

Nursing Research in the 'Trenches'

Continuity during Transitions for Individuals with Chronic Conditions

Margaret B. Harrison RN, PhD

Professor, School of Nursing, Queen's University

Senior Scientist, Practice and Research in Nursing Group (PRN)

“The real service to the patient is but half done on the date of discharge.” (pg. 525)

“But after the last day (of hospitalization) comes unexpectedly, his bed being needed for a more urgent case, and he finds himself at home several miles from the hospital, wondering why he managed to find out so little of what the hospital knew so well.” (p. 527)

Burns, M. S. (1921). Hospital Convalescents in their Homes. The Modern Hospital. 16 (6), 525-526.

3 Major Phases linked practice, quality & research activity

1. Problem identification/clarification
2. Solution Building
3. Implementation and evaluation

Home care nurse: *“...the first couple of days after hospital discharge is the worst – they are scared stiff. It is like limbo and they feel like they are nobody’s patient. That is why so many go to the emergency – they get panicky”.*



Hospital nurse on a readmission: *“...it was like this man was dropped in from Mars, I had no useful information to understand what the patient was able to do for himself, or why home care had not been enough.”*

2. Solution Building

*Over coming the ‘Yeah Buts’
.....the barriers*

3. Implementation and evaluation of the new approach

Transitional Care

Home Care Eligibility Screen

PCCHF Education Map

Educational Materials for Patient/Family

Home Care Referral

Nursing Consultation Letter

**24 Hr Post-D/C Phone Follow-up
(phone advise if required)**

Community-Hospital RN Phone Consult (PRN)

