From Acute Care to Home Care: What's the Hitch?

July 13, 2001 – With hospitals under pressure of finances, early discharge policies, emergency backlogs and admission waiting lists, quality home care becomes critically important. Still, a variety of barriers, or blockages, not least of them the capacity of the home care system itself, stand in the way of efficient transfer of hospital clients to home care.

"An Analysis of Blockage to the Effective Transfer of Clients from Acute Care to Home Care" by the former Director of CPRN's Health Network, Sholom Glouberman, and researcher, Caryl Arundel, identifies the key problems related to transferring clients from hospitals to home care and lists best practices for overcoming such difficulties.

The CPRN report is one of 15 studies conducted across Canada by the National Evaluation of the Cost-Effectiveness of Home Care research program funded by Health Canada. The program seeks to determine whether home care is a cost-effective alternative to institutional care.

The Glouberman/Arundel paper is based on a series of interviews and focus groups with hospital and home care-based practitioners in seven jurisdictions in Canada. The seven locations demonstrate a range of barriers to effective patient discharge.

The paper employs a systems perspective to show how roles, relationships and structural boundaries between the home care and hospital sectors affect patient discharge. And the authors identify eleven factors important to making discharge to home care work effectively.

You can access or download the full report by clicking here.

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