
POSTER ABSTRACT

A hospital care coordination team intervention for patients with multimorbidity

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Objective: To develop and evaluate a hospital care coordination team intervention for patients with multimorbidity and multiple specialists at the outpatient clinic

Study setting: A middle-large teaching hospital (542 beds) in the Netherlands

Study design: Practice-based, participatory pilot study with mixed-methods, using the Framework for Developing and Evaluating Complex Interventions. The intervention consisted of an intake, a comprehensive review by a dedicated care coordination team, a consultation to discuss results and two follow-up appointments.

Data Collection: We included adult patients who had visited seven or more outpatient specialist clinics in 2018. We excluded patients with less than two scheduled hospital appointments or if the potential participant was already receiving coordinated care. We collected quantitative and qualitative data on patient characteristics, number and type of recommendations from the comprehensive review, experiences and short-term outcomes.

Principal Findings: 250 patients were assessed for eligibility. We excluded 119 patients, 54 of these patients (21,6%) were deceased at the time of assessment and 28 patients (11,2%) had less than two scheduled appointments. Out of 131 invited patients, 28 participants underwent the intake and comprehensive review. The review produced recommendations for at least two out of three categories (medication, involved medical specialists, other) for 21 participants. Patients' experienced effects of the intervention ranged from very large to no effect. Identified key uncertainties of the intervention were finding the best suited patient population and the minimum of required data that can be collected with feasible effort during regular clinical care.

Conclusions: The developed hospital care coordination team intervention resulted in mixed outputs and short-term outcomes. We learned that recruitment and selection should be refined to include patients with multimorbidity who might benefit most. Outcomes of research and clinical care should align as much as possible and focus on evaluating the result of care coordination first.