

Experiences with transitions in care for older adults with hip fracture: A qualitative multiple-case study

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Objective

To **compare experiences** of key stakeholders as well as **contextual factors** that **impact care transitions** for persons with hip fracture in an urban and a rural health region in Ontario, Canada

Methods

Longitudinal Qualitative Multiple Case Study

Health Regions



1 Rural and
1 Urban Region in
Ontario

Participants



Patients, providers,
caregivers,
decision makers

Data Collection



(Longitudinal)
qualitative
interviews

Data Analysis



Constant
comparison and
thematic analysis

Results – Participants and Interviews

Participants



N=47

Interviews



N=65

August 2018

July 2019

Results - Findings

Uncertainty around Care Transitions

Activation and Deconditioning

Need for Improved Rehabilitation

Key Takeaway Messages

1

Measure physical and psychological function and well-being throughout hospitalization

2

Redesign hospital environments to encourage social activities and promote safe social interactions

3

Increase access to rehabilitation and recreational therapy during the patients' acute hospital stay

4

Encourage tailored social and cognitive stimulation in hospital

5

Leverage existing resources in a more meaningful way (e.g., volunteer sector)

6

Manage expectations and improve communication (content, timing) with patients & caregivers

Next Steps

3-year CIHR funded mixed methods project

- To explore care pathways for individuals who experienced a hip fracture
- **Interviews** with patients and caregivers and their transition through the health system
- **Administrative data** (ICES) to examine care trajectories, mortality, health care utilization, costs
- **World Café** events with stakeholders to share findings and co-create optimization strategies

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Questions?



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