

Publication

Care coordination in homecare and its relationship with quality of care: A national multicenter cross-sectional study

JournalArticle (Originalarbeit in einer wissenschaftlichen Zeitschrift)

ID 4694063

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Year 2023

Title Care coordination in homecare and its relationship with quality of care: A national multicenter cross-sectional study

Journal International Journal of Nursing Studies

Volume 145

Pages / Article-Number 104544

Keywords Coordination; Delivery of health care; Health services research; Home care services; Nursing administration research; Patient care management; Quality of health care

As health care complexity increases, skilled care coordination is becoming increasingly necessary. This is especially true in homecare settings, where services tend to be highly interprofessional. Poor coordination can result in services being provided twice, at the wrong time, unnecessarily or not at all. In addition to risking harm to the client, such confusion leads to unnecessary costs. From the patient's perspective, then, professional coordination should help both to remove barriers limiting quality of care and to minimize costs. To date, though, studies examining the relationship between care coordination and care quality have faced multiple challenges, leading to mixed results. And in homecare contexts, where the clients are highly vulnerable and diverse care interfaces make coordination especially challenging, such studies are rare.; Therefore, the aim of this study was to explore the relationship, from the perspectives of clients and of homecare professionals, between coordination and quality of care. For both groups, we hypothesized that better coordination would correlate with higher ratings of quality of care. For the clients, we predicted that higher coordination ratings would lead to lower incidence of unplanned health care use, i.e., emergency department (ED) visits, unscheduled urgent medical visits and hospitalizations.; This study is part of a national multi-center cross-sectional study in the Swiss homecare setting. We recruited 88 homecare agencies and collected data between January and September 2021 through written questionnaires for agencies' managers, employees (n = 3223) and clients (n = 1509). To test our hypotheses, we conducted multilevel analyses.; Employee-perceived care coordination ratings correlated positively with employee-rated quality of care (OR = 2.78, p < .001); client-perceived care coordination problems correlated inversely with client-reported quality of care (β = -0.55, p < .001). Client-perceived coordination problems also correlated positively with hospitalizations (IRR = 1.20, p < .05) and unscheduled urgent medical visits (IRR = 1.18, p < .05), but not significantly with ED visits. No associations were discernible between employee-perceived coordination quality and either health care service use or client quality-of-care ratings.; While results indicate relationships between coordination and diverse aspects of care quality, various coordination gaps (e.g., poor information flow) also became apparent. The measurement of both care coordination and quality of care remains a challenge. Further research should focus on developing and validating a coordination questionnaire that measures care coordination.

Publisher Elsevier

ISSN/ISBN 0020-7489

edoc-URL <https://edoc.unibas.ch/95073/>

Full Text on edoc Available;

Digital Object Identifier DOI 10.1016/j.ijnurstu.2023.104544

PubMed ID <http://www.ncbi.nlm.nih.gov/pubmed/37354791>

ISI-Number MEDLINE:37354791

Document type (ISI) Journal Article