
CONFERENCE ABSTRACT**The impact of a quasi-experimental intervention programme with health professionals on quality and safety in transitional care**16th International Conference on Integrated Care, Barcelona 23-25 May 2016

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Background: There is a worldwide interest in ensuring quality and safety in transitional care, in particular for the elderly with complex healthcare needs. Studies have documented limited knowledge amongst health professionals of the setting their patients are transferred to/from and the role and responsibilities of involved professionals. There is still a lack of research involving interventions with a multi-professional perspective focusing on education and training of front-line healthcare professionals across care levels, and the impact of such approaches on healthcare professionals' awareness and reports of quality and safety (Storm et al. 2014).

Study aim: The study aim is to evaluate the possible impact of a cross-level education-based intervention programme the 'Meeting Point' on healthcare professionals' awareness of quality and safety in transitional care, and to assess possible improvement in study participants' reports of patient safety culture.

Intervention program 'The Meeting Point' is a cross-level educational programme with a knowledge component and a discussion platform for healthcare professionals from different professions, wards and levels of the healthcare system. The 'Meeting Point' addressed three thematic areas related to quality and safety in transitional care: 1) risk factors, 2) patient perspectives and 3) system perspectives. Each seminar had a teaching session held by the members of the research team. A scenario specific to the thematic area were then introduced and were followed by activity in groups mixed with participants from different professions, working in different wards and levels of care. The groups addressed 2-3 questions related to the scenarios and were to identify measures to improve quality and safety in transitional care at the ward level. Each seminar ended with a plenary discussion facilitated by the researchers addressing the improvement measures suggested by the groups and suggestions for implementation. The intervention program is described in detail in the study protocol "Quality and safety in the transitional care of the elderly (phase 2)" by Storm et al. (2014).

Design and methods: A quasi-experimental control group study design with an intervention group and a control group was employed. The study population were healthcare professionals working in specialist healthcare services (different wards in one city-based university hospital) and healthcare professionals working in nursing homes in one of the hospital's belonging municipalities. The hospital and nursing home wards were selected based on their

similarities regarding the number of patient beds, duties, and their involvement in the transitional care. We employed a questionnaire for pretest (T1), post-test (T2) and one year follow-up (T3) to measure improvement in health professionals' reports of patient safety culture using the Hospital survey on patient safety culture (HSOPSC) which is a valid measurement scale, consisting of 12 patient safety dimension/factors and 42 items. The HSOPSC has been adapted to nursing home staff (the Nursing Home Survey on Patient Safety (NHSPSC) (Castle, Wagner, Perera, Ferguson, & Handler, 2011; Sorra & Nieva, 2004), and has been translated to Norwegian showing satisfactory statistical properties (Cappelen et al. 2016). Statistical analysis using the statistical software package, SPSS V.21 will be performed. The analysis will include descriptive analysis and a multiple regression analysis with a hierarchical mixed linear model with each of the patient safety culture dimensions as dependent variables. Qualitative data was collected during the intervention programme, and at follow-up meeting with study participants between the T2 and T3 measurements to map health professionals' awareness of quality and safety in transitional care. Qualitative data were analyzed using thematic analysis, which is a method for identifying, analyzing, and reporting patterns in qualitative data.

Results: 340 health professionals received the patient safety culture questionnaire at the three measurements. 229 professionals responded at T1, 193 at T2 and 146 at T3. The qualitative data collected during the intervention show that the study participants valued taking part in the intervention. In particular, meeting, discussing and taking part in inter-professional groups with staff from different wards and levels of care were useful for focusing attention to quality and safety in transitional care of the elderly. Changes in health professionals' ratings of patient safety culture over time for the intervention group compared to the control group will be assessed.

Conclusion: A cross-level educational program for health professionals was useful arena for developing mutual understanding of the role and responsibilities of healthcare professionals' involved in transitional care of the elderly. In future research the impact of a cross-level educational intervention program on patient outcomes (e.g. readmissions) would be useful.

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