2 Home Nursing Visits (minimum)

3 Home Visits by Research Staff

Optimal Usual Care

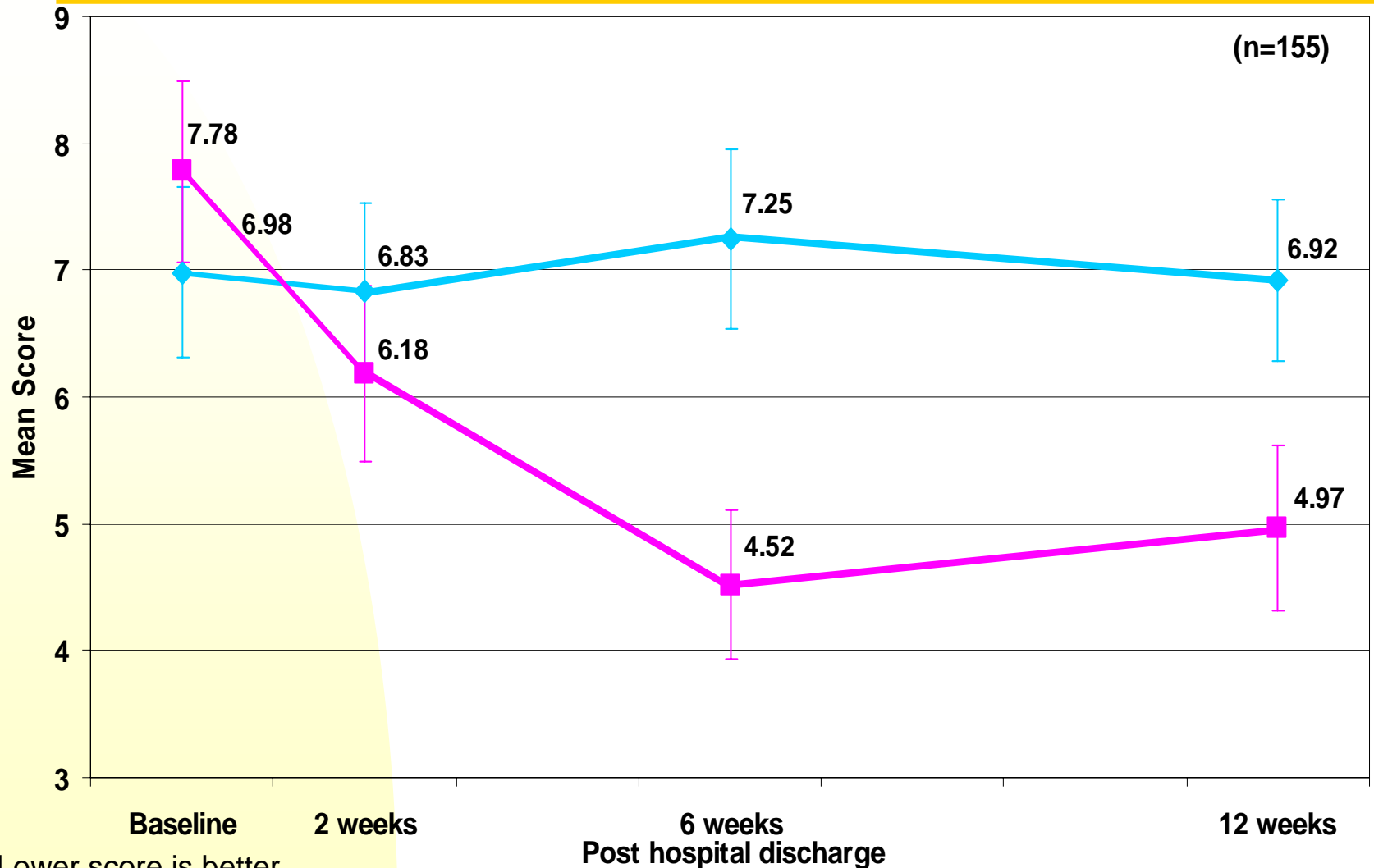
Home Care Eligibility Screen

Home Care Referral

2 Home Nursing Visits (minimum)

3 Home Visits by Research Staff

Mean QoL Scores: Baseline, 2, 6 & 12 Weeks Post D/C



◆ Usual Care ■ Transitional Care

Emergency Visits*

Usual Care (n=78)

Transitional Care (n=79)

2 Weeks (T2)

13 (17%)

9 (11%)

6 Weeks (T3)

15 (19%)

11 (14%)

12 Weeks (T4)

8 (10%)

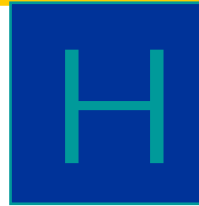
3 (4%)

46%

29%

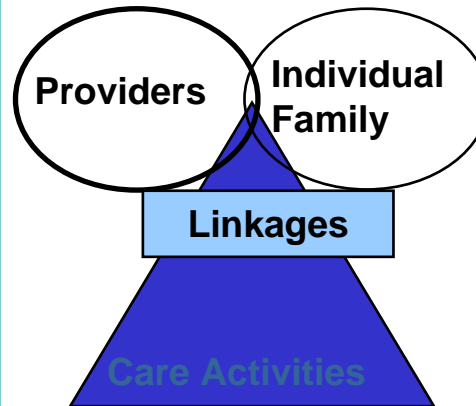
* Statistically significant difference (p=.05)

