
CONFERENCE ABSTRACT

The role of health literacy and family support continuity prior to and during acute hospitalization for preparedness to discharge

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Introduction

Family support provided during hospitalization is essential for communicating with the healthcare team and explaining medical care. Informal caregivers help patients understand information, facilitate information exchange during clinical encounters, and help patients adhere to discharge recommendations and perform self-care tasks. Less is known about the trajectory of family caregivers' ensuring and explaining medical care prior to and during acute hospitalization and its impact on discharge preparedness of patients in terms of their understanding of the explanations and instructions for continued care.

Aims Objectives Theory or Methods

This study examined whether ensuring and explaining medical-care during the current hospitalization mediates the association between involvement of the caregiver in ensuring and explaining medical-care prior the current hospitalization and patients' preparedness to discharge. A prospective cohort study includes 456 internal-medicine-patients at a tertiary medical center in Israel, who were accompanied by an informal caregiver. Involvement in ensuring and explaining medical-care prior and during the hospitalization, covariates such as health literacy levels, demographic, health, and functional status were reported by the patients during the hospitalization; and care-transition-preparedness was reported by the patients in a week after discharge.

Highlights or Results or Key Findings

After controlling for covariates, only high health literacy levels of patients and their caregivers were positively associated with ensuring and explaining medical care during hospitalization and preparedness to discharge ($P < 0.05$). Moreover, mediation analysis indicated significant direct ($B(\text{unstandardized}) = 1.69$; $p = 0.003$) and indirect effect (Mediated effect = 1.28; $CI = 0.81$ to 1.87) of prior to hospitalization involvement in ensuring and explaining medical care on preparedness to discharge through high ensuring and explaining medical care during the current hospitalization, controlling for functional, mental physical and clinical health status, number of prior admissions, as well as patient's family caregiver's health literacy, religiosity, age and sex (total effect: $B = 2.95$; $p < 0.001$).

Conclusions

The association between caregivers' experience and involvement prior the hospitalization and preparedness to discharge is mediated by ensuring and explaining medical care during the current hospitalization. Better health literacy of both patient and family caregiver is associated with more family support during patient's hospitalization and preparedness to discharge.

Implications for applicability/transferability sustainability and limitations

Our findings suggest that identifying informal caregivers at the time of admission to the hospital and encouraging their involvement also during patients' hospital stay might be a useful strategy to improve discharge processes. Generalizability may be limited due to the characteristics of the Israeli society.