo treatment OR <ul style="list-style-type: none"> Cases not handled by LRI <ul style="list-style-type: none"> ✓ Multi Drug Resistant-TB (for safety) ✓ Kids with acute malnutrition 	<ul style="list-style-type: none"> High frequency of attention OR <ul style="list-style-type: none"> Complex care offered by LRI (TB, Injections, HIV patients) OR <ul style="list-style-type: none"> Extreme pain 	<ul style="list-style-type: none"> Meds are not too complex to manage AND <ul style="list-style-type: none"> Symptoms respond to medication (Not extreme consistent pain)
	OR	AND	AND
SOCIAL / EMOTIONAL	<ul style="list-style-type: none"> Mentally unstable adults with no physical issues 	<ul style="list-style-type: none"> Extreme emotional issues OR <ul style="list-style-type: none"> Unsafe / unstable home environment (e.g. Child abuse) OR <ul style="list-style-type: none"> No support from family OR <ul style="list-style-type: none"> Desire from patient / family 	<ul style="list-style-type: none"> Patient is mentally stable / alert OR <ul style="list-style-type: none"> Family support
	OR	AND	AND
OTHERS	<ul style="list-style-type: none"> Too far from LRI or Hospital (more than 15 km) for outpatient eligibility 	<ul style="list-style-type: none"> Referral (e.g. from MOI teaching hospital) Bed availability 	<ul style="list-style-type: none"> Proximity to Hospital (≤ 15 km)

Example 2 - CRITERIA FOR DISCHARGE

-INPATIENTS -

MALNOURISHED CHILDREN

HIV/AIDS, CANCER

Symptoms under control	<ul style="list-style-type: none"> • Improved physical state <ul style="list-style-type: none"> ✓ Weight has increased ✓ No edema • Eating habits <ul style="list-style-type: none"> ✓ Patient is eating and has appetite ✓ Patient is on PlumpyNut or normal food 	<ul style="list-style-type: none"> • Improved comfort state <ul style="list-style-type: none"> ✓ No more vomiting ✓ Weight stabilized (for HIV/AIDS patients) ✓ Pain stabilized (based on pain scale) • Manageable medication complexity <ul style="list-style-type: none"> ✓ Lower frequency of care ✓ No more injections, etc.
Improved social / emotional situation	<ul style="list-style-type: none"> • Support issue has been addressed <ul style="list-style-type: none"> ✓ Found a family member able to continue feedings and care at home • Patient has access to food (if family can't provide, would supplement protein for all kids) 	<ul style="list-style-type: none"> • Support issue has been addressed <ul style="list-style-type: none"> ✓ Found a family member willing to care for the person ✓ Housing or job secured • Strong desire to return home (e.g. to address home issue ; to die at home)
Health deterioration	<ul style="list-style-type: none"> • Death • Admission to hospital due to complications 	

INPATIENT TO OUTPATIENT

OUTSIDE OF THE PROGRAM

- OUTPATIENT -

Improved situation	<ul style="list-style-type: none"> • Symptoms improve • HIV medication adherence (first six months, monthly, then transition to phones or less frequent) • Home situation improves
Health deterioration, others	<ul style="list-style-type: none"> • Moving outside of 15km catchment area • Death • Admission to hospital due to complications

LESS FREQUENT CARE / PHONE

OUTSIDE OF THE PROGRAM