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A Delphi process to identify safe and effective person- and family-centered care measures during transitions between hospital and home

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Introduction

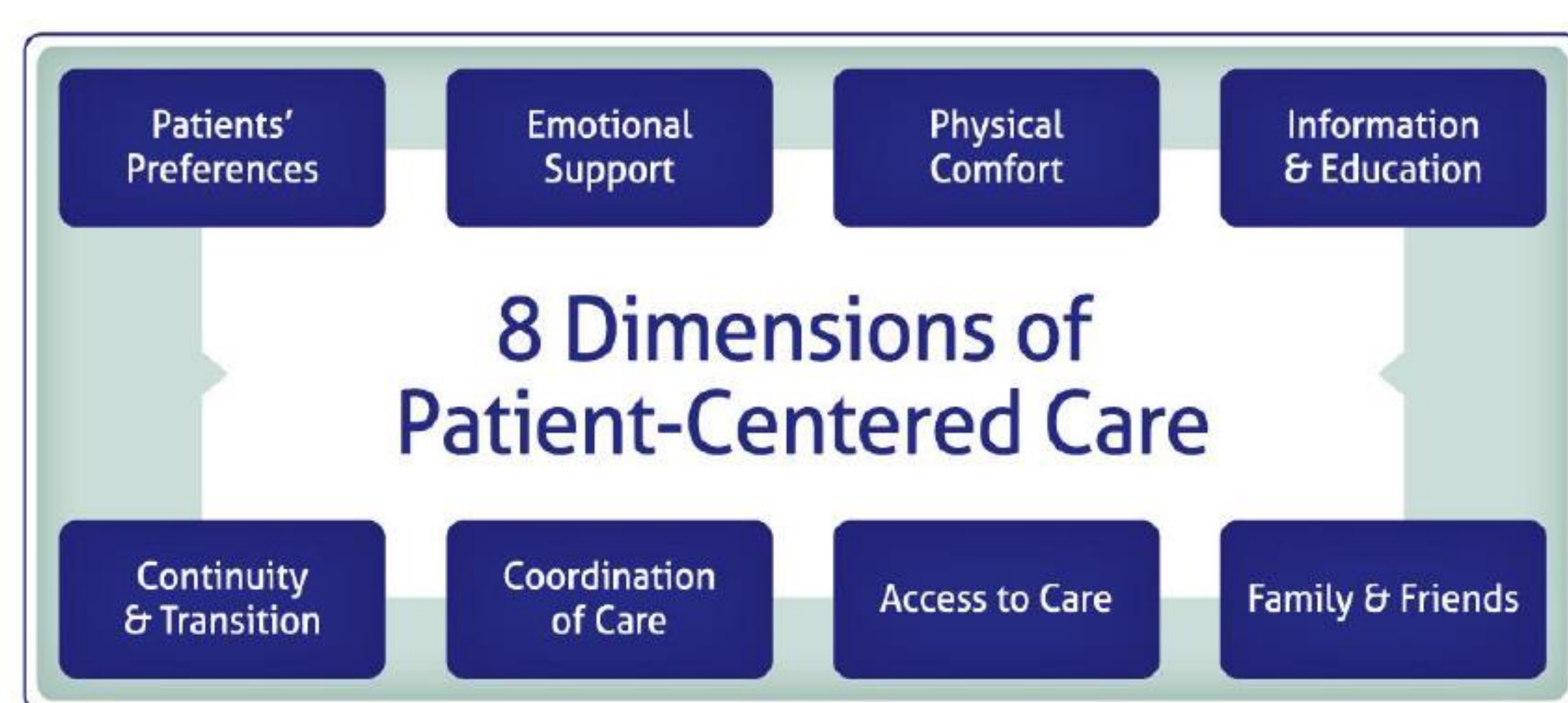
Health care providers have a professional responsibility to follow evidence-informed practices in all settings. The stage of transition between two environments requires distinct consideration to ensure the continuity of patient safety and quality care.

Figure 1: Elements of evidence informed practice (RIPFA, 2016)



As the Canadian population ages, there is a higher prevalence of individuals living with chronic illnesses. The management of these conditions can require frequent hospital visits. Person and family centered care involves a collaborative approach to information sharing, to identification of strengths, and to using these strengths to achieve desired goals (Perry et al., 2017)

Figure 2: Eight dimensions of patient centered care (RNAO, 2017)



Continuity and transition are often considered to be one of the dimensions of patient-centered care. Conversely, all of the dimensions of patient-centered care seen in Figure 2 are vital components of the transition process as well.

