Improving Continuity of Care During Transitions from Institution to Home Using Specialized Skin Care Kits
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Study Objectives
• Describe the growing trend and importance of home care health services
• Establish the importance of improved continuity of care when transitioning from institution to home
• Discuss the potential role of skin care kits in extending institutional quality care into the home and improving continuity of care

Background
Recently there has been a shift towards the delivery of health care in a person’s home instead of institutionalized settings like hospitals and nursing homes. Research has shown that patients often feel more comfortable at their own home and even experience better health outcomes especially for chronic disease management, palliative, and end-of-life care.1–3 When patients transition between care settings, including into the home, they are often presented with new information, care plans, medications, and recommendations that can contribute to confusion for patients and caregivers alike. The transition period from institution to home has been identified as a critical point in preventing hospital readmission.3–5 One aspect of improving care transitions involves resolving differences in the types of skin care products and care protocols used in the institution versus what is available for patients at home. Institutions utilize strict evidence-based care protocols with an approved product formulary, but these protocols and formulary products are seldom available or incorporated at home. Lack of availability of institutional care products can lead to improper product selection, especially when considering over-the-counter and other non-prescription recommendations. Continuity of care can potentially be improved during transitions into home care settings by enhancing the ability to continue institutional skin care protocols and formulary products in a patient’s home.

The aim of this study is to assess the potential role and utility of specialized skin care kits composed of products used within institutions plus patient-education booklets following institutional care plans to extend the institutional level of care into the home care setting and improve continuity of care during transition periods.

Use of a Specialty Care Kit:
• Care instructions included within kit, consistent with inpatient care plan
  - Easy to follow care instructions
  - Education and health tips
• Appropriate and approved products provided
  - Approved formulary products
  - OTC, not cosmetic
  - Same products used while inpatient
• Specialized products designed specifically for the patient’s condition

Improved Continuity of Care
• Inpatient care plans continued at home
• Same products are used at home that were used while inpatient
• Educational booklet and care plan helps ensure patient and caregiver understanding and compliance
• Reduction in preventable skin breakdown and subsequent readmission

Not Using a Specialty Care Kit:
• What instructions were given to patient or caregiver?
  - Frequency of monitoring
  - Frequency of cleansing, moisturizing, protecting
• What products are used?
  - Is substitution acceptable?
  - OTC vs. cosmetic
• Appropriate for fragile or diseased skin?
• Any effect on efficacy or overall outcomes?

Potential Gaps Created
• Increased chance of inappropriate product selection
  - May not fit within the preferred care plans
  - Cosmetic vs. OTC
• Institutional products and protocols not carried over through the transition

Patient Case
Patient: Diabetic with peripheral artery disease at high risk of lower-limb skin breakdown and ulceration. Inpatient, about to be transferred to home care.

Inpatient Care: Lower limbs are inspected daily to monitor for signs and symptoms of breakdown. Skin was maintained following a daily skin care plan using approved formulary OTC products including a gentle cleanser and moisturizing skin-protectant cream.

Release to Home:
• What is the plan for caring for the skin at home?
• What products should be used?
  - Are they available at retail locations?
  - Is substitution permitted?
  - Are they affordable or reimbursable?
• Who is responsible for carrying out the care plan?
Methods
PubMed (www.ncbi.nlm.nih.gov/pubmed) literature searches were used to identify peer-reviewed published clinical and epidemiological evidence pertaining to skin care, transitions from institution to home, and major factors that contribute to return to institutionalized settings including rehospitalization.

Results
Gaps in care during transitions from institutionalized settings into the home-care environment significantly contribute to negative health outcomes, especially in relation to preventable skin breakdown and subsequent complications.3-7 Some of the major contributing factors include improper compliance to medications and care plans plus lack of education and understanding of both patient and primary caregivers.8 Evidence suggests that utilizing tools to help close those gaps and improve continuity of care by improving patient and caregiver understanding and compliance can greatly improve a person’s quality of care and likelihood of positive outcomes.9

Discussion
Making institutional care protocols and formulary products easier to incorporate in the home care setting appears to be a viable method of improving continuity of care during transition periods. Incorporating institutional products and protocols into a kit with patient and caregiver focused educational materials can help ensure proper product selection and compliance with established care plans. Home care patients with compromised or at-risk skin are likely to benefit from incorporating specialized skin care kits into their home care plan that improve compliance to institutional care plans.

Conclusions
• There is an increasing movement to deliver specialized care services in patients’ homes rather than institutional settings
• Improving continuity of care from institution to home is critical for ensuring optimum patient outcomes and avoiding preventable readmissions
• Specialized skin care kits are a viable solution to extending institutional care protocols into the home setting and improving continuity of care

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