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Coordinating Transitions from Hospital for Older Adults with Fractures: Qualitative Results Comparing the Experiences of Patients with Patient Navigators and Those Without

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Background

Fall-related injuries such as fractures are on the rise among older adults in New Brunswick. These injuries can lead to hospitalization and adverse health effects. Moreover, transitions from acute care can be complicated and overwhelming for patients and their families. Researching patient navigators as a means of enhancing inpatient care, while also ensuring successful transitions in care for patients, may have positive impacts and help older adults successfully age in place. The overall goal of this project was to investigate the impact of patient navigators working alongside the healthcare team, as compared to the usual standard of care for adults aged 65 and older admitted with a fracture to an Orthopedic Unit at one hospital in New Brunswick.

Methods

A concurrent embedded mixed methods design, in which the quantitative randomized control trial has an embedded qualitative component, was used. The results for the interpretive description qualitative component are presented.

Results

Semi-structured interviews were conducted and thematically analysed for 28 participants who received the standard of care (SOC) and 26 patients with the patient navigator (PN) intervention. Comparison between the thematic analyses of SOC and PN groups found there was considerable consistency in the themes between groups, however the PN group had unique themes, detailing the positive impact of the PN, particularly in relation to the provision of information and support.

Discussion

This study provides a better understanding of how support from a patient navigator can have positive impacts on older adult inpatient care and patient transitions.

Conclusions

The findings will be used to inform the development of practical recommendations for policymakers and clinicians on how to enhance inpatient acute care and successful transitions for older adults.