

Quality in the continuum of care for frail older persons - Structure, process and outcome

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This thesis is based on the following papers, referred to in the text by their Roman numerals.

- I Berglund H, Blomberg S, Dunér A & Kjellgren K. Organizing integrated care for older persons: strategies in Sweden during the past decade.
Journal of Health Organization and Management 2013 Accepted
- II Berglund H, Dunér A, Blomberg S & Kjellgren K. Care planning at home: a way to increase the influence of older people?
International Journal of Integrated Care 2012:12 (5).
- III Berglund H, Wilhelmson K, Blomberg S, Dunér A, Kjellgren K & Hasson H. Older people's views of quality of care: a randomised controlled study of continuum of care.
Journal of Clinical Nursing 2013:22 (19-20), 2934-2944.
- IV Berglund H, Hasson H, Kjellgren K & Wilhelmson K. Effects of a continuum of care intervention on frail older persons' life satisfaction: a randomized controlled study.
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QUALITY IN THE CONTINUUM OF CARE FOR FRAIL OLDER PERSONS – STRUCTURE, PROCESS AND OUTCOME

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Abstract

Frail older persons are often dependent on care and support from several different care providers, including hospital and primary health care as well as municipal health and social care. The increasing complexity of care requires attention to quality issues. The overall aim of this thesis was to explore quality of care for frail older persons in regard to continuum of care. The focus was on organizing integrated care (i.e. structure), older persons' influence on care-planning meetings (i.e. process) as well as the older persons' views of quality of care and life satisfaction (i.e. outcome). Paper I included official reports on ways of organizing integrated care in Sweden during the past decade. Data for Papers II-IV were collected in an interdisciplinary intervention project, including assessment of need for health/social care and rehabilitation at the hospital, interprofessional teamwork, a municipal case manager, the organizing of care-planning meetings in the older persons' homes and support for relatives. The data analyses consisted of a meta-analysis of cases (Paper I), qualitative content analysis of audio-recorded care-planning meetings (Paper II) as well as statistical analyses of frail older persons' views of quality of care (Paper III) and life satisfaction (Paper IV).

The development of organizing integrated care over the past decade included several different strategies, some of them implying a direction towards enhanced integration, but others a direction towards fragmentation of care. Reported goals focused on the care providers' perspective rather than the older persons' perspective. Furthermore, the organizing of care-planning meetings in the older persons' own homes appeared to enable older persons' participation. However, their possibilities to obtain real influence over the way of delivering or organizing home care were restricted by organizational rules, regardless of where the meetings took place.

The intervention had a positive effect on older persons' own evaluations of quality of care. Those who received the intervention rated higher quality on all items of care planning and they also had better knowledge of whom to contact. In addition, the intervention had a positive effect on the older persons' life satisfaction, including satisfaction with functional capacity, psychological health and financial situation. Policymakers, managers and professionals within health and social care are suggested to further promote the establishment of comprehensive continuum of care for frail older persons, in order to enhance quality of care from the older persons' perspective.

Keywords: care planning, collaboration, content analysis, continuum of care, frail older adults, organization, outcome assessment, participation, personal satisfaction, quality of health care, randomized controlled study