Cheng S et al, 2023 Hospital-to-Home: logic model and theory of change exercise to identify outcomes arising from integrated health and social care. International Journal of Integrated Care 23(S1):191 DOI: doi.org/10.5334/ijic.ICIC23191

CONFERENCE ABSTRACT

Hospital-to-Home: logic model and theory of change exercise to identify outcomes arising from integrated health and social care.

23rd International Conference on Integrated Care, Antwerp, Flanders, 22-24 May 2023

Siu Mee Cheng[3], Nancy Kula[2]

1: Street Haven, Toronto, Ontario, Canada
2: CHATS, Toronto, Ontario, Canada
3: Toronto Metropolitan University, Toronto, Ontario, Canada

Introduction: Although Canada boasts universal access to hospital-based services, bed capacity has been a challenge with long wait times for acute admissions to a hospital bed from the Emergency Department. The use of hospital beds by 'alternate level of care' (ALC) patients is a critical concern. These ALC patients exist because of a lack of an appropriate level of care in the community. Integrated health and social care (IHSC) can limit avoidable acute care utilization including in-patient stays in hospitals. CHATS--Community & Home Assistance to Seniors is a community-based agency that provides transportation, meals, in-home services, caregiver relief, education and support, community wellness, and 24/7 assisted living among other services, with the aim of supporting ageing in place. CHATS has partnered with several local hospitals and homecare providers to create a number of hospital-to-home programs (HTH) that provide seamless and coordinated care from hospital to home for older adults enabling safe and effective transitions. Hospital-based data has shown that ALC days and inpatient and ED hospital readmissions declined following implementation of HTH programs. Although hospital-based data is available, community-based health and social care outcome-based metrics have not been developed nor collected. Despite limited qualitative data showing high levels of client and caregiver satisfaction with its HTH services, the lack of outcome-based data makes it difficult for CHATS to articulate the benefits of the HTH programs from a community-based perspective that reflects both health and social care outcomes with the aim of informing policy and programming decisions in the future, including program scale and spread.

Methodology: A logic model (LM) and theory of change (ToC) exercise was undertaken by a broad representation of CHATS staff at all levels of the organization to identify the theory of change for the HTH programs and critical activity-based and outcome-based metrics to support future measurement and evaluation work. The development of these models clarified the fundamental program theory behind community agency contributions to the HTH programs that enable their success.

Results: The theory of change noted that the HTH program was able to achieve hospital to home transition success because it facilitates older adult clients to achieve greater self-determination that can support more independent living. The HTH program's components, case management, personal support, transportation, training, counselling, and assessments ensure that the personal goals of clients and their caregivers are identified and addressed. Feelings of empowerment, improved mental health, health and social care navigation literacy, and reduced acute care

readmissions are some of the outcomes perceived as being attributable to the HTH programs. These outcomes, in turn, allow for greater overall health and wellbeing, and sense of independence among older adult clients and their caregivers. Ultimately, the HTH programs contribute towards greater systems efficiency and enhanced quality of life for clients and their family/caregivers.

Next steps: The results of the LM and ToC exercises have enabled CHATS to identify critical input, activity and outcome measures for the HTH programs that reflect the contributions of CHATS, and a towards a future summative evaluation of the HTH programs.