



COMMUNITY HOSPITALS ASSOCIATION

Community Hospital Association

A Community Hospital Resource Pack International Studies

Key Publications Providing an Introduction to Community Hospitals Internationally

Netherlands

Charante et al.

An evaluation of the first GP hospital in the Netherlands show that it is considered to be a valuable alternative to care at home, nursing home or general hospital, particularly for older people who have a poor quality of life related to their health conditions and who require short term care.

Charante E.M., Hartman, E., Yzermans, J., Voogt, E., Klazinga, N., Bindels, P. (2004) *"The first general practitioner hospital in the Netherlands: towards a new form of integrated care?"* Scandinavian Journal of Primary Health Care 22(1) March 2004:38-43

Van Oosterbos

Another model that has been developed in the Netherlands is the neighbourhood community health centre, which offers integrated primary care. This model is designed for a local population and may contain GP beds, housing, pharmacy, nursing home, GP practice, home care, mental health care and diagnostic facilities, thereby describing many community hospital facilities.

Van Oosterbos, H. (2006) *"The future of integrated primary care: community health centres at the heart of the neighbourhood."* Int J Integr Care Vol 6 11th May 2006
<http://www.ijic.org/index.php/ijic/article/view/151/301>

Italy

Bernabei et al.

A study was carried out in Italy to measure the benefits of integrated care on the functioning of older people. The RCT demonstrated that integration of medical and social services together with case management programmes would improve such care in the community, achieving benefits with regard to reduced admissions to acute hospitals, reduced functional decline for patients and also a reduction in costs.

Bernabei, R., Landi, F., Gambassi, G., Sgadari, A., Zuccala, G., Mor, V., Rubenstein, L. Z. and Carbonin, P. (1998) *"Randomised trial of impact of model of integrated care and case management for older people living in the community."* Br Med J 316(7141):1348-1351.

Tediosi et al.

A network of eleven community hospitals has been developed in Tuscany. An evaluation of these services found a wide variety in their role including intermediate care, and palliative/terminal care. The study concluded that community hospitals could play a relevant role as providers of intermediate care at a relatively low cost.

Tediosi, F., Roti, I., (2004) *"Integrated care in Tuscany: The role of Community Hospitals"* conference papers Int J Integrated Care, Birmingham

Norway

Aaraas et al.

A review of the use of community hospitals in Norway over a five year period found that GP hospitals reduce the utilisation of general hospitals, and can result in better access to quality health care for people in rural areas at a lower cost than alternative options. A series of papers have been published on aspects such as impact on general hospital beds, patient characteristics and GP referral patterns.

Aaraas, I. (1998) *“General Practitioner Hospitals: Use and Usefulness.”* Norway: Institute of Community Medicine, University of Tromsø, Norway.

Aaraas, I., Forde, O.H., Kristiansen, I.S., and Melbye, H. (1998) *“Do general practitioner hospitals reduce the utilisation of general hospital beds? Evidence from Finnmark county in north Norway.”* J Epidemiol Community Health. Apr 1998; 52(4): 243–246.
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1756694/>

Aaraas I. (1995) *“The Finnmark general practitioner hospital study. Patient characteristics, patient flow and alternative care level.”* Scand J Prim Health Care. 1995 Dec;13(4):250-6.
<http://www.ncbi.nlm.nih.gov/pubmed/8693208>

Aaraas I¹, Fylkesnes K, Førde OH. (1998) *“GPs' motives for referrals to general hospitals: does access to GP hospital beds make any difference?”* Fam Pract. 1998 Jun;15(3):252-8.
<http://www.ncbi.nlm.nih.gov/pubmed/9694183>

Garasen et al.

A randomised controlled trial in Norway concluded that intermediate care at a community hospital significantly reduced the number of readmissions for the same disease to a general hospital and also increased the level of independence of patients supported in community hospitals as opposed to those cared for in general hospitals.

Garasen, H., Windspoll, R. and Johnsen, R. (2007) *“Intermediate care at a community hospital as an alternative to prolonged general hospital care for elderly patients: a randomised controlled trial.”* BMC Public Health 7:68.
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1868721/>

Garasen, H., Windspoll, R. and Johnsen, R (2008) *“Long-term patients' outcomes after intermediate care at a community hospital for elderly patients: 12-month follow-up of a randomized controlled trial.”* Scand J Public Health. 2008 Mar;36(2):197-204. doi: 10.1177/1403494808089685.
<http://www.ncbi.nlm.nih.gov/pubmed/18519285>

Lappegard et al.

The government in Norway has legislated for municipal authorities to develop local health services for a selected group of patients, with a quality equal to or better than that provided by hospitals for emergency admissions. General practitioners in Hallingdal, a rural district in southern Norway, have for several years referred acutely somatically ill patients to a community hospital. Interviews were carried out involving 60 patients. Patient satisfaction was higher in the community hospital than in the general hospital. The study concludes that perceived quality of the service is an important factor when considering alternatives to general hospital care.

Øystein Lappegard^a, Per Hjortdahl^b (2014) "Perceived quality of an alternative to acute hospitalization: An analytical study at a community hospital in Hallingdal, Norway" *Soc Sci Med* 119C:27-35.

<http://www.sciencedirect.com/science/article/pii/S0277953614005310>

Øystein Lappegard^a Per Hjortdahl^b (2014) "Acute admissions to a community hospital – health consequences: a randomized controlled trial in Hallingdal, Norway" **BMC Family Practice** 2014, 15:198

<http://www.biomedcentral.com/content/pdf/s12875-014-0198-1.pdf>

Dahl et al.

Health care professionals in several countries are searching for alternatives to acute hospitalization. In Hallingdal, Norway, selected acute patients are admitted to a community hospital. The aim of this study was to analyse whether acute admission to a community hospital as an alternative to a general hospital had any positive or negative health consequences for the patients. No statistical significant differences at a 5% level were found related to health consequences between the two randomized groups. The study however, indicates a consistent trend of health benefits rather than risk from acute admissions to a community hospital, as compared to the general hospital.

Dahl U, Steinsbekk A, Jenssen S, Johnsen R.(2014) Hospital discharge of elderly patients to primary health care, with and without an intermediate care hospital - a qualitative study of health professionals' experiences. *Int J Integr Care* 2014;14:e011.

Orvik et al.

The study was of a post-discharge programme for elderly patients in Norway. It took place in an intermediate ward for transitional care and was based on collaboration between a municipality and a hospital, which was part of a health enterprise. The aim of the study was to analyse the collaboration and its possible effects on the quality of patient care, and the economic efficiency of the project for the organizations involved. The collaboration had mainly positive impacts on the quality of patient care and the economic efficiency of elderly care in the municipality.

Orvik, A., Nordhus, G., Axelsson, S., Axelsson, R. 2016 Interorganisational collaboration in transitional care - a study of a post discharge programme for elderly patients. *International Journal of Integrated Care* 16(2) pp1-11

WHO – Norway & UK

Atun

The Health Evidence Network (HEN) of the World Health Organisation makes a financial case for community hospitals whilst stating its findings that there is no significant difference in health outcomes or patient satisfaction between community hospitals and general hospitals: *“General Practitioner-led hospitals in Norway provided health care at lower cost compared to alternative models of care due to averted hospital costs. United Kingdom studies confirm that GP hospitals save costs by reducing referrals and admissions to higher cost general hospitals staffed by specialists.”*

Atun, R. (2004) "What are the Advantages & Disadvantages of Restructuring a Health Care System to be more focused on Primary Care Services." Health Evidence Network, World Health Organisation.