Conclusion

Increased quality of the care transitions can be achieved by:

- Stating clear health goals and how to reach them
- Informing about further needs of health care after discharge and planned subsequent care
- Increasing knowledge about self-monitoring and side-effects of medications

Introduction

Uncoordinated care transitions can render a substantial burden for patients and their family with lack of information to navigate the healthcare system, risking information loss and unwanted outcomes. Coordination of care is especially important for persons with long-term complex conditions and in particular for people with language or cognitive impairments.

Aim

The aim was to explore the perceived quality of care transitions between a stroke unit and the home in people with mild stroke.

Methods

The study included 80 participants with mild stroke, 53 men and 27 women, mean age 70 years. One week after discharge from the stroke unit the participants assessed the quality of their care transition with the Care Transition Measure (CTM).

Results

A majority perceived a high quality of care transitions in most areas. However, the results also revealed that there is room for improvement regarding the transition process between stroke unit and the home.