

AuSCR Research Task Group approved projects

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| Title | The impact of discharge planning on post-discharge stroke outcomes |
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| Co-investigators | Associate Professor Dominique Cadilhac, Associate Professor Natasha Lannin |
| Submission date | 31 March 2014 |
| AuSCR role | Survey and data linkage |
| Approved | 5 June 2014 |
| Status | Completed |
| Summary | <p>Discharge planning following stroke is often sub-optimal and most patients feel little control over their discharge process. Patients discharged to the community and registered in the AuSCR in 2014 were sent a questionnaire (the PREPARED questionnaire) to assess the quality of their discharge care planning. Questionnaire data were linked to participants AuSCR data to identify factors associated with higher discharge quality scores and associations with outcomes such as quality of life. Our results highlighted the importance of monitoring the quality of discharge care planning and identified strategies that could be implemented within hospitals to improve discharge planning.</p> |
| Outcomes | <p>434 eligible registrants were sent questionnaires by the AuSCR office staff. We received 200 completed surveys (response rate 46%). The median age of participants was 72 (Quartile 1 [Q1], Quartile 3 [Q3]: 62, 79), 69% were male and 64% had ischaemic stroke. Non-responders (median age 71 [Q1, Q3: 61, 80] years, 61% male and 65% ischaemic stroke) were similar to responders. Only 18% of participants received all measured aspects of discharge care planning (i.e. achieved an overall PREPARED score of 100%). Of those that needed support services only 40% reported receiving assistance with organising equipment and 54% with organising community services.</p> <p>Those with quality scores less than 80% were more likely to report having pain (49% vs 35%, $p=0.04$) or anxiety or depression (49% vs 29%, $p=0.005$) at median three months post-stroke (Table 1). They were also more likely to report having unmet needs in these areas at approximately six months post-stroke.</p> <p>From our multivariable analyses, receiving stroke specific information developed by the local hospital was independently associated with discharge quality scores above 80% (OR: 5.7, 95%CI: 2.7, 12.4), as was referral to a local stroke support group (OR: 2.5, 95%CI: 1.1, 5.9). Those who achieved quality scores above 80% compared to those who did not, reported a statistically and clinically significant 10% increase in the EQ-5D quality of life utility score (Coefficient: 0.1, 95%CI: 0.04, 0.2) at three months. This group also had a lower incidence of unmet needs (IRR: 0.5, 95%CI: 0.3, 0.7) at six months following stroke.</p> <p>Our results highlight the importance of measuring the quality of discharge care planning and have identified potential areas for improvement than can be easily implemented within the hospital system.</p> |
| Publications | <ol style="list-style-type: none">1. Andrew NE, Kilkenny MF, Lannin NA, Cadilhac D. Patient and system factors associated with the quality of discharge planning from the acute care setting. <i>International Journal of Stroke</i> 2015 10(S3): 29.2. Andrew NE, Busingye D, Lannin NA, Kilkenny, MF, Cadilhac DA. The quality of discharge care planning in acute stroke care: influencing factors and association with post-discharge outcomes. <i>Journal of Stroke and Cerebrovascular Diseases</i> 2018 27(3): 583-590. https://doi.org/10.1016/j.jstrokecerebrovasdis.2017.09.043 |