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Procurement in Health and Care

This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 825922-EURIPHI

A quasi experimental before and after study of a transitional care programme for older adults in the area of the IJsselland Hospital

Abstract

Background

In the Netherlands increasing numbers of older adults are living at home. Older people being discharged from hospital, at high risk of functional decline, need support to enable them to continue to live at home and prevent re-admission or admission to residential care A transitional care program developed in Amsterdam, "the Transitional Care Bridge", is embraced by care insurers. The programme has been adopted by the IJsselland hospital together with six home care organizations. In this programme the identification of seniors at risk starts in the Emergency Department. Patients at high risk fill out a minimal Comprehensive Geriatric Assessment CGA form. The geriatric team visits the frailest patients. If necessary, patients are followed up for six month by the Community nurse, with the first visit the day before discharge from hospital.

Method

Two groups of 50 older patients are compared over a three month period in a 'before and after' quasi-experimental study. Patients were asked to fill out a questionnaire based based on the TOPICS-MDS, containing several validated instruments, before discharge from hospital, and after one and three months post-discharge. Hypotheses are the programme will have an effect on mortality, length of stay, self-management, self-rated health and quality of life, and use of formal and informal care. These hypotheses were tested and outcomes of the oldest old >85 years compared with the average old 75-85 years. Self-management abilities were assessed by the patient and the CN in the intervention group by filling out the Self Sufficiency Monitor. This instrument based on the ten standardized items was validated in this study with Cronbach's Alpha 0,802.

Results

Although mortality and the length of stay dropped in the intervention group, no statistically significant difference was found. Chi square = 0,444, p = .505, T = 0.825, p = .411. No statistically significant difference was found in use of care after one and three months after discharge: GP visits, T= -1,252, p= .214, T= -0,767, p= .445; ED visits, T= -0,581, p = .562, T= -0,045, p = .964; readmissions, T=-0,560, p= .577, T = 0,119, p = .095; admission to care home, T= 0,000, p = 1.000, T= -0,891, p = .375; help from Community Nurse CN, Chi2 = 0,185, p = .667, Chi2 = 1,013, p = .314. No effect was found on informal care, as well as on risk of delirium, functional decline, self-rated health and quality of life. On self-management no statistically significant differences were found, F 1,933, p .150. The intervention group was however, statistically significant more frail after one and three months after discharge, T = -2.514 ,p = .014 and T= -3.911, p = .000.

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Discussion

Results are influenced by the small sample and the fact that the intervention sample was more frail. Which was probably due to the extra triage in the intervention group by the minimal CGA.

Further research

A process evaluation using qualitative approaches will be conducted to further explore delivery of the programme, and patients' and health professionals' perspectives on its usefulness.

Location

Netherlands

Year

2018

Related Integrated Care keywords

- SERVICE, FUNCTION AND CARE INTEGRATION / COORDINATION – TRANSITIONS

Pervasiveness

Small scale in a local jurisdiction

Status

Completed

Links

Van der Vlegel-Brouwer W, Breman P, Thomas L, Macphail L. A quasi experimental before and after study of a transitional care programme for older adults in the area of the IJsselland Hospital. International Journal of Integrated Care. 2018;18(s2):196. DOI: http://doi.org/10.5334/ijic.s2196

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