Research in FOCUS on Research

Continuity of Care When Seniors Go Home from Hospital

The current trend in Canada is to shorten hospital stays, thus lengthening the period of convalescence and rehabilitation at home. In order to maintain quality care for the patient, help bridge service gaps and stem rising health care costs from hospital readmissions, there needs to be coordination between the formal and informal systems of care. There is presently no universally accepted definition or validated measure of continuity of care for the hospital to home care setting, but without validated measures of continuity it will be difficult to monitor the quality of care provided in this setting.

This study included consultations with a wide range of stakeholders from both the formal and informal systems in order to understand the complex nature of continuity of care in the context of seniors being released to community-based care after a hospital stay of less than 10 days. The 248 participants,

all from the Sudbury/Manitoulin region, included patients, their informal caregivers (more than half were spouses), hospital nurses, case managers and community nurses.
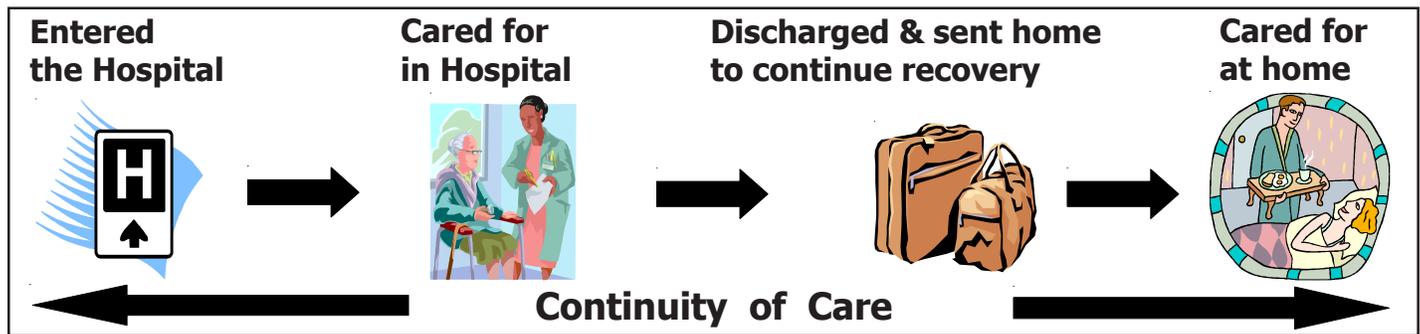
To avoid prompting the answers, interviewers showed participants a chart (*see next page*), and kept the picture present during the entire interview. First, they asked participants to state what "continuity of care" meant to them. Second, they asked them to suggest ways in which they could personally facilitate continuity and to specify barriers that might stand in their way.

The research literature was then searched for ways to measure the seven continuity-of-care elements identified by the participants. These were discussed in focus groups.

| Entered the Hospital | Cared for in Hospital | Discharged & sent home to continue recovery | Cared for at home |

Continuity of Care

Elements of Continuity of Care

Seven principal elements of continuity of care emerged from the interviews with the 248 participants. All groups identified access to needs-based health services as being important. For the other six elements, there was a clear distinction between the "subjective" elements (perception of good care, care provider attitudes and competency, and waiting time) named by the patients and their informal caregivers, and the more "objective" or system-related elements (uninterrupted delivery of care, stakeholder knowledge and communication, and consistency of care providers) mentioned by participants from the formal health care sector. The table on page 3 shows how often each of the elements was mentioned by each stakeholder group.

Actions and Barriers to Action

In response to the question "What kinds of action could you personally take to ensure continuity of care?", both patients and informal caregivers listed communication with doctors and care providers. Patients also mentioned that they could be more cooperative by complying with the care plan established by professionals and by following the physician's recommendations. The most frequently mentioned theme by all formal care providers was also communication. The importance of ensuring accurate information was stressed as well. Compared to the formal caregivers, the informal stakeholders mentioned fewer actions (many did not suggest *any* action), and the actions they mentioned were more passive in nature.

Participants cited a variety of barriers to the personal actions they could take to ensure continuity of care. Patients mentioned their (or a family member's) poor health or difficulties with memory as potential

barriers. Informal caregivers most often stated that the barrier was lack of services or equipment for home care. Case managers and hospital nurses most often mentioned system-related barriers, such as lack of funding, scheduling or coordination, whereas community nurses most often said the barriers were a lack of time and a heavy workload.

Measuring Continuity of Care

As part of the monitoring of the quality of health care, measures of the continuity of care are needed for situations where the patient goes from formal care in the hospital to informal care in the home setting.

Because there are several elements of continuity of care, and because there are significant differences as to what various stakeholders view as important, no single measure may be adequate.

