### Measuring elderly patients' (≥65 years) experiences: Validation of the Discharge Care Experiences Survey (DICARES)

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## Why?



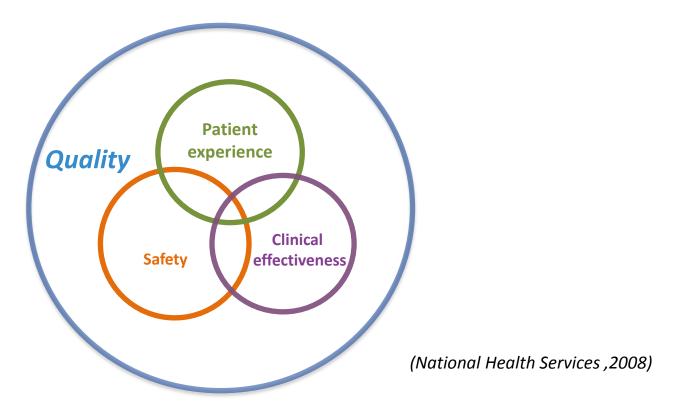


#### Patient experiences, Norwegian hospitals (2015)

Scale 0-100 where 100 points is the best score

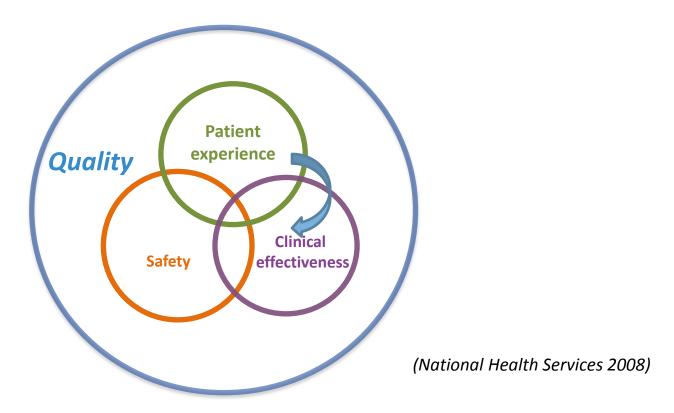
		-
Indicator	Responses	Mean
Nursing staff	12083	77
Doctors	12091	76
Information	12048	73
Organizing	12578	68
Relatives	8727	77
Standard	12641	<b>1</b> 3
Discharge	10299	58
Intercation	7536	64
Latency	5289	65

#### Quality in health care



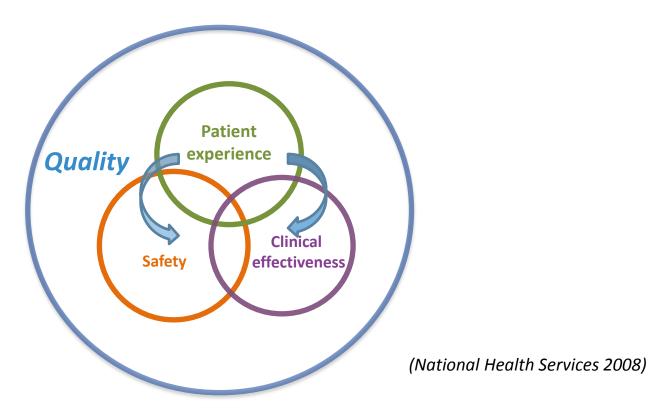
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RESEARCH

Instruments to measure patient experience of healthcare quality in hospitals: a systematic review

Michelle Beattie<sup>1\*</sup>, Douglas J. Murphy<sup>2</sup>, lain Atherton<sup>3</sup> and William Lauder<sup>4</sup>

### Aims of the study

To validate the newly developed Discharge Care Experiences Survey (DICARES), by applying confirmatory factor analysis, for the purpose of measuring and improving quality in discharge of elderly patients.

#### Development and validation of the DICARES

Development

- Systematic literature review: 16 items derived from three published surveys
- Expert panel and user opinions

Primary validation

- Face validity, reproducibility and confounders
- Factor analysis
- Consistency and psychometric properties

Extended validation

- Confirmatory factor analysis
- Psychometric properties
- Comparing with other quality instruments



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#### Methods

#### Design

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- \* Cross sectional study at two medical wards / two hospitals
- \* Questionnaire including 11 DICARES items

Experiences in connection with being discharged from hospital and the period following a stay in hospital We would like to know more about patient experiences regarding being discharged from hospital and the period following a stay in hospital. The objective is to improve the quality of service that patients receive. All response alternatives may be used but please only tick one box for each question.