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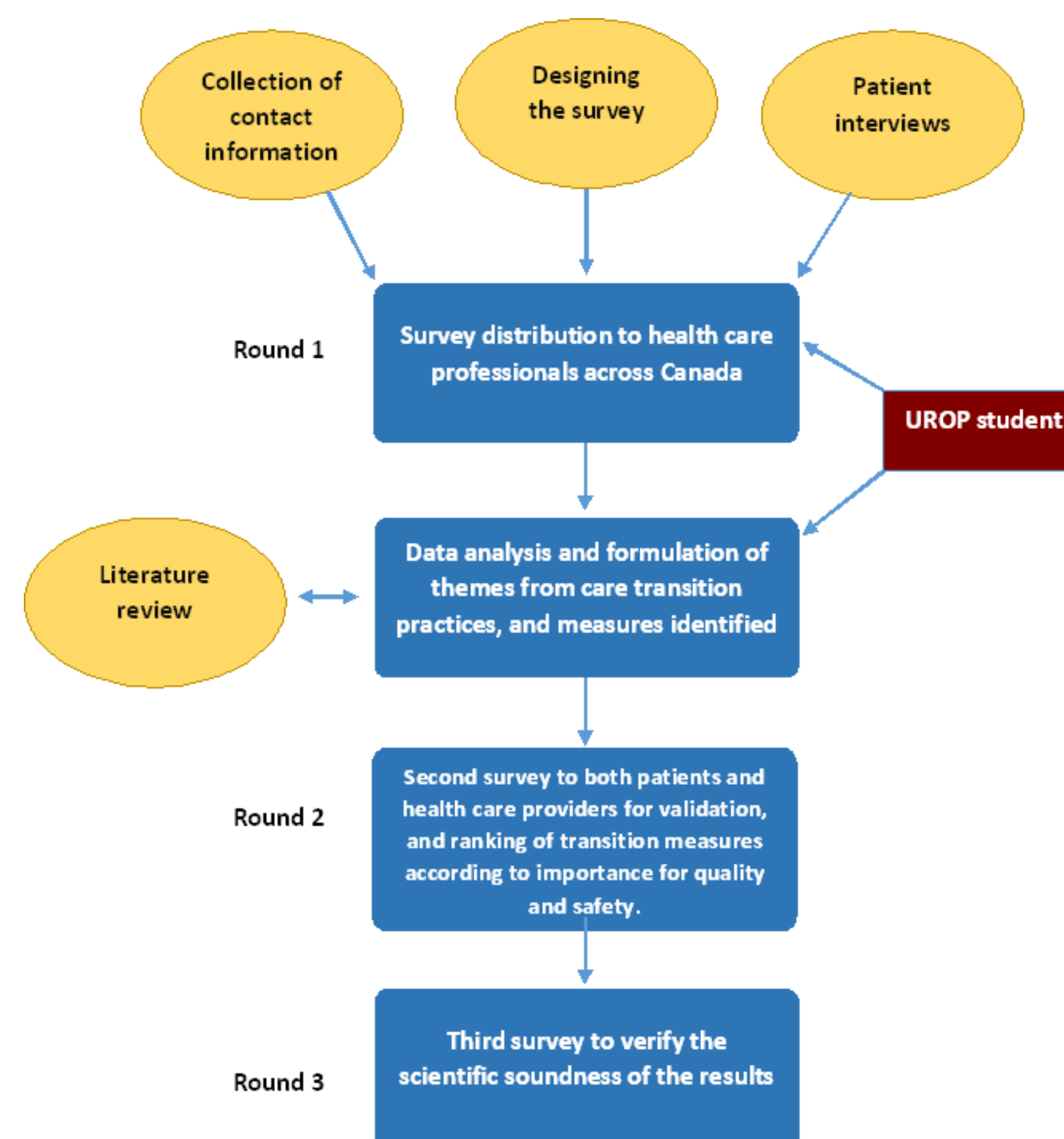
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Methods

This study was designed using a three round Delphi technique. The **first round** consisted of an online survey targeting healthcare professionals across Canada, with at least one organization contacted per province or territory. This was completed using the *FluidSurveys software*. The survey requested that participants identify the interventions that their organization have implemented to monitor safe transitions between hospital and home. The results from the first round were then combined with measures identified from the published literature and from other sources.

The **second round** of the survey will request that providers and patients rank these transition measures according to their perceived importance for safe and quality care. In the **third round**, a survey will be sent asking providers to rank the identified measures from the previous two rounds according to the scientific soundness of the data. Finally, this information will be used to determine key measures for monitoring safe and effective person- and family-centred care practices.

Figure 3: Stages of the Delphi technique



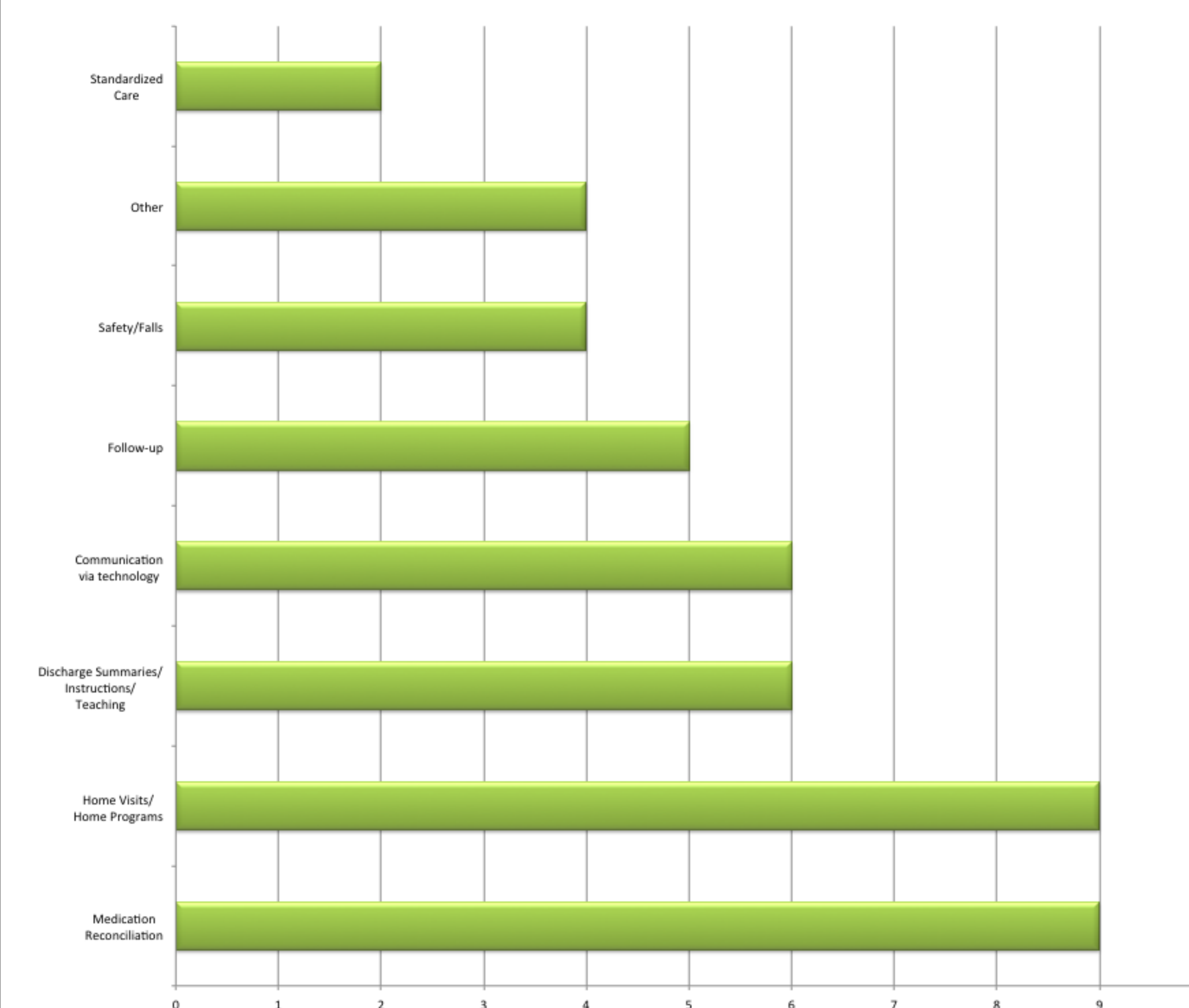
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Results

A total of 45 indicators were listed in response to the first round survey with representation from Ontario, Manitoba, Alberta, and New Brunswick. These indicators were then grouped into 8 distinct themes/concepts including medication reconciliation, home visits/home programs, safety/falls, discharge summaries, discharge instructions/teaching, communication via technology, follow-up, standardized care, and other. The category labeled 'Other' included measures which were only listed once throughout the surveys. This includes mental health and addiction nursing, patient experience surveys, provision of equipment to facilitate transitions, and care plan reviews. The themes identified were then combined with those from the literature review to create a total of 46 measures of patient safety in care transitions for the second round of the Delphi.

Figure 4: Care transition concepts identified from round one



Conclusions

The following rounds of this research study will be essential to understand the importance of each measure according to both the patients and the providers. There may be profound similarities or significant discrepancies between what the patient and the healthcare providers consider most important for patient safety. Major differences between responses may indicate a need for increased focus on information sharing so that patients may better understand the necessity of certain practices and providers can better understand patient preferences. Ideally, this research will decrease the risks to patients during transitions, will allow providers to implement a more holistic approach to care, and will improve patients' overall experience with the healthcare system.

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