
CONFERENCE ABSTRACT

Co-Designing Relational Continuity Interventions for Urban Underserved Patients Experiencing Hospital-Primary Care Transitions

1st North American Conference on Integrated Care, Toronto, 4 - 7 October 2021

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Introduction

Urban underserved populations — communities with lived experience of poverty, unstable housing, and a high burden of physical and mental illness and addiction — historically experience fragmented care, especially in transition between acute and primary care. Relational continuity, i.e., forming lasting and trusting relationships with healthcare providers, is an aspect of care that urban underserved people have identified as critical to treatment adherence and self-care. However, limited research has investigated how to create and sustain relational continuity for this population. A participatory approach is critical to developing contextually-flexible and -relevant interventions that address the transition needs of urban underserved populations.

Aims Objectives Theory or Methods

The study's objectives are to: 1) explore urban underserved patient and clinician experiences of relational continuity during the hospital-primary care transition; 2) co-design relational continuity interventions to improve transitions in care; and 3) elicit the core structure and process adjustments needed to prepare emerging co-designed interventions for implementation. Patients, clinicians, and researchers in Alberta, Manitoba, and Ontario urban underserved settings will undertake three study phases: 1) eliciting experiences via qualitative patient interviews and clinician cognitive task analysis; 2) co-designing interventions via communities of practice (CoPs); and 3) assessing adjustments needed for implementation using human factors and ergonomics engineering principles.

Highlights or Results or Key Findings

Our work to date has been preparatory to ensure successful and meaningful participatory processes. It encompasses three main activities: 1) an environmental scan of key system stakeholders and recent policies addressing care transitions and continuity of care; 2) virtual site visits to orient sites to the study, determine how to support each site's participation, and document each site's organizational structure and any existing team care transition activities; 3) development

of the CoPs. In this study, COPs are a group of people with a shared commitment to improving relational continuity and transitions in care using the community's collective expertise. Participating clinical teams have identified a multidisciplinary group of clinician representatives and patient partners for their CoP. Findings from these preparatory activities confirm study alignment with active multi-sectoral initiatives underway in each participating province to address continuity of care and care transitions.

Conclusions

Interventions designed to improve relational continuity gaps during urban underserved hospital-primary care transitions can fail if context is not taken into account. As a necessary precursor to implementation, research is needed to foster engagement, co-design promising interventions for improving transitions, and elicit factors critical for ensuring their successful real-world implementation.

Implications for applicability/transferability sustainability and limitations

Anticipated outcomes of the proposed study include: 1) the identification of mechanisms for relationship-enhanced care transitions; 2) capacity-building of transition teams working with urban underserved populations in three Canadian healthcare settings; and 3) contextually-specific, implementation-ready interventions that directly address patient and clinician views/needs.