Transitional care programs for older adults

Improving Canada’s core health services

Transitional care aims to ensure the continuity and coordination of healthcare services for patients who are transitioning across different care settings, between healthcare providers and/or different levels of care within the same location. Examples of transitional care include assistance with medication management, care planning, family caregiver preparedness and home visits by health navigators.

TRANSCITIONAL CARE AND OLDER ADULT PATIENTS

Transitional care is important especially for older patients, as they are more likely to access different primary, secondary and tertiary healthcare services, including physician- and hospital-based services, home- and community-based services, and residential housing and care services. Transitions could be stressful for older patients as they are usually discharged with complex medical problems. Therefore, it is important for adequate planning and follow-up to avoid poor outcomes. An ongoing challenge in Canada is how health services are often delivered in silos and contribute to negative patient experiences and worse health outcomes due to poor communication between healthcare providers, delays in delivery of care, poor coordination of care, and additional burden on unpaid caregivers. These challenges could prolong and worsen patient health outcomes and potentially place patients inadequately in long-term care facilities.

Many older adult patients are not equipped to manage their own healthcare needs, nor do they have caregivers who could substantially assist in providing such informal care. Unpaid caregivers are commonly referred to as ‘secondary patients’ and require guidance and support to care for their loved ones. In the UK, for example, carers allowance is as low as £67.60 a week, the lowest benefit of its kind provided by the UK government.

Reliance on unpaid carers varies across Europe, with the most accurate figures reported in the European Quality of Life Survey, which is undertaken every four years. The survey most recently found that Greece had the highest reliance on unpaid care, while the Czech Republic had incredibly low reliance, most likely as a result of its heavy dependence upon residential care. In Canada, it has been found that up to 96% of individuals receiving long-term home care have an unpaid caregiver, and a recent study by the Canadian Institute for Health Information has shown that more than a third of these unpaid caregivers are experiencing distress.

BENEFITS OF TRANSITIONAL CARE PROGRAMS

There is a growing amount of supporting data on the benefits of transitional care programs to address existing challenges across healthcare systems. Some of the identified benefits of transitional care include reduced unnecessary hospital admissions, re-admissions, and premature nursing home placements. Empowering older adults to manage their health at home and to age in place is important, while also freeing up resources in acute care hospital settings.

Older patients are increasingly experiencing complex healthcare conditions and require better chronic and continuing care to manage comorbidities and rising non-communicable diseases. There is an opportunity to improve healthcare services to meet these increased demands and ensure better use of resources and optimised health outcomes – or value-based healthcare – which centres on patients’ needs. Transitional care ensures increased integration and continuity of care to meet the medical and non-medical needs of older patients and their caregivers, as they move from different healthcare settings. This eases the pressure on acute care systems, as older patients could receive the appropriate care they need at the right place.

GAPS IN TRANSITIONAL CARE

Although there is evidence to indicate the benefits of transitional care programs, there is limited information available to characterise the different models of care and availability of services across Canada. For instance, the lack of consistency in terminology used when referring to transitional care programs and healthcare providers make it challenging to understand and compare best practices across health sectors. Moreover, there are limited opportunities for consistent uptake of transitional care programs across Canada without established guidelines for embedding transitional care programs as a core health service, as compared to the US, where a transitional care model is established, leading to its wide adoption to support older adults through their acute care transitions.

THE CONTEXT OF TRANSITIONAL CARE INTERNATIONALLY

The diverse definitions of transitional care, coupled with the commonly wide-ranging nature of the services provided, have meant that this form of care is not embedded or integrated processes, such as admission and discharge processes, and cooperation between different areas and health authorities. In Singapore, a national Aged Care Transition (ACTION) program was launched to provide health coaching and self-management skills to vulnerable older adult patients. In the UK, where transitional care programs tend to vary regionally, several National Health Service (NHS) trusts are faced with the ongoing difficulty of facilitating the smooth transition of older adult patients in acute care back into the community.

Health & Medicine | Dr Lori Weeks & Brittany Barber

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Behind the Research

Dr Lori Weeks and Brittany Barber, from Dalhousie University, have conducted an exploratory study of transitional care programs in Canada.

Research Objectives

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Bio

Lori E Weeks, PhD, is a professor in the School of Nursing at Dalhousie University. Her research focuses on the needs of vulnerable older adults both in the community and in long-term care homes. She is principal investigator of the H2H study examining transitions of older adults and their caregivers from hospital to home.

Brittany Barber, PhD Faculty of Health, Dalhousie University. Brittany is a PhD in Health candidate at Dalhousie University, where she also completed a Master’s in Health Promotion. Brittany has been working with Dr Lori Weeks as a research coordinator for several years and is currently working on an extension of this Transitional Care study called Hospital to Home: Supporting the Transition from Hospital to Home for Older Adults.

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Collaborators

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References

Hospital to home: Supporting the transition from hospital to home for older adults. Canadian Journal of Nursing Research, pre-print.


Why do you feel there is a lack of consistency in the definition of transitional care programs?

In Canada, a lack of consistency in the definition of transitional care programs could potentially be explained by the lack of implementation of transitional care as a core health service. Given that Canada’s health system is delivered at the provincial level, and sometimes within regions of a province, there are often differences in terminology based on the way health services are designed, delivered, and funded. While the acute-care system is publicly funded and operated, publicly funded home care services can be delivered within the public system or by a private (not-for-profit or for-profit) agency. Also, differences may emerge depending on whether transitional care is seen as an extension of acute or home care. Because of the way health services are administered in Canada, there are many innovations or pilot programs that emerge within a province or region that are difficult to scale up and spread to other jurisdictions.