Collective iterative learning - The way forward in implementing co-designed person-centred transition support for people with stroke: a feasibility study

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Conclusions

Implementing the care transition support is feasible but requires:

- Combined theoretical and practical learning activities to support communication skills
- Formative assessment with iterative feedback and reflection through sit-ins
- The intervention to be a collective aim of the multidisciplinary team





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Introduction

Improvements are needed in the care transitions between the hospital and subsequent care and rehabilitation for people with stroke. Hence, together with stroke survivors, significant others, and healthcare professionals, we co-designed a care transition support which included: 1) videos, leaflets and a Teach-Back mode to supply information of subsequent rehabilitation, 2) discharge information regarding medication using Teach-Back, 3) a "what-matters-to- me dialogue" with the patient to make a coordinated person-centred rehabilitation plan between caregivers.

Aim

This study aimed to explore the feasibility of implementing the care transition support.

Methods

The care transition support was implemented in two acute units and two primary care rehabilitation teams. A checklist was kept monitoring the delivery of the support components. Further, semi-structured interviews with 16 healthcare professionals and 11 observations of the delivery of the support were conducted.

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Results

All together 28 people with stroke were included in the study with a mean age of 74. Out of the included participants, 54% were classified as having a mild disability, 43% as having a moderate disability, and 4% as having a severe disability.

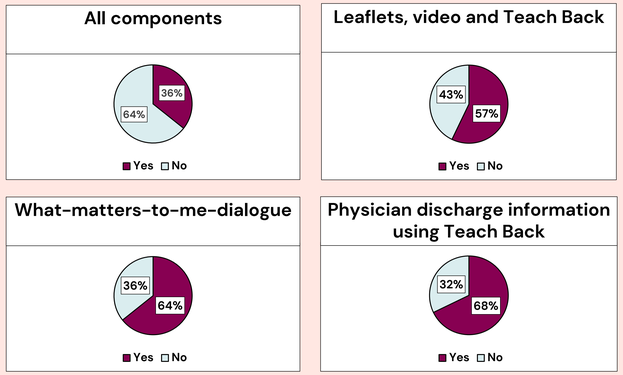


Figure 1. Percentages of patients receiving the different parts of the intervention.

Findings from interviews and observations showed that the intervention was feasible, acceptable and meaningful. However, healthcare professionals expressed the need for iterative support, feedback and reflection to embed the intervention in clinical practice.

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