E-Poster

EP-233

Bridging the Discontinuity of Care Between Hospital and Rehabilitation - Experiences With Hip and Knee Endoprosthesis Patients

Topic: Miscellaneous

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BACKGROUND

The rehabilitative treatment after an acute illness is often carried out independently of the primary care hospital, in a separate facility. The resulting discontinuity could lead to a loss of effectiveness. It therefore seems appropriate to examine the optimization of cooperation. This was realized in the subanalysis of the PROMISE study (Process optimization by interdisciplinary and cross-sectoral care using the example of patients with hip and knee prostheses) presented here.

METHODS

In the prospective multicenter PROMISE study, three clinics and five rehabilitation facilities have developed and successfully implemented a common optimized care process for patients with hip and knee endoprostheses. To further improve cooperation, a joint database was also established and reliable communication channels were defined. The Staffelstein score (optimum value 120 points) was used as measurement tool for the present analysis at two time points: discharge from hospital and discharge from rehabilitation. The differences in the results at the two points of time were compared between the groups of patients who were treated in cooperating facilities (coop) and those who were treated in standard care in non-participating facilities (stand). The mean differences between the groups were analyzed using the Welch t-test. A linear mixed model was created to adjust for possible confounders.

RESULTS

Of the total of 1887 patients in the study, 408 patients (hip: 218 , of which coop: 83, stand: 135 ; knee: 190, of which coop: 55, stand: 135) were included in the subgroup analysis. Differences in the Staffelstein score between the two measurement time points (MW; SD): Hip: coop (8; 16), stand (12; 15), mean differences $p = 0.1751$; Knee: coop (9; 13), stand (12; 15), mean differences $p = 0.4719$. The linear mixed model does not detect an influence of treating hospital, gender, age or body mass index (BMI) on the results for either the hip patients or the knee patients.

CONCLUSION

The presented results do not indicate that the measures implemented in the PROMISE study to bridge the gap in care between the hospitals and the rehabilitation facilities led to the expected improvement in treatment. The result cannot be transferred to other care processes in general.

Statement of Disclosures

None

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Doi: 10.5606/archisprm.2026.EP-233