
POSTER ABSTRACT**From Hospital to Home, following a Lower Limb Amputation: A Focus Group
Study of Healthcare Professionals views an experience.**

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Introduction: Major limb amputations is often associated with loss- a loss of a limb but also independence. Patients undergoing lower limb amputations are often patients with multiple comorbidities, requiring care from numerous healthcare professionals (HCP). It is a patient population with complex needs and limited surplus that might benefit from an integrated care model.

Aim: This study aims to explore Health Care Professionals views and experiences during the transition process from Hospital to Home after a lower limb amputation, using the Safe Journey integrated care program.

Patient population: Patients admitted to hospital for a lower limb amputation, and discharged using the Safe Journey integrated care program.

Method: Two focus group interviews were conducted with 13 HCP's from a Danish Hospital and three surrounding Municipalities. Included in both groups were nurses, occupational therapists and one physiotherapists. The interview was based on the following 5 questions, and the data was analyzed based on Braun and Clarke 's reflexive thematic analysis.

- Which advantages of the systematic cross-sectoral collaboration did you find?
- Which disadvantages of the systematic cross-sectoral collaboration did you find?
- What do you consider to be most important issues regarding patients transfer?
- What do you consider to be most important issues regarding collaboration?
- How can we ensure safety and continuity when working with patient transfer?

Results: Three themes were identified when analyzing the group interviews.

- Becoming a team across sectors
- Continuity of care as a driver of patients safety
- Challenges in achieving safe transitions

The Safe Journey integrated care program facilitated the construction of an interdisciplinary team and cross-sectoral communication and professional relations, increasing care continuity and patient's safety. However, HCP's experienced an increased workload, and The Safe Journey integrated care program was time consuming and required coordination and at-home patient's visits.

Conclusion: HCP's found the The Safe Journey integrated care model to be valuable for patients undergoing major lower limb amputation and promotive of cross-sectoral professional relations, communication, continuity and patient safety. However, the model was time- and resource consuming compared to conventional models.

Next step: Our next step will be to create a virtual model of the The Safe Journey integrated care program, to explore is the high quality can be maintained in a less time consuming model.