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ORIGINAL RESEARCH

Continuity of care in hospital rehabilitation services: a qualitative insight from inpatients' experience

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Abstract
Background: Few empirical studies have been conducted on the continuity of rehabilitation services, despite the fact that it may affect clinical outcomes, patient satisfaction, the perception of quality, and safety.
Objectives: The aim of this study was to explore experiences and perceptions of inpatients receiving physical rehabilitation in an acute care hospital and how these experiences may have led to perceived gaps in the continuity of rehabilitation care.
Method: Using qualitative research methods, fifteen semi-structured interviews were conducted with patients who received physical rehabilitation during hospital stay in an acute care hospital in Murcia, Spain. Interviews were transcribed verbatim, analyzed, and grouped into predetermined and emergent codes.
Results: Patients described three main themes in continuity of care: informational, management, and relational continuity. Several factors were described as influencing the perceived gaps in these three types of continuity. Informational continuity was influenced by the transfer of information among care providers. Relational continuity was influenced by patient–therapist relations and consistency on the part of the provider. Management continuity was influenced by consistency of care between providers and the involvement of patients in their own care.
Conclusion: The participants in this study identified several gaps in three types of continuity of care (informational, management, and relational). Inpatients often perceive their experiences of rehabilitation as being disconnected or incoherent over time.

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Introduction

Physical rehabilitation plays an important role in the maintenance and restoration of function and the avoidance of complications in patients suffering from an injury or illness requiring acute hospitalization.[1] Due to the complexity and fragmented nature of modern hospitals, rehabilitation interventions in acute situations are usually provided individually by the separate disciplines (doctors, nurses, physical therapists, etc.) with no formal coordination or communication.[1,2] This absence of appropriate coordination and communication among different professionals can lead to gaps in patient care[3] and affect clinical outcomes, patient satisfaction, the perception of quality, and safety.[3,4] In fact, international research exploring the quality of hospital care has demonstrated a fairly high rate of problems related with the coordination of care and preparation for discharge.[5]

These findings have led to growing interest among rehabilitation providers concerning the development of policies that foster the continuity of rehabilitation care.[6,7] This interest is consistent with international efforts to maintain and enhance continuity of care within the health system and avoid its fragmentation.[6,8] However, despite increased interest, few empirical studies have been conducted into the continuity of rehabilitation care, particularly in acute-care services. In addition, most of these studies have focused on only one aspect of continuity, such as the time a patient sees the same provider over time (longitudinal continuity)[9,10] and have ignored the patient's point of view. Nevertheless, obtaining the perspective of patients is an important and valuable way of evaluating healthcare services.[11]

For patients, the experience of continuity is the perception that providers know what has happened before, that different providers agree on a management plan, and that a provider who knows them will care for them in the future.[12] Therefore, the continuity concept involves many aspects of care beyond simply measuring the time that the patient is in contact with a single therapist.

The investigation of continuity from the patients' perspective poses an opportunity to improve the quality and increase the number of studies on continuity of care. According to the model proposed by Reid et al.[13] in a systematic review and a subsequent workshop, this experience is dependent on patients' experiences in three types of continuity: informational, management, and relational continuity. Informational continuity refers to the use of information from previous events to provide the patient with adequate care. Management continuity is viewed as the provision of complementary services with shared management. Relational continuity is described as the ongoing relationship between a patient and one or more health providers.[13]

This qualitative study aimed to contribute to the knowledge base in rehabilitation about continuity from the patients' perspective. Therefore, two central questions were explored: (i) 'How do inpatients experience continuity of care in acute-care rehabilitation settings?' and (ii) 'Which aspects of care lead inpatients to perceive a break in continuity of rehabilitation care?'.

Method

Study design

A qualitative design using semi-structured in-depth interviews was used to allow a more detailed perspective of patients' experiences and gain an in-depth understanding of their experiences related to continuity of care.[14,15] The Research Ethics Board of the University of Murcia, as well as the Queen Sofia Hospital, in Murcia, Spain, approved this study (P1EMCA06/12).

Setting and participants

Participants were recruited from an acute care hospital in the Murcia Region of Spain. Rehabilitation services in this hospital are provided for both inpatients and outpatients by care-providers from a central rehabilitation department in the hospital.

Inpatients were included if they were adults (>18 years of age), currently in the hospital with musculoskeletal or neurologic clinical conditions and receiving physical rehabilitation. These clinical conditions were chosen for being the most frequently treated by rehabilitation services in Spanish hospitals. Patients were excluded if they unable to participate in interviews due to physical or mental disability (e.g., deafness or learning disability) or were non-Spanish speaking.

Recruitment

Potential participants were identified from medical records by a research assistant (non-hospital staff), who visited each potential participant in their hospital room to explain the objectives of the study and check the inclusion/exclusion criteria. Patients who met the criteria were invited to participate in the study.

We identified 25 potential participants and asked them for an interview at their home after discharge. A total of 15 patients agreed to be interviewed and provided informed consent. These patients were contacted again following their hospital discharge to confirm their willingness to proceed and to arrange a convenient time for the interview.

Data collection

Individual face-to-face interviews were conducted at the participants' own homes between ten and fifteen days after discharge. All the interviews were conducted by an experienced qualitative researcher (with a PhD degree) and lasted between 30 and 60 min. Participants were assured of confidentiality and each interview was recorded on audiotape with the participants' permission.

The interviews explored their experiences and perceptions regarding rehabilitation care during hospital stay. A topic guide was used containing predetermined open-ended questions. This guide was initially written based on the literature on the three types of continuity and it helped participants understand what we were investigating, particularly because 'continuity of care' is a technical term. The

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