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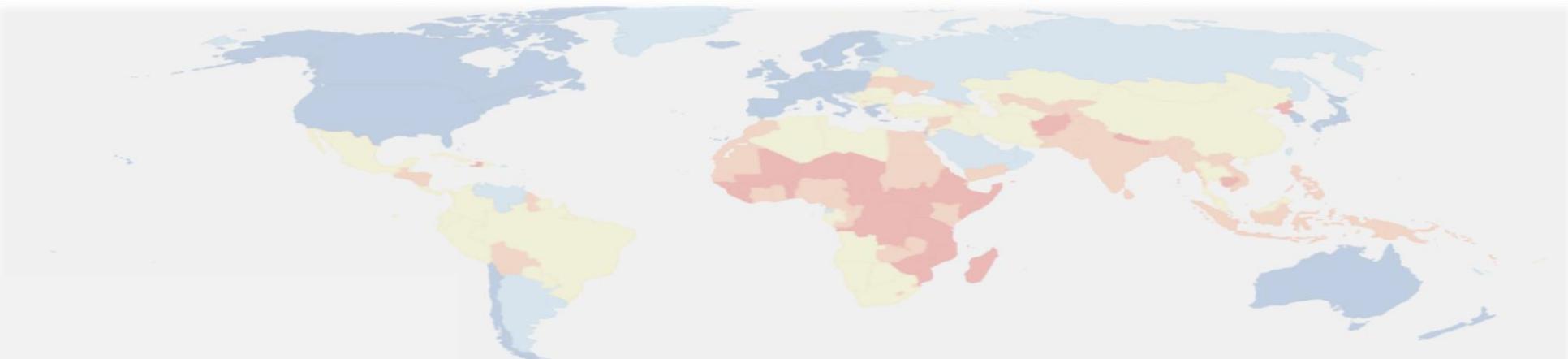
GLOBAL CHALLENGES IN CONTINUITY OF CRITICAL CARE. A MIXED-METHODS STUDY.



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