	Not at all	To a small extent	To some extent	To a great extent	To a very great extent	Not relevant
Exi						
1. In opporthour						
2. seri			<b>Q</b>			
ser int  3. Upon a own responsibility health	4	RE				-Q
Upon discharge from the hospital, I counderstood the purpose of taking the different multiplication of the purpose of taking the different multiplication.  I had been prescribed		' ' ' '	-3			
5. It was important for me to be able to influence when I was to be discharged from hospital						
6. I felt I was discharged too early						
	7					

 $\Box$ 

П

Experience of the period following the hospital

7. I have experienced problems in understanding the instructions I received when I was discharged from

9. I have experienced problems receiving help from my

10. I have experienced problems taking my medicines

11. I have experienced problems getting hold of

8. I have experienced problems following the instructions I received when I was discharged from

stay:

hospital

hospital

medicines

#### Methods

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#### **Comparators**

- \* Nordic Patient Experiences Questionnaire (NORPEQ)
- \* Readmission rate

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#### Confounder

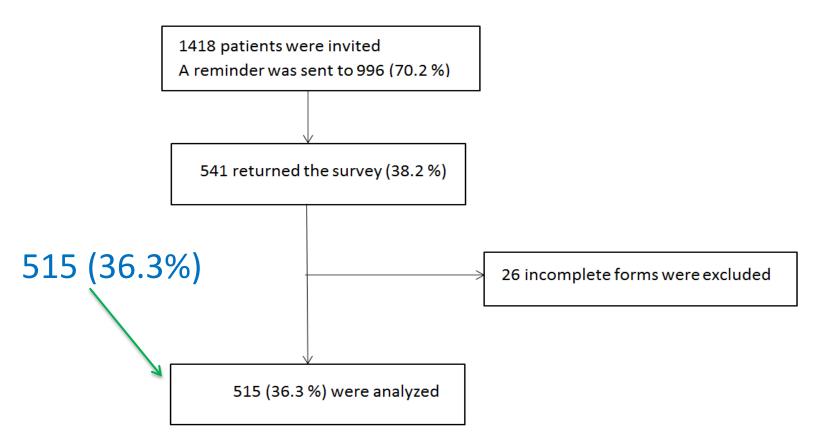
Charlson Comorbidity Index

### Statistical analyses

Confirmatory factor analysis
Reliability analysis
Spearman's correlations
T-tests
Logistic regression

## Results

#### Flowchart of inclusion of patients



### Characteristics of the patients (n=515)

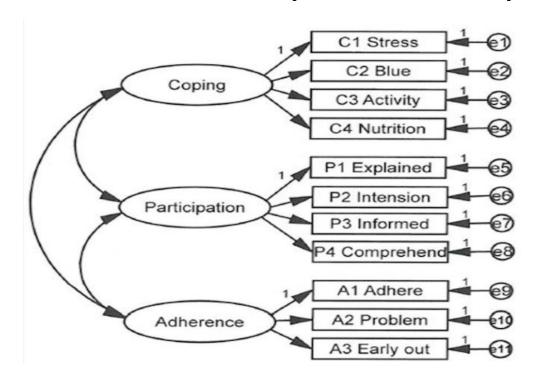
Mean age: 79 years

Women: 53 %

Average hospital stay: 3.6 days

Charlson Comorbidity Index: 0.9

### Confirmatory factor analysis



Fit indices:

CMIN/df 2.738, CFI 0.96, RMSEA 0.058 (90% CI, 0.045 to 0.071)

#### Psychometric properties of the DICARES

#### Internal validation

Cronbach's α: 0.82: Factor Coping after discharge

0.70: Factor Adherence to treatment

0.64: Factor Participation in discharge planning

A moderate relationship between the DICARES factors (p = 0.01)

The DICARES total score correlated moderately with the NORPEQ (p=0.01)

# Comparison of the DICARES and the NORPEQ -to 30 days readmission

	Not readmitted	Readmitted	
	n	n	p-value
The DICARES	384	126	<0.001
Factor Coping after discharge	378	125	<0.001
Factor Adherence to treatment	376	121	<0.001
Factor Participation in discharge planning	382	125	0.310
The NORPEQ	385	125	0.190

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## Multiple logistic regression of the three DICARES - factors and patient characteristics associated with readmission (n=457)

Variables	n	OR	p-value
Factor Coping after discharge	503	0.61	<0.001
Factor Adherence to treatment	497	0.75	0.033
Charlson Comorbidity Index	515	1.21	0.017
Age	515	0.97	0.053
Educational level	478	1.32	0.062

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#### Conclusions

- \* The DICARES appears to be a valid questionnaire to measure discharge quality
- \* The confirmatory factor analysis verified the three-factor model supporting the feasibility of the DICARES
- \* The DICARES seems to be inversely correlated to risk of readmission

#### Clinicial implications

The DICARES may be a useful tool to monitor quality in the discharge of elderly patients on routinely basis, in addition to existing measurements like NORPEQ and readmission

#### Supervisors and co-authors

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Thank you for your attention!