SECTOR - CONTINUITY

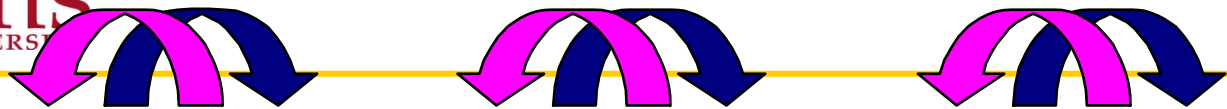


**Continuity within
Sector/Setting**

**Admitting
Interim
Discharge**



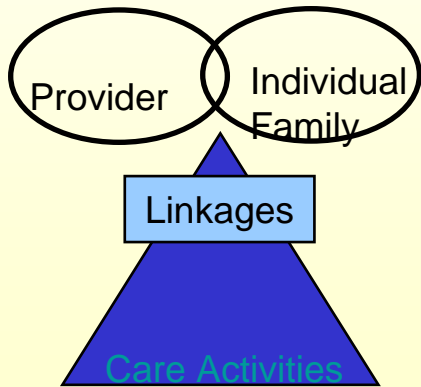
Continuum Of Care



HOME/ COMMUNITY

Continuity within
Sector/Setting

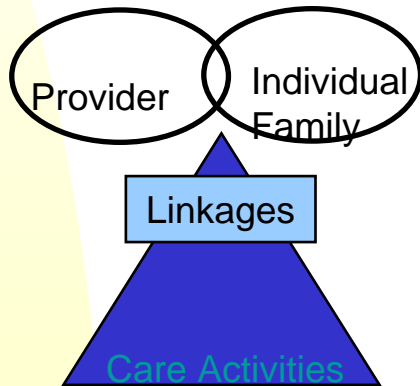
- Admitting
- Interim
- Discharge



EMERGENCY/ AMBULATORY

Continuity within
Sector/Setting

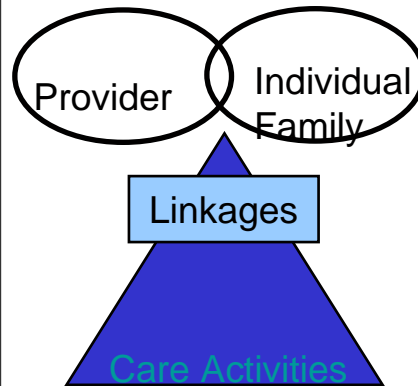
- Admitting
- Interim
- Discharge



HOSPITAL ICU/UNIT

Continuity within
Sector/Setting

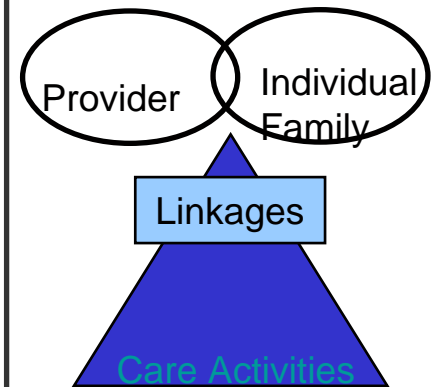
- Admitting
- Interim
- Discharge



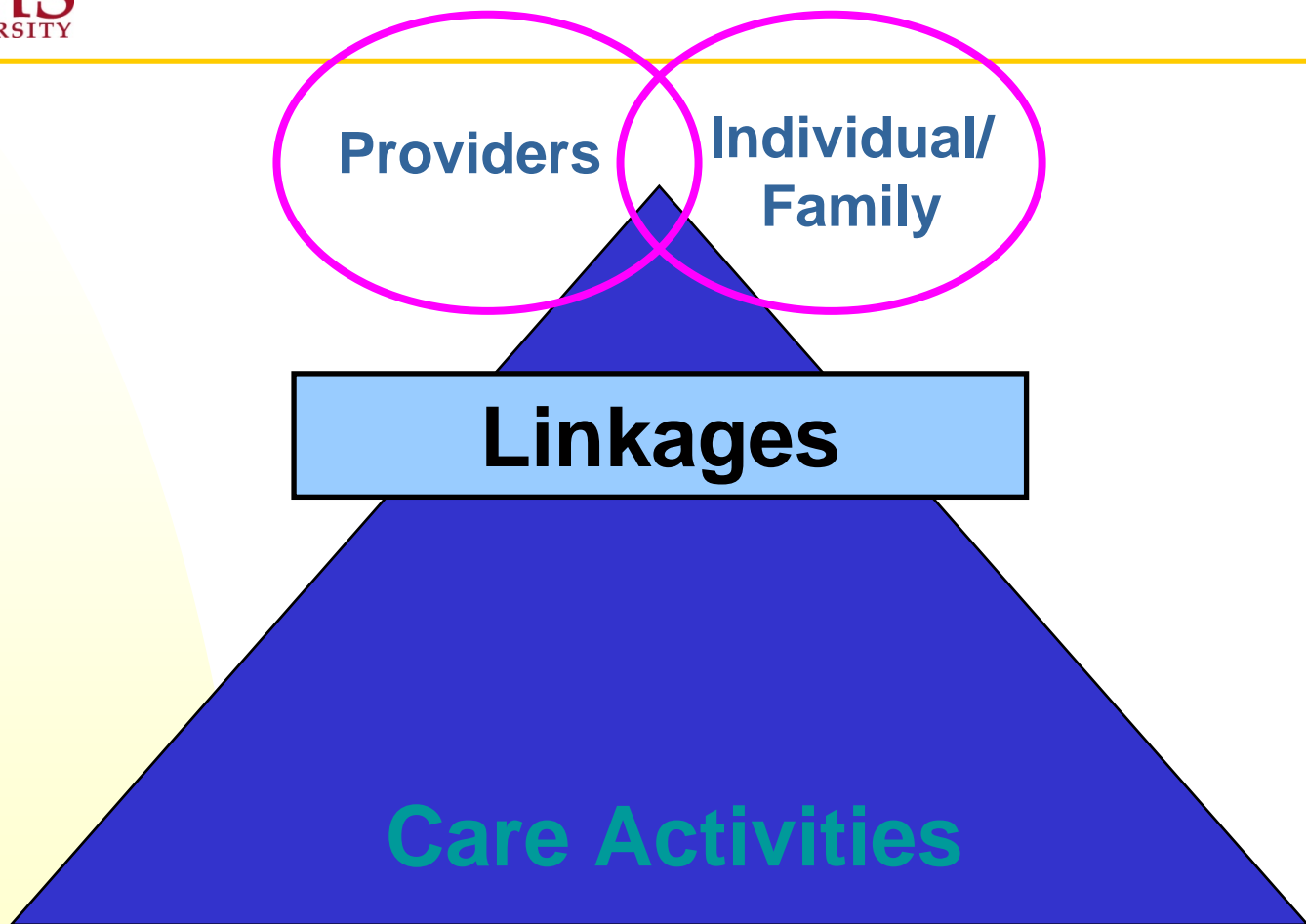
REHAB LONG TERM CARE

Continuity within
Sector/Setting

- Admitting
- Interim
- Discharge

