Aging, Community and Health RESEARCH UNIT

McMaster University

RESEARCH SUMMARY | STUDY 15

Optimizing Hospital-to-Home Transitions for Older Adults with Stroke and Multimorbidity: A Pragmatic Trial of an Outpatient-based Virtual Transitional Care Intervention

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About the ACHRU

Aging, Community and Health Research Unit (ACHRU) researchers work together with older adults with multimorbidity and their family caregivers to promote optimal aging at home. The ACHRU designs, implements, and evaluates complex community-based interventions to improve health outcomes, patient and provider experience and reduce costs.

What is this research about?

The overall goal of this study is to improve the quality and experience of transitions from hospital-to-home for older adults (≥ 55 years) with stroke and multimorbidity and their family caregivers.

The randomized controlled trial (RCT) is being conducted at two sites: Hamilton Health Sciences Regional Rehabilitation Centre (Hamilton, ON) and the Hotel Dieu Shaver Health and Rehabilitation Centre (St Catharines, ON).

This 6-month intervention is delivered by an interprofessional (IP) team of outpatient providers including a Registered Nurse, Occupational Therapist, Physiotherapist, Social Worker, and Speech Language Pathologist in addition to usual healthcare. The intervention will be coordinated by a system navigator and consists of four core components: 1) development of a comprehensive hospital discharge plan, 2) up to six virtual visits by the IP outpatient team, 3) monthly IP case conferences and the development of an individualized care plan emphasizing self-management, and 4) linkages to the primary care physician and other healthcare and community services. The intervention is designed to supplement rather than replace usual care.

Why is there a need for this research?

Stroke is the leading cause of death and adult disability in Canada. Up to 80% of older adults (≥ 55 years) who have suffered a stroke will return to their homes, and 60% will require ongoing rehabilitation in the community. Approximately 92% of older adults with stroke have at least two comorbid conditions and 75% have three or more. These patients have high levels of ongoing care needs, and frequently transition between providers and care settings and are susceptible to fragmented health care. Poor quality transitions in this population have been linked to unplanned hospital admissions, increased healthcare costs, reduced quality of life, reduced patient satisfaction and safety (e.g., medication errors, falls), care dissatisfaction, and increased family burden.

How will the researchers get their findings?

To be eligible for the study, patients must be ≥55 years of age, referred to outpatient rehabilitation after being hospitalized for a stroke, have two or more chronic conditions, and live in the community. Family caregivers of eligible patients who are ≥18 years of age will also be invited to participate in the study.

A pragmatic RCT will be used to examine the implementation and effects of the intervention on health outcomes, patent and provider experience and costs. Eligible and consenting participants will be randomized to intervention + control (usual stroke care) or usual care alone.

What do the researchers expect to find?

Researchers expect that the TCSI will reduce the number of hospital readmissions (for any cause) by improving the quality and experience of transitions from hospital-to-home.