



THE ECOSYSTEM OF EVIDENCE

Lessons learned in the pandemic
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10th International Conference for EBHC Teachers and Developers
10th Conference of the International Society for EBHC
Taormina, 25th - 28th October 2023

#EBHC2023



Characterising Community Hospitals vocations and quality of care delivered to generate evidence for informed decision-making

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Background

- **Community hospitals (CHs)**: intermediate care setting, different organisational models, bridge between acute care settings and home care
- The **Recovery and Resilience Plan** and the **Decree n.77** fostered the development of these settings as they can be key for the decentralisation of low complexity activities, for the relief of pressure on hospitals, for the interception of social needs
- To **enhance their role** in the health system, it is important to characterise CHs and to assess quality of care provided



Aims



- Characterising the case-mix of patients admitted to CHs in the Romagna Local Health Authority (RLHA) and where they come from and are discharged to, and proposing indicators for quality of care assessment in this specific setting. Evaluating the feasibility of systematic use of PREMs

Methods

- Retrospective observational study including all patients discharged from October 2020 to June 2022 from the 6 CHs of the RLHA
- Informative system of CHs, previous acute hospital discharge, pharmaceuticals databases
- Elixhauser and M-CDS* scores, Barthel score improvement ≥ 10 at discharge, presence of moderate to severe dementia
- Validated PREMs questionnaire** and feasibility of a digital survey

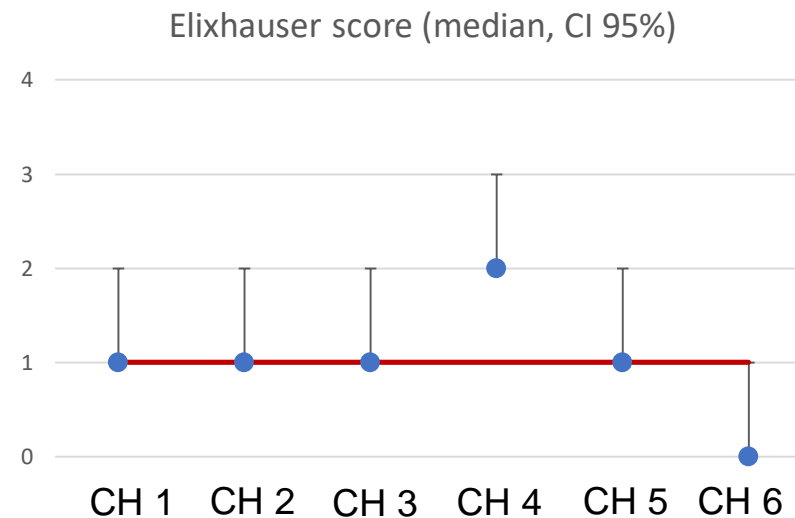
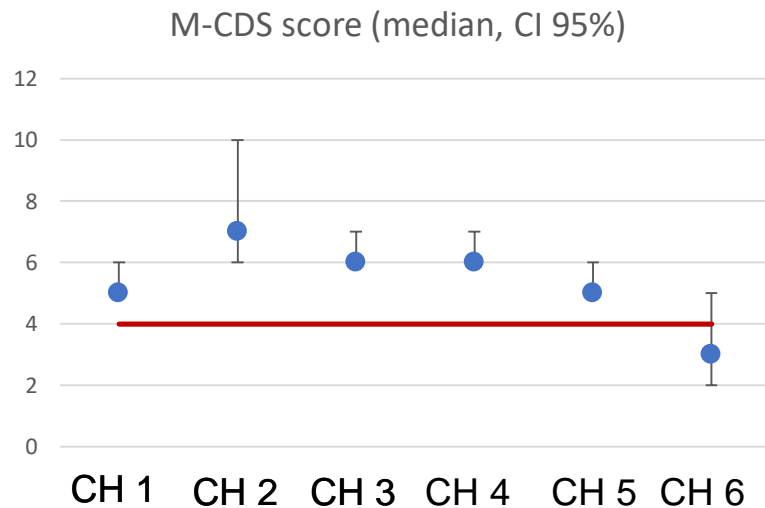
*Iommi M, Rosa S, Fusaroli M, Rucci P, Fantini MP, Poluzzi E. Modified-Chronic Disease Score (M-CDS): Predicting the individual risk of death using drug prescriptions. PLoS One. 2020 Oct 16;15(10):e0240899. doi: 10.1371/journal.pone.0240899

**Cinocca S, Rucci P, Randazzo C, Teale E, Pianori D, Ciotti E, Fantini MP. Validation of the Italian version of the Patient Reported Experience Measures for intermediate care services. Patient Prefer Adherence. 2017 Sep 27;11:1671-1676. doi: 10.2147/PPA.S140041



Results

- **1.869** patients were admitted to CHs of the RLHA
- Mean age was **80 years** and **62%** were **female**
- **M-CDS** and **Elixhauser** scores highlighted high clinical complexity of admitted patients with variability among CHs



Results

- Patients admitted mainly from **acute hospitals** except for 1 CHs that admitted patients mainly from home. **Home** was the main destination at discharge, followed by acute care setting and long-term care
- Improvement of ≥ 10 point of the **Modified Barthel score** exhibited a **high variability** among CHs
- The proportion of patients with **moderate-severe dementia** was about 10% in the overall sample, ranging from 6,2 to 22,1%



Results

- The proposal of PREMs questionnaire in these settings showed an overall good acceptance



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Limits

- To ensure anonymity, PREMs **can not** be linked to administrative databases



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Conclusions

- Large **variability in the case mix** of patients and their outcomes
- **Monitoring** patients' profiles and outcomes to inform health care planning
- Development of **specific outcome indicators**
- Importance of the collection of **patient's experience measures** to enhance patient-centered care
- Strong **involvement** of all the stakeholders is an integral part of the process of strategic planning and real-world evaluation of the care provided