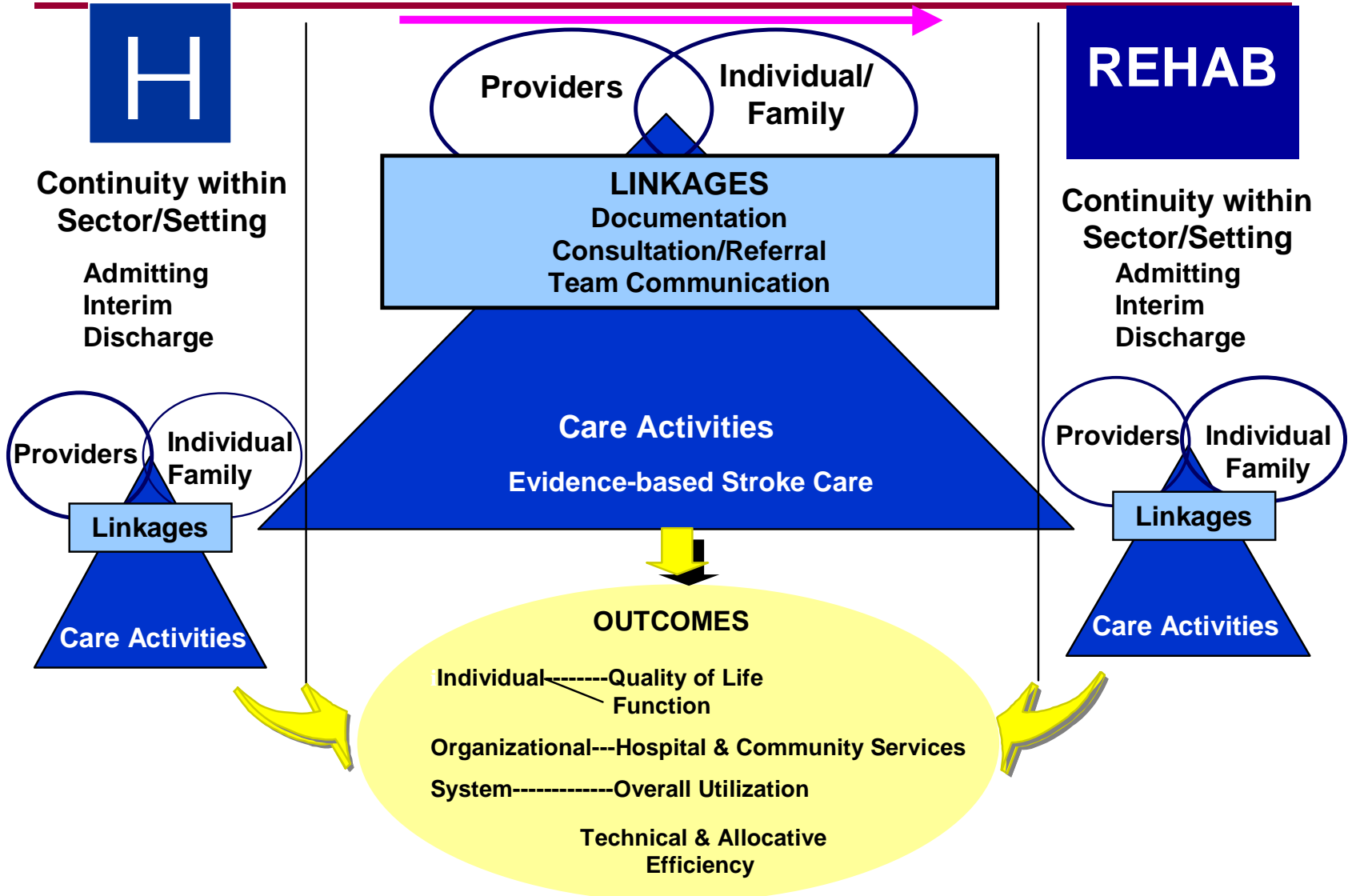


Thinking Continuity



Conceptual Framework

INTERSECTORAL/CONDITION/TRANSITION





Related Publications

margaret.b.harrison@queensu.ca

- Harrison, M.B., Graham, I.D., Logan, J., Toman, C., & Friedberg, E. (2007) Pre-post implementation Study .International Journal of Evidence-Based Health Care, 5, 92-101.
- Harrison, M.B., Browne, G., Roberts, J., Tugwell, P. et al. (2002). QoL of Individuals with Heart Failure: RCT Two Models of Hospital-to-Home Transition. Medical Care, 40(4), 271-282.
- Heart and Stroke Foundation Canada (2002, May). Managing CHF Copyright transferred from Harrison, M.B., Toman C., & Logan, J., formerly the Partners in Care™ for CHF www.heartandstroke.com
- Toman, C., Harrison, M.B., & Logan, J. (2001) Clinical Practice Guidelines: Necessary but not Sufficient . Patient Education and Counseling, 42(3), 279-87.
- Harrison, M.B., Toman, C., & Logan, J. (1998). Hospital to Home: Evidence-based Education for Congestive Heart Failure. The Canadian Nurse/L'Infirmière Canadienne, 94(2), 36-42.
- Harrison, M.B., Browne, G., Roberts, J., et al. (1999) Understanding Continuity of Care A Planning and Evaluation Framework. Nat'l Academies of Practice Forum: Issues Interdisciplinary Care, 1(4), 315-326.
- Harrison, M.B., Juniper, E.F., & Mitchell-DiCenso, A. (1996). Quality of Life as an Outcome Measure in Nursing Research. Canadian Journal of Nursing Research, 28(3), 49-68.