

TiC Evaluations Rural Network Study: multisite evaluation of transition in care activities across an alliance of three rural hospitals in Ontario



Winchester District Memorial Hospital

KEMPTVILLE District HOSPITAL

ARNPRIOR REGIONAL HEALTH

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BACKGROUND

- The Ontario 2016-2017 patient ombudsman report identified that 70% of complaints received from patients and caregivers were related to hospitals.
- Complaints about inappropriate discharge topped all other categories.
- Non-standardized, poorly handled transitions in care (TiC) may result in diminished patient satisfaction, negative consequences for patients and caregivers, and increased pressure on healthcare resources.
- TiC for older adults living in rural areas represents a unique challenge when compared to the non-rural population due to multiple factors including:
 - socioeconomic conditions,
 - geographic isolation,
 - a lack of evidence-based transition in care guidance,
 - and a shortage of rural healthcare providers and services.

GOALS AND AIMS

Given these issues there is a need to complete a formal evaluation of current TiC activities, and determine whether a common, harmonized bundle of activities would result in system enhancement.

Winchester District Memorial Hospital, Arnprior & District Memorial Hospital and Kemptville District Hospital plan to harmonize and integrate their current individual TiC bundles of activities for discharging patients from the medical surgical care unit to the community.

The study has four specific aims:

- 1) to identify the TiC outcomes of importance to the rural patients, caregivers, providers, and stakeholders,
- 2) to evaluate the quality of implementation of TiC bundles,
- 3) to evaluate and compare the individual and harmonized TiC bundles, and
- 4) to disseminate research findings

METHODS

The study will have multiple phases to address each aim using different methods such as surveys with patients and care-providers and collecting important numbers and data. The study will include patient partners, physicians, researchers, front-line staff, and key managers.

Timeline of Events

1. REB approval
2. Foundation phase
 - Study launch
 - Sites recruiting front line champions and community lead
3. Pre-Evaluation Phase

Qualitative evaluation

 - Interviews with patient and caregivers
 - Interviews with internal and external stakeholders
4. Operational evaluation of the individual TiC bundles
 - Collect monthly quantitative operation measures
5. Outcome evaluation of the individual TiC bundles

Quantitative surveys

 - Interviews with internal and external stakeholders
 - Interviews with patients and caregivers
6. Refine harmonized bundle based on interview results and implement at three sites
7. Operational evaluation of the harmonized TiC bundle
 - Collect monthly quantitative operation measures
8. Outcome evaluation of the harmonized TiC bundle

Quantitative surveys

 - Interviews with internal and external stakeholders
 - Interviews with patients and caregivers
9. Data analysis
10. Knowledge Translation/ Dissemination activities



EXPECTED OUTCOMES

The findings from the multiple comparison groups will inform and guide the three rural hospitals, and hopefully other rural hospitals, in their pursuit for an efficient, standardized, evidence-based bundle of TiC activities

DISSEMINATION PLAN

1. Launch a rural TiC website and online, open-source repository folder.
2. Create a freely-available TiC toolkit
3. Spread findings across the two involved Local Health Integration Networks (LHINs) and afterwards, to the neighbouring LHINs.
4. Present findings at local, provincial, and national conferences,
5. Publish findings in peer-reviewed academic journals and develop multiple whitepapers
6. Utilize social media platforms

REFERENCES

Please find full reference list on reverse side of poster.

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