
POSTER ABSTRACT**Health related-quality of life and patient experiences regarding transitional care in hospitalized older adults: a survey study.**

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Merel Leithaus^{1,2}, Johan Flamaing^{3,4}, Geert Goderis⁵, Hilde Verbeek², Mieke Deschodt⁶

1: Academic Center for Nursing and Midwifery, Department of Public Health & Primary Care, KU Leuven, Leuven, Belgium

2: Department of Health Services Research, Maastricht University, Maastricht, Netherlands

3: Gerontology and Geriatrics, Department of Public Health & Primary Care, KU Leuven, Leuven, Belgium

4: Division of Gerontology and Geriatrics, University Hospitals Leuven, Leuven, Belgium

5: Academic Center for General Practice, Department of Public Health & Primary Care, KU Leuven, Leuven, Belgium

6: Competence Center of Nursing, University Hospitals Leuven, Leuven, Belgium

Introduction: Frail older patients with various care needs often undergo hospitalization and thus experience frequent transitions across different settings. Poorly performed care transitions can increase the risk of adverse outcomes. Implementing integrated care services can improve the quality of care transitions. The aim of this survey study was 1) to assess health related quality of life (hr-qol) and experiences with transitional care in older patients and 2) to compare these outcomes between patients who were living within an integrated care project (ICP) region vs. outside an ICP region in Belgium.

Methods: This study is part of the European TRANS-SENIOR project. We used a survey using the EQ-5D-5L instrument to measure the hr-qol and the 'Experiences with hospital care, admission and discharge' instrument to measure patient experience. The survey questionnaire was given to frail patients aged 65 years and older and who were discharged home from one of six different wards of the University Hospital Leuven. Patients were asked to fill out the survey at home and send it back to the researchers. Descriptive analysis and inferential statistical analysis were conducted to summarize survey results, identify trends and validate hypothesis.

Results: 119 questionnaires were filled in and sent back. Patients had a mean age of 81 years and 54.2% were female. Problems with mobility, pain/discomfort, daily activities and self-care were reported in more than 70% of the participants. The average EQ-5D-5L visual analogue scale score was 56.97 out of 100 (SD 19.05). We observed high scores for the patient experience dimensions hospital accessibility, hospital safety and care received by doctors and nurses. However, in comparison to other experience dimensions, no clear positive trend was observed for treatment communication, admission conversation and hospital discharge.

Moreover, when comparing the outcomes between patients living in ICP and non-ICP regions, we saw no statistically significant differences in terms of hr-qol and patient experience.

Conclusion: The survey allowed to identify potential areas for improvement by assessing patient reported outcomes and experiences with transitional care. Similar challenges in patient experiences during information exchange concerning treatment, admission and discharge were identified in the whole patient population and within the ICP regions.