Understanding Transitions in Care for Persons with Amputations from In-patient Rehabilitation to Home: A Descriptive Qualitative Study

Marija Radenovic1, Kamille Aguilar1, Anne Wyrough1, Clara Johnson1, Shirley Luong1, Amanda Everall2, Sander L. Hitzig3, Steve Dilkas4, Crystal MacKay1,4, Sara J.T. Guilcher2

1. Department of Physical Therapy, University of Toronto, 2. Leslie Dan Faculty of Pharmacy, University of Toronto, 3. Sunnybrook St. John’s Rehab, 4. West Park Healthcare Centre

Introduction

- In Canada, 44,430 lower limb amputations were performed between 2006 and 2012.¹
- In Canada, diabetes accounts for 81% of non-traumatic major lower limb amputation.²

An example of transitions in care²:

Study Design
- Qualitative, descriptive

Methods
- Persons with major lower limb amputation
- Between 1 to 12 months post-discharge to community
- English-speaking
- 18 years or older with no cognitive impairments

Participant Inclusion Criteria

Participating individuals provided written consent.

Semi-Structured Interviews Conducted

Interviews Audio-Recorded and Transcribed

Codebook Developed

Coding Applied

Codes Summarized

Themes Developed

Results

Participant Demographic (n=9)

- Median Age (Range): 59 (51-82)
- Gender: 1 female, 8 males
- Support: 7 lived with others, 2 lived alone

Challenges with Everyday Tasks

- Accessing Resources
- Adjusting to a New Way of Living
- Support and Connectedness

Support and Connectedness

- Preparedness: Differing Experiences in Rehabilitation

Coping Strategies

Discussion & Conclusions

- Highlighted experiences related to adjusting to a new way of living; e.g. challenges with activities of daily living, and navigating the community
- Lack of meaningful activities integrated within the hospital environment
- Expectations do not accurately reflect actual transition experience
- The role of social support has a positive impact on how participants managed their day to day lives
- Varied opinions on continuing support from in-patient rehabilitation
- Identified themes relate to strategies of self-management, but varied in their ability to self-manage

Conclusion: The identified themes were interconnected, all concurrently influencing the transition home

Recommendations to improve transition to home:

- Understand individual’s physical goals, coping strategies, available support, and resources to develop an individualized rehabilitation plan
- Clear communication about the rehabilitation process and potential challenges living in the community to manage the individual’s expectations
- Incorporate meaningful activities and strategies that are applicable to the individual’s home environment and community
- Prepare the individual’s home environment for their new mobility needs prior to discharge
- Provide self-management strategies, along with routine follow-up care and coordination of care

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References