A literature search yielded some existing measures that are relevant to the elements identified in the interviews with stakeholders. The researchers adopted or modified these, and created some where none could be found.

Several focus groups were then conducted to gain feedback on the feasibility and validity of the suggested measurement indices. Many of the continuity-of-care elements can have both objective and subjective measurement indices. It seems clear that both the formal and informal systems should be assessed, and it is suggested that the best sources for these data would be the case managers (because their role is to ensure continuity between hospital and home care) and the patients receiving the care. The objective measures quantify the tangible aspects of the health care delivery system, while the subjective measures capture the patients' or caregivers'

THEME	All (248) %	Patients (50) %	Informal Caregivers (50) %	Case Managers (51) %	Community Nurses (40) %	Hospital Nurses (57) %
Perception of good care	26	62	48	6	3	11
Care provider attitudes and competency	15	34	26	4	8	4
Waiting time	9	20	18	4	0	2
Access to needs-based health services	41	32	52	31	43	47
Uninterrupted delivery of care	32	16	10	51	25	51
Stakeholder knowledge and communication	31	16	20	43	45	32
Consistency of care providers	21	0	0	37	60	14
Other	4	0	2	2	3	12

Column totals exceed 100% due to multiple responses.

subjective impressions of the service or care. For example, for the "Waiting time" element, the objective measure would be of the time interval between date discharged from hospital and first visit. The question would be: "Did the patient receive a call within one to two days after discharge from hospital?" (yes/no). The subjective measure would assess the patient's perception of waiting time with the question: "Do you think services were provided in a timely fashion in the hospital? in your home?" (yes/to some extent/no).

Future research will be necessary to assess the validity and reliability of these measurement indices.

Implications

‣ In an integrated health care system, it is very important that ALL stakeholder groups – including patients and informal caregivers – be involved in the care planning and care delivery process.

‣ To integrate formal and informal service providers and to maximize continuity in the hospital to home care setting, information flow and communication are critical. This is particularly important because perceptions of things like "continuous care" or "needs" may differ considerably among stakeholders.

‣ Health care is an interpersonal and interactional process. Not only may attitudes and demeanour affect the flow of services and the perception of the flow of services, they may also affect quality of care and may indirectly influence health outcomes. Both caregivers and care receivers need to be sensitized to the possibility that their attitudes matter to the health outcome.

‣ Future research is needed to show which continuity of care elements identified here are linked to health outcomes and satisfaction.

‣ This study found no differences between rural and urban subjects in their concept of continuity of care.

‣ The concerns about access to health care services and about quality of care expressed by the participants in this study reflect concerns of the broader Canadian public, as identified in the Romanow report (2002), *Building on Values: The Future of Health Care in Canada.*

‣ Patients and informal caregivers see themselves in a rather passive role. If the effectiveness of a care team with both formal and informal caregivers is to be maximized, all those involved need to be more proactive. They must all make a concerted effort to communicate and work with one another.

‣ Future research is needed to determine the validity of the measurement indices suggested in this report.

Some Tips

From the interviews and focus groups, the researchers offer the following tips to help patients, informal caregivers and formal caregivers maximize the continuity of care for patients going home from hospital.

Advice to patients and informal caregivers

‣ Do not assume the health system will act.

‣ Before leaving hospital, get a phone number to call in case things are not going smoothly at home.

‣ Learn what services to expect and whom you should contact if the services are not forthcoming.

‣ Understand what changes to expect during your recovery.

‣ Keep the formal caregivers informed of your progress and needs.

‣ Ask questions when your caregiver visits.

‣ Ask what you or your family can do to support the recovery process.

‣ Learn as much as possible about the medical problem you have, its treatment, and your expected level of functioning after complete recovery.

‣ Find out what the ideal schedule of treatment should be, and write the timeline down so you can refer to it during recovery.

‣ Before leaving the hospital, find out what home services would be essential to promote recovery and what indirect services (e.g. home cleaning) might be available.

Advice to formal caregivers

‣ Encourage the patient or informal caregiver to be proactive.

‣ Ensure that patients, informal caregivers and other formal caregivers are kept informed.

‣ Ensure that the patient or informal caregiver has a number to call if necessary.

‣ Ensure that the patient or informal caregiver knows what other services are available, including services they can purchase.

‣ Teach the patient or informal caregiver about their treatment and what they can do to help themselves. Find out what they know and supplement this knowledge.

‣ Make sure that the patient or informal caregiver has a clear understanding of the schedule of treatment.

‣ Ensure that the caregiver arrives at the patient's home with a polite, cheery, professional and communicative style.

‣ Your attitude towards the patient or informal caregiver will affect their perception of the quality of the care being provided.

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