

Displaying positive tendencies for decreased levels of frailty and increased levels of self-rated health: implementing a continuum of care in a real-life context

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Introduction: Frail older people have varying levels of needs and may require treatments from multiple health care professionals. Services are not always integrated in the best interest of the person receiving treatment. A continuum of care for frail older people was created to link the chain between the hospital, and discharge to the person's home. This chain was a multi-professional team who worked from a person-centred frame of reference. Positive effects on independence in activities of daily living (ADL) up to one year, and decreased dependency in ADL up to six months have been shown. Despite these results, it remains unclear if the benefits of this chain are sustainable in a real-life context.

Objectives: To evaluate the effects of the implementation of the continuum of care for frail older people in a real-life context regarding levels of frailty, self-rated health and activities of daily living.

Methods: This longitudinal study with frail people 75 years and older ($n=143$) evaluated an implementation of an intervention in relation to a historical control sample gathered from a randomized, controlled trial study. Data were analyzed using chi-square, Fishers exact test, and Odds ratio (OR) with a 95% Confidence Interval (CI).

Results: At six months, the implementation group had a significantly higher odds of displaying decreased frailty ($p=0.015$). At twelve months, the implementation group had a significant lower likelihood of reporting decreased self-rated health ($p=0.023$).

Conclusion: Despite increasing age and reduced health status, a multi-professional person-centred team is beneficial for the frail older people.