

anomaly and sequelae of chronic illness. Most of disabled people had no exercise and half of them did not seek medical consultation. The responsible organizations should provide the accessible social welfare and health care services to the disabled people.

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Quality of Life and Health Behaviors among Disabled People in Two Provinces of Thailand

Pimsurang Taechaboonsersak, Chokchai Munsawaengsub, Supachai Pitikultang, Prayoon Fongsatitkul, Phitaya Charupoonphol
Mahidol University, Thailand

Objective: To examine health behaviors and quality of life among disabled people in two provinces of Thailand. **Material and Methods:** A cross-sectional study using multistage cluster sampling was collected from 5,352 people who living with disabilities from Chiang Mai and Nakhon Ratchasima from April to June 2008. The WHOQOL-brief and health behavior scales were used to measure QOL and health behavior.

Results: Majority of disabled people had overall health behaviors related to exercise and health responsibility at need to improve level (46.6%, 52.8%), while nutritional behavior and stress management was at good level (80.8%, 43.8%,). Overall quality of life was mostly at moderate level (79.3%), the second was good level (14.6%). Analysis of the relationship found that exercise and stress management had significantly positive relationships with quality of life at low level ($r = 0.18$, $r = 0.12$) at $p < 0.01$.

Conclusion: The result indicated that person who had health promoting behavior by nutrition, exercise, stress management were good QOL. An intervention study should be conducted to promote family and health authority support in promoting quality of life.

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Factors Associated with Hospitalization in Long-Term Care Frail Persons

Shiao-Chi Wu¹, Shu-Ching Chang¹, Ming-Neng Shiu²
1. National Yang-Ming University, Taiwan
2. Taipei County Government, Taiwan

Investigating the situation of being hospitalized and associate factors in long-term care frail persons. A historical cohort method is adopted to conduct the study. After identification of home nursing cases from the outpatient claimed database of the Bureau of National Health Insurance in 2002 as investigating targets. Those cases were be connected to the diagnosis or case reports of outpatient and inpatient. The logistic regression was used to analysis the risk of being hospitalized after adjusting the patient and hospital characteristics. Among the 26,760 home nursing of long-term care cases in 2002, percentage of female was 53%, age >65 years old was 82%, 66% at home and 34% at institutions. Among those

study cases, the percentage of being hospitalized was 73%, 222 times hospitalizations per hundred persons, and average frequency of inpatient is 3 times for every hospitalized case per year. From the results of analysis, it reveals that male, age over 65 years old, with significant disease and insurance location is at central Taiwan, living in Nursing Home, home visit serviced by affiliated with hospital and the institutions of total home visit over 172 times will have higher hospitalized ratio. Certain potential modifiable factors appear to be associated with hospitalization. Greater attention to improve control these factors may lead to improve outcomes in home nursing patients, which could result in reduced hospitalization and cost savings. To create subacute care system and enhance the connection of discharge planning and long term care resources is important.

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Perspective from Health Professionals on Delivery of Sub-Acute Care in Hong Kong

Eliza LY Wong, Frank Wk Chan, Carrie Yam, Ek Yeoh
The Chinese University of Hong Kong, Hong Kong

Background: A number of studies have shown that unnecessary hospital admission and delayed patient discharge was significantly high. The provision of sub-acute care services aims to act a bridge between hospitals and home so as to reduce avoidable readmission.

Study Aim: The purpose of this study was to explore the perceived definition, role and quality of sub-acute care services in the context of Hong Kong from the perspective of health service providers.

Methods: Seven focus groups were conducted with a purposive sample of 50 participants from public and private health sectors. Discussion was led by a guide covering two main areas: definition/role of sub-acute care and quality of sub-acute care provision in the healthcare system.

Results: The sub-acute care was defined in this study as a phase between acute and convalescent stage or between acute and community. The roles of the provision of sub-acute care as an important component in the healthcare system to improve the quality of care, reduce avoidable hospital admission and facilitate early hospital discharge were acknowledged. For the quality, a number of barriers are identified including lack of service coordination between acute and sub-acute provisions, lack of communication between medical and social care, and inadequate specialist input and resources in the sub-acute care.

Conclusions: To enhance the quality of sub-acute care provision, the interface of sub-acute care with all health services sectors and stakeholders should be well coordinated and communicated so as to ensure integration with the whole system.