

Conference abstract

Oncology patients' experience at the interface between hospital and community care: a mixed method investigation

Efrat Shadmi, The Faculty of Social Welfare and Health Sciences, Haifa University, Israel

Admi H., The Rambam Medical Center, Haifa, Israel

Nave N., The Department of Family Medicine, Clalit Health Services, Haifa and the Western Galilee, Israel

Ungar L., The Department of Family Medicine, Clalit Health Services, Haifa and the Western Galilee, Israel

Kaffman M., The Department of Family Medicine, Clalit Health Services, Haifa and the Western Galilee, Israel

Muller E., The Rambam Medical Center, Haifa, Israel

Reis S., The Department of Family Medicine, Clalit Health Services, Haifa and the Western Galilee, Israel

Correspondence to: Efrat Shadmi, E-mail: eshadmi@univ.haifa.ac.il

Abstract

Introduction: Oncology patients often experience breakdowns in care when transitioning between care settings.

Aims and objectives: To examine the experience of oncology patients at the transition between hospital and community care and identify factors which affect fragmentation.

Methods: We used a complementary mixed method approach. Qualitative phase: semi-structured interviews and focus groups were conducted with patients and their caregivers, nurses, social workers, physicians and medical administrators. Quantitative phase: a survey was administered to 400 oncology patients of a large tertiary medical center in Northern Israel. Patients who were discharged from the hospital completed a validated questionnaire on their transition from the hospital to the community and on their perceptions of the quality of their primary care. The surveys were administered in Hebrew, Arabic, and Russian.

Results: From the preliminary analysis of the qualitative data four broad themes emerged: (1) responsibility for care, (2) administrative and bureaucratic burden, (3) informal routes of communication, and (4) cultural barriers. The regression analyses examined the effect of patient characteristics (gender, age, education, income, health status, and language group) and showed that patients' language accounted for most of the variance in quality scores. Russian speaking patients reported poorer quality of care and Arabic speaking patients reported better quality of care, than Hebrew speakers, in all primary care domains. Both Arabic and Russian speakers scored significantly higher on the Care Transition Measure than Hebrew speakers.

Conclusions: The differences between sub-groups found here suggest that avoidable variations in care exist. To enable a more streamlined process, cultural issues need to be addressed at the interface between care settings. Further research should examine the causes for such differences.

Keywords

oncological care, quality of care, transition, hospital care, primary care, Israel

Presentation slides available from:

<http://www.integratedcarenetwork.org/Sweden2008/slides/02-06-shadmi.ppt>