フリガナ 患者様 お名前 他に緊t

5名前

ケアマネ ゆ害認識

Background and objective

During the Pandemic, socially vulnerable groups were forced to live harder. As financial difficulty and social isolation are significant determinants of health, we sought for ways to provide intervention on all such cases.

Methods/intervention

From J-HPH pilot study¹⁾, 4 questions were added to existing inpatient screening interview sheet: (Q1,2 financial difficulty) 1. Did you have any difficulty in meeting ends last year? 2. Is it difficult to manage before payday? (Q3,4 solitary) 3. How often do you see/talk with your friends? 4. With your family/relative? For financial cases, case worker would visit and refer them to social services; for solitary cases, hospital's Friends Association staff would invite them to community hobby circles or exercise classes.

¹⁾ Development of Scale for Assessment of Financial Difficulty of Patients at Medical Institution <u>Daisuke Nishioka, Keiko Ueno, Mitsuhiko</u> <u>Funakoshi, Masashige Saito, Naoki Kondo</u> Japanese Journal of Public Health, 2020, vol. 67 no.7, p. 461-470

Results

2022/1/1~2022/12/31 Total 3027 inpatients

Intervention for Financial Difficulty

	Need			Responders to interview sheet out of all inpatients
Patients (persons)	179	1436	886	2501
Ratio (%)	7.2	57.4	35.4	



In some month, MSW intervention case is more than HPH sheet case. This is



Sample view of the interview sheet (excerpts)

的意志	6 5 6 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7
D情報として、入院生活に生かすための参考にさせていただくためご記入をお願いします。	
年齢 性 別:	 この1年で、家計の支払い(税金、保険料、通信費、電気、クレジットカードなど)に
生球用日:	日一たっとがちりますか
途 絕先:	困ったことがありますか
8連絡先がありましたらお書きください	なし ・ 1回ある ・ 2~3回ある ・4~5回ある ・ 6回以上
統柄 連絡先:自宅	
	・この1年に給与や年金の支給日前に、暮らしに困ることはりましたか。
統柄 潮动丸:白宅	なし ・ 1回ある ・ 2~3回ある ・4~5回ある ・ 6回以上
入院前(時)の状況	
(①白宅: 一戸建て ・ マンション ② エレベーター: あり ・ なし	
③ 自宅に段差や階段はありますか: はい ・ いいえ	
④ 段差場所: どこに() ⑤ 階段: 何段<らい())	質問13 社会との関わり
6回宅内手すりのある場所を数えてください。	・友人、知人と連絡をする機会はどのくらいありますか。
一部下 ・ 階段 ・ トイレ ・ 風呂 ・ その地()	
(268209、施設:() 詳細:()	連絡方法は電話、メール、手紙などでも構いません。
一人暮らし ・ 日中独居 ・ 成年後見 ・ 生活保護 ・ ターミナル	週に3回以上 ・ 週に1~2回以上 ・ 月に1~2回以上 ・ 年に数回 ・ なし
	 家族や親戚と連絡する機会はどのいくらいありますか。
	 ・ 家
社会的支援	連絡方法は電話、メール、手紙などでも構いません。
10日/77722: あり - カ」、東京5:	週に3回以上 ・ 週に1~2回以上 ・ 月に1~2回以上 ・ 年に数回 ・ なし
1-ジャー 氏名: 連綿先:	
2 なし、諸地・身体・知的・導輸・部位等:	
利用サービス	
診療:月 〇 口 歯科訪問診療 :月 〇 ·	
香護:週 回 口訪問葉與管理指導:月 回	
ハビリ:週 回 口通所リハビリ :週 回	
↑護(ヘルパー):週 回□通所介護(デイサービス):週 回	Responses on the questions are incornorated
20條:	Reconness on the allestions are incornorated

Responses on the questions are incorporated into e-MR, and the staffs of corresponding department take intervention action.

Intervention for Social Isolation

	Need	No- need		Responders to interview sheet out of all inpatients
Patients (persons)	993	578	930	2501
Ratio (%)	39.7	23.1	37.2	



Intervention was not possible due to mid-2022 because community

because MSW make intervention case is more than in since tease. This is because MSW make interventions not only based on HPH sheet but also other information sources such as referral source before hospitalization, outpatient department, community comprehensive care system.

Breakdown of intervention types for financial difficulty

Total number of targets	
Consultation only	
Free/low-cost medication ¹⁾	
Social welfare program	
Information on high-cost healthcare support	
Use installment payment	
Others	
No intervention because released from hospital	
No intervention for other reason	
No intervention wanted	1

Breakdown of intervention types for social isolation

Total number of targets	50
Leaflet	50
Invitation for activity group + leaflet	30

activities such as hobby circles and exercise classes were closed. As the activities started again in late-2022, intervention has also started again.

Examples of activity groups to refer the patients

Online exercise class



Smart phone class

Square stepping class



Mah-jongg game circle

1) Free/low-cost medication is a support program so that an opportunity to receive required medication will not be limited due to financial reason. It is stipulated in Article 2, Paragraph 3, Item 9 of the Social Welfare Law and performed at accredited institution. Income criteria depends on the medical institutions.

Lessons learned

The 4 questions are useful to identify intervention targets without asking sensitive questions on income or relationship. But since some patients do not answer the questions, it is necessary to find out the reason why they didn't and revise the questions to make it easier to answer. Previously concerned cases were referred to social services only when hospital staff noticed Social Determinants of Health during hospitalization. With this interview sheet, screening of every case became possible and more intervention is provided. Solitary intervention is still few and needs to be increased. Possible collaboration with Community-Based Integrated Care System and Medical Association is underway.

Relevance to HPH, Relation to conference main theme, Relation to one of the HPH Task Forces

The Pandemic brought more hardships on socially vulnerable groups. In Japan, many are hesitant to admit financial hardship or being solitary or loosing social connections. It is significant as HP effort that we can now identify and intervene for poverty, social connection, or social resources during hospitalization.

