

Understanding Transitions in Care for People with Major Lower Limb Amputations from Inpatient Rehabilitation to Home: A Descriptive Qualitative Study

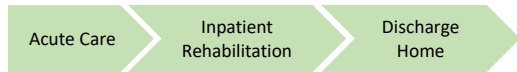
Marija Radenovic¹, Kamille Aguilar¹, Anne Wyrrough¹, Clara Johnson¹, Shirley Luong¹, Amanda Everall², Sander Hitzig³, Steven Dilkas⁴, Crystal MacKay⁴, Sara Guilcher²

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

Introduction

- In Canada, 44,430 lower limb amputations were performed between 2006 and 2012.¹ 91% of those who were admitted to inpatient rehabilitation had undergone a major lower limb amputation.²
- Strategies are introduced during inpatient rehabilitation to help individuals manage their amputation, recognize potential complications, and navigate the healthcare system.³

An example path through the healthcare system²:



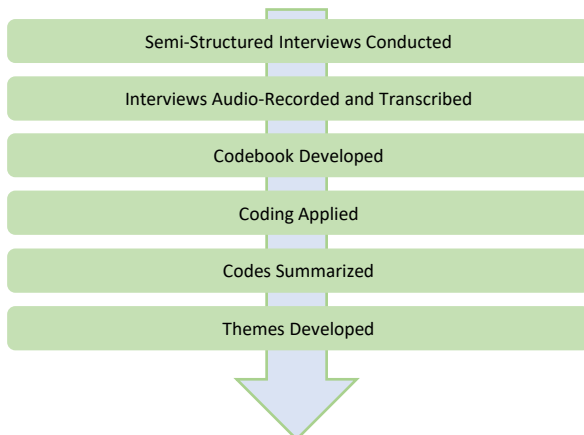
- 55% of those discharged home following a major lower limb amputation were readmitted to acute care at least once within 1 year. High readmission rates may indicate challenges with community reintegration and self-management.⁴
- There is a gap in literature exploring the transition from inpatient rehabilitation to home in this population.

Objectives

To describe the experiences and factors that impact the transition from inpatient rehabilitation to community from the perspective of people with major lower limb amputation

Methods

Study Design	Qualitative, descriptive, explorative
Participant Inclusion Criteria	<ul style="list-style-type: none"> Persons with major lower limb amputation Between 1 to 12 months post-discharge to community 18 years or older with no cognitive impairments



Results

Participant Demographic (n=9)

Median Age (Range): 59 (51-82)

Gender:

Support: 7 lived with others, 2 lived alone

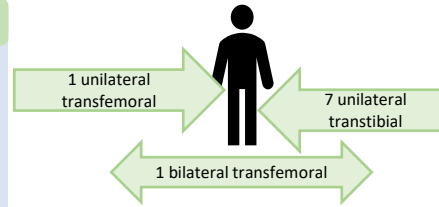


Figure 1: Levels of lower limb amputations

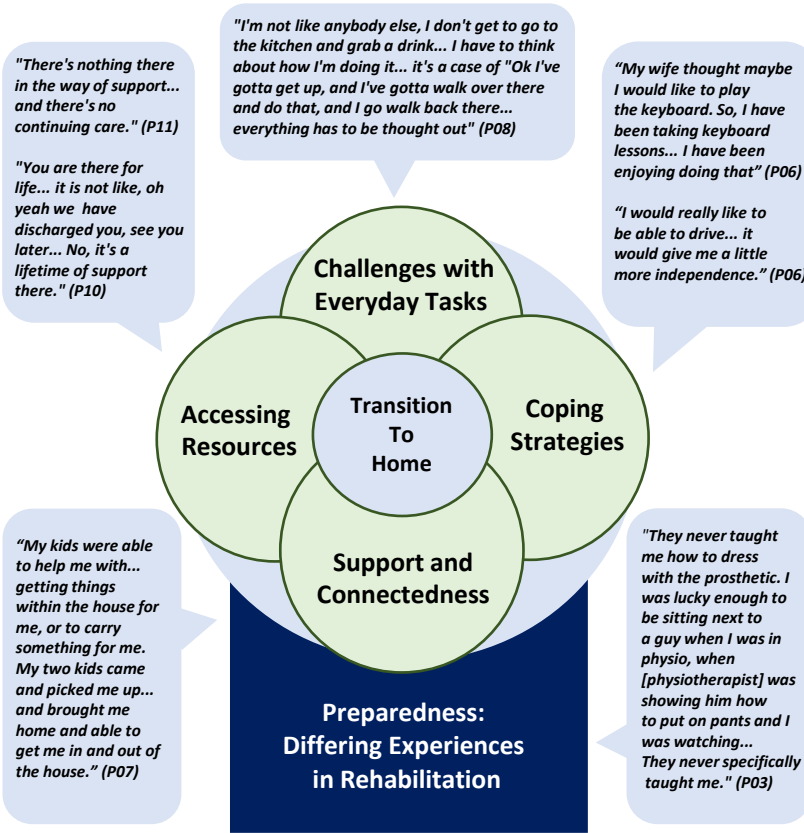


Figure 2: Experiences and factors that affected the transition home from inpatient rehabilitation

Discussion

- All participants **faced challenges** adjusting to their home activities, regardless of the amount of support they received
- Inpatient rehabilitation helped **develop the foundational skills, connections with peers, and education necessary** to succeed at home
- Training within the hospital environment did not always reflect what was needed to **accomplish meaningful tasks** at home
- Expectations** did not accurately reflect **actual transition experience**
- The presence of **social support had a positive impact** on how participants managed their day to day lives
- There were varied opinions on the presence and quality of **continuing support** following inpatient rehabilitation

Recommendations to improve the transition to home:

- Understand physical goals, coping strategies, available resources to develop an effective person-centered rehabilitation plan and appropriate follow-up care
- Communicate goals during the rehabilitation process and potential changes to daily activities that an individual may experience once home
- 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
- Discuss available social and physical supports and provide access to continuing follow-up support after discharge

Acknowledgements

The authors would like to acknowledge Janet Campbell for her assistance with participant recruitment. This research was completed in partial fulfillment of the requirements for a Master of Science in Physical Therapy degree at the University of Toronto, with guidance from advisors Kelly O'Brien, Stephanie Nixon, Nancy Salbach, and Esther Waugh. This work was funded using a grant provided by the Canadian Institutes of Health Research. Ethics approval was received from the University of Toronto (00038422) and West Park Healthcare Centre (19-028-WP) Research Ethics Boards.

References

- Hussain MA et al. Population-based secular trends in lower-extremity amputation for diabetes and peripheral artery disease. CMAJ. 2019;191(35):e955-961.
- Kayssi A et al. Rehabilitation trends after lower extremity amputations in Canada. PM&R. 2017;9(5):494-501.
- Wegener ST et al. Self-management improves outcomes in persons with limb loss. Archives of Physical Medicine and Rehabilitation. 2009;90(3):373-80.
- Kayssi A et al. Predictors of hospital readmissions after lower extremity amputations in Canada. J Vasc Surg. 2016;63(3):688-695.