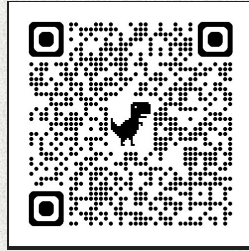


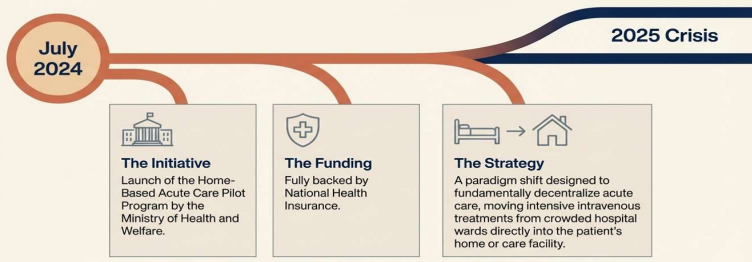
# Determinants of Treatment Completion in Home-Based Acute Care: A Pilot Study in Taiwan's Super-Aged Society

Chen Ming-Yu<sup>1</sup>, Li lung-Chun<sup>1</sup>, Hsu Pi-Shan<sup>1,2</sup>



## Background:

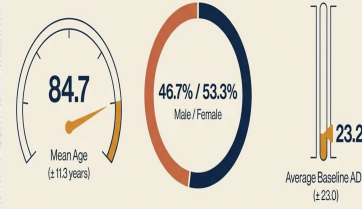
### Proactive Decentralization: The July 2024 Pilot Program



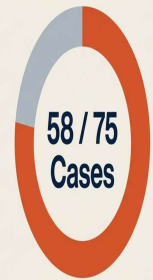
## Results:

### Analyzing a Highly Vulnerable Cohort

Severe functional limitations across the cohort before the onset of acute infection.

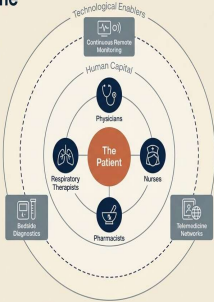


### 77.3% Success Rate in Home Acute Care



### Rebuilding the Hospital Ward in the Home

Interdisciplinary clinical expertise combined with continuous remote monitoring delivers hospital-grade acute intervention without the hospital footprint.



### Defining Eligibility and Clinical Focus

#### Patient Persona

##### Target Conditions

- Pneumonia (42% of cohort)
- Urinary Tract Infections (UTI) (50.7% of cohort)
- Soft Tissue Infections (6.6% of cohort)

##### The Intervention

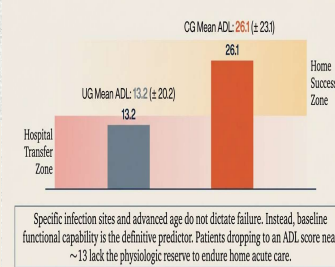
Complete courses of intravenous (IV) antibiotics administered entirely outside the hospital.

**ADL ≤ 65**

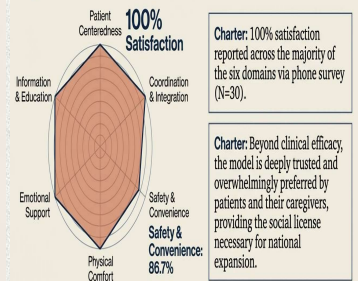
**Strict Prerequisites:** Limited access to standard hospitalization and a baseline functional status (Activities of Daily Living) score of ≤ 65.

Variables	Completion Group (CG)	Uncompleted Group (UG)	Significance
Age	84.7 (± 11.3)	84.7 (± 11.3)	No Significant Difference
Sex	46.7% Male	46.7% Male	No Significant Difference
Infection Site	Various	Various	No Significant Difference
Antibiotic Changes	Tracked	Tracked	No Significant Difference
Treatment Duration	6.0 (± 2.4) days	2.8 (± 2.3) days	Significant
<b>Baseline ADL</b>	<b>26.1 (± 23.1)</b>	<b>13.2 (± 20.2)</b>	<b>P = 0.025</b>

### The Crucial Determinant: Activities of Daily Living

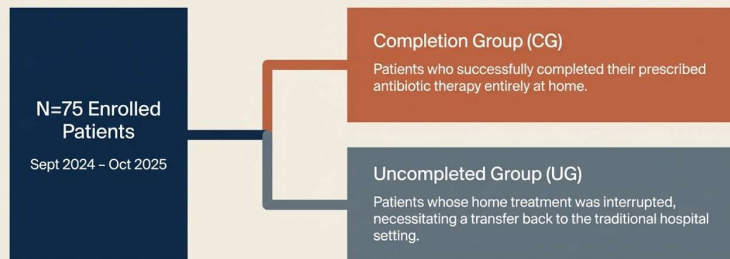


### Universal Acceptance and High Satisfaction



## Methods:

### Tracking Trajectories: The Pilot Methodology



## Conclusion:



Targeting patients with slightly better baseline function guarantees the highest success rates, ensuring the model remains a sustainable, safe alternative to hospitalization as the demographic crisis peaks.

Variables analyzed included age, sex, ADL, antibiotic changes, and infection site.

A satisfaction survey using the Picker-Commonwealth Scale was conducted via phone with 30 randomly selected patients or caregivers, covering six domains. Statistical analysis was performed using chi-square tests and non-parametric methods for group comparisons and inference.

