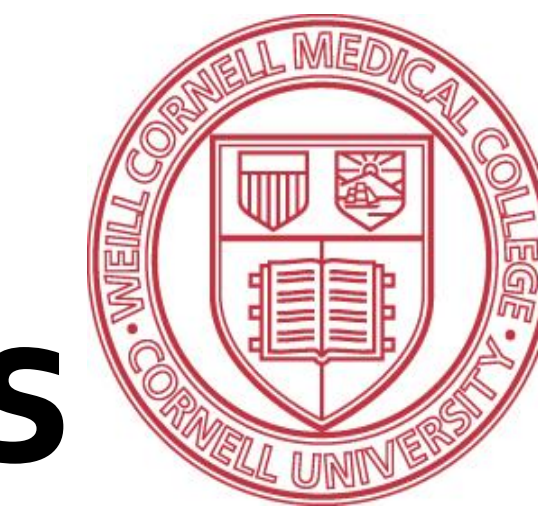


Hospital to Home Care Transitions: A Qualitative Study of Stakeholder's Priorities and Challenges



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BACKGROUND

Care transitions (CT's) constitute a significant public health issue, especially for the elderly, because they are prevalent and possibly an epidemic cause of medical errors negatively impacting patient morbidity, mortality, and healthcare costs.

PURPOSE

To ascertain how key stakeholders conceptualize the CT process, to identify perceived problems that occur when carrying out CTs, and whether these problems converge/differ across the stakeholder groups

METHODS

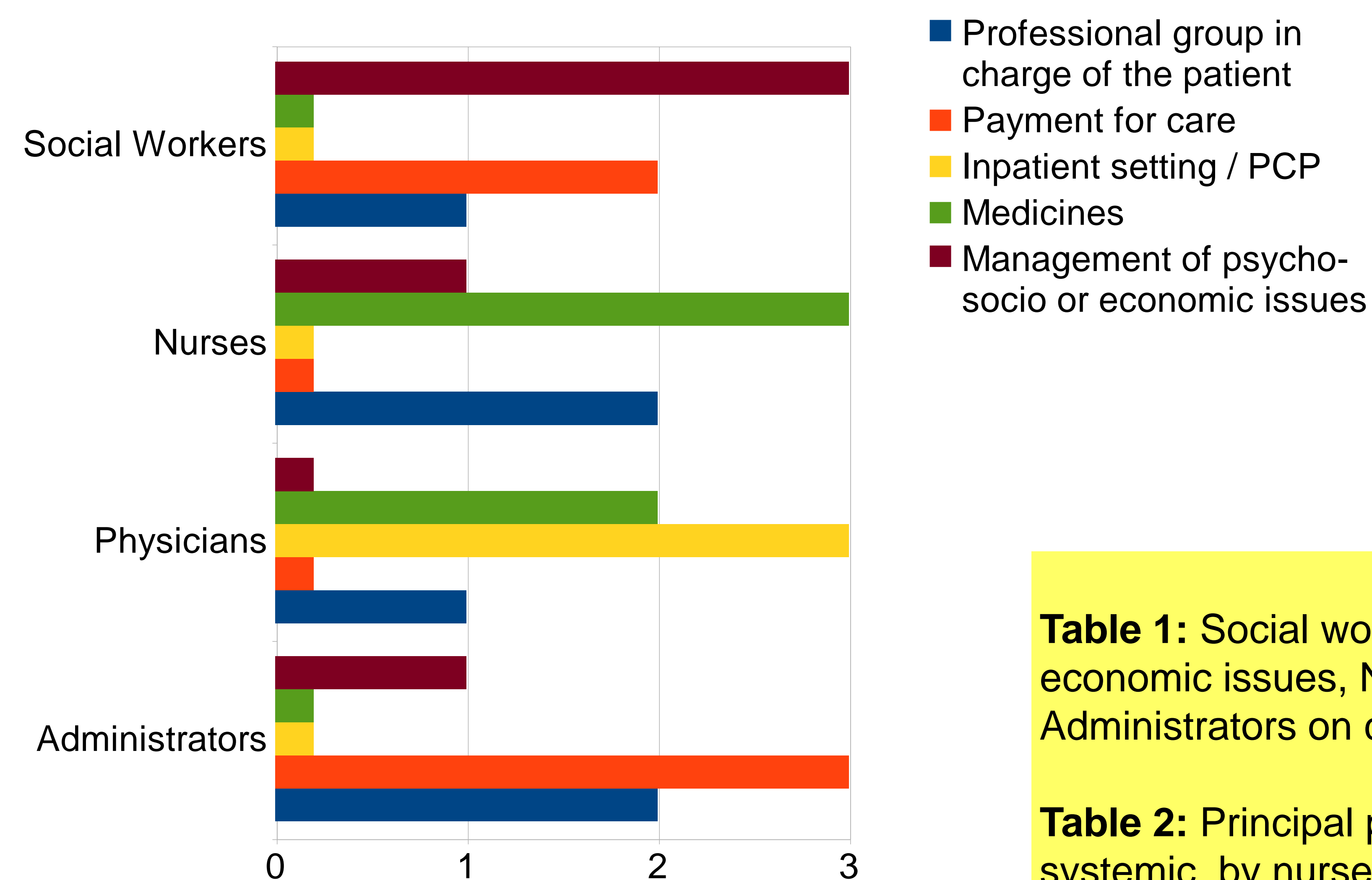
A snowball sample of stakeholders stratified by group underwent semi-structured interviews to determine definitions and views of problems.

Stakeholder groups included 8 administrators, 13 physicians, 7 nurses, 4 social workers, and 6 patients.

Interviews were analyzed using standard qualitative methods in order to identify discrete themes

RESULTS

Table 1. Professional groups' definitions:
3 most important changes in hospital-to-home CT
(1: important; 2: very important; 3: most important)



RESULTS

Table 2. CTs problems by stakeholder group (X: Problems mentioned by more than 50% of the sample)

		Administrators	Physicians	Nurses	Social workers	Nursing homes	Home care agencies	Patients
System problems	Health care system	x						
	Economic incentives, rules and regulations	x					x	
	Insurance	x			x			
Communication problems (human and technical aspects)	Communication between care elements		x		x	x	x	
	Communication in one care element		x					x
	Communication with patient and caregivers		x	x		x		x
Organization problems	Human time		x	x				
	Team management		x	x				
	Discharge process		x	x		x		x
Patient related problems	Psycho-social issues				x			
	About the patient's caregivers				x			
Evidence, knowledge and investment in CT's	Lack of evidence about CT's / Difficult CT's quality measurement	x	x					
	Lack of professional's knowledge about CT's		x		x			
	Lack of professionals' investment		x	x	x			x

Table 1: Social workers' definition of hospital to home CT focused on management of psycho-socio or economic issues, Nurses on change in medicines, Physicians on change between inpatient setting and PCP, Administrators on change in payment for care.

Table 2: Principal problems and obstacles to carry out good CTs perceived by administrators were systemic, by nurses organizational, by social workers patient related, by physicians, home care agencies, nursing homes and patients communicational.

CONCLUSIONS

Definitions of hospital to home CT's and perception of problems differed by stakeholder group. No global shared analysis about principal reasons of poor transitions emerged even among the same team.

Stakeholders differing definitions and perceptions may limit their ability to use quick fixes to fix CTs. Future research is needed to define common priorities, negotiate them in real situations, and devise common solutions.

Future needs include standards for research, meta-analyses, and an indexed warehouse of current projects.