



## Experience of the Continuity of Care Platform Managing Epicrisis of A Vascular Service

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**Abstract:** *The Continuity of Care Platform is an active Electronic Clinical Record for the sending of Medical Discharge Reports from the secondary level to the primary level, ensuring coordination and effective care. Materials and Methods: This study describes the number of discharge reports managed by a Vascular Service in a Chilean Metropolitan Health Service for post-amputation patients and their active management towards Primary Health Care (PHC) through the Continuity of Care Platform (PCA) from March 1, 2020, to August 31, 2021. Results: All discharge reports for patients from the Vascular Service of the Barros Luco Trudeau Hospital (HBLT) were included, and the average effective care by the Primary Level of the Metropolitan South Service was calculated. From March 1, 2020, to August 31, 2021, the average completed follow-up (effective care) was 73%, with 50 effective home visits (16.95%), 2 deaths (0.68%), and 9 rehospitalized patients (3%). Conclusion: The data demonstrate active coordination with primary level establishments, showing an average of 73% effective follow-up, highlighting the platform's functionality. Future research may investigate the efficacy of the PCA in reducing morbidity and mortality. The percentage of completed follow-up before PCA implementation was 40%.*

**Keywords:** *Electronic Health Records, Primary Health Care, Public Health Informatics, Vascular Surgical Procedures, Continuity of Patient Care.*

### I. INTRODUCTION

The Continuity of Care Platform (PCA)<sup>1,2</sup> is an active Electronic Clinical Record system for sending Medical Discharge Reports from the secondary level to the primary level, ensuring coordination and effective care. The PCA evolved through various Clinical Meetings between Primary Health Care (PHC) specialists and Secondary Level professionals to reduce rehospitalization rates for chronic condition complications. The PCA aims to improve patient adherence to chronic disease management post-major events (e.g., myocardial infarction, stroke, amputation due to diabetic foot). Before the PCA implementation, the completed follow-up rate was 40%.

## II. OBJECTIVES

Describe the number of discharge reports by the Vascular Service of the Barros Luco Trudeau Hospital (HBLT) within the Metropolitan South Health Service (SSMS) for post-amputation patients and their active management towards PHC through the PCA from March 1, 2020, to August 31, 2021 (18 months).

## III. METHODOLOGY

This study was conducted following the PCA Manual. From March 1, 2020, to August 31, 2021, discharge reports were issued by the Secondary Level, and active follow-up was conducted by PHC representatives in SSMS establishments. Completed follow-up indicates that the patient was attended to within 10 days (either through home visits or effective box care).

## IV. RESULTS

All discharge reports from March 1, 2020, to August 31, 2021, were included, and the annual average completed follow-up (effective care) was calculated for patients by the PHC of SSMS. During the 18-month period, 295 discharge reports were issued, with 216 patients receiving completed follow-up (73%), 50 of which involved effective home visits (16.95%).

## V. CONCLUSIONS

The data indicate active coordination with effective care corresponding to SSMS PHC establishments, both in consultations and home visits through the PCA, with an average of 73% throughout the period. This demonstrates its functionality post-discharge report generation. Future research may investigate the PCA's efficacy in reducing morbidity and mortality by quickly compensating underlying conditions and coordinating primary level nursing interventions. Previous hospitalizations involved vascular surgical procedures, opening possibilities for future research on the PCA's efficacy in these surgeries. (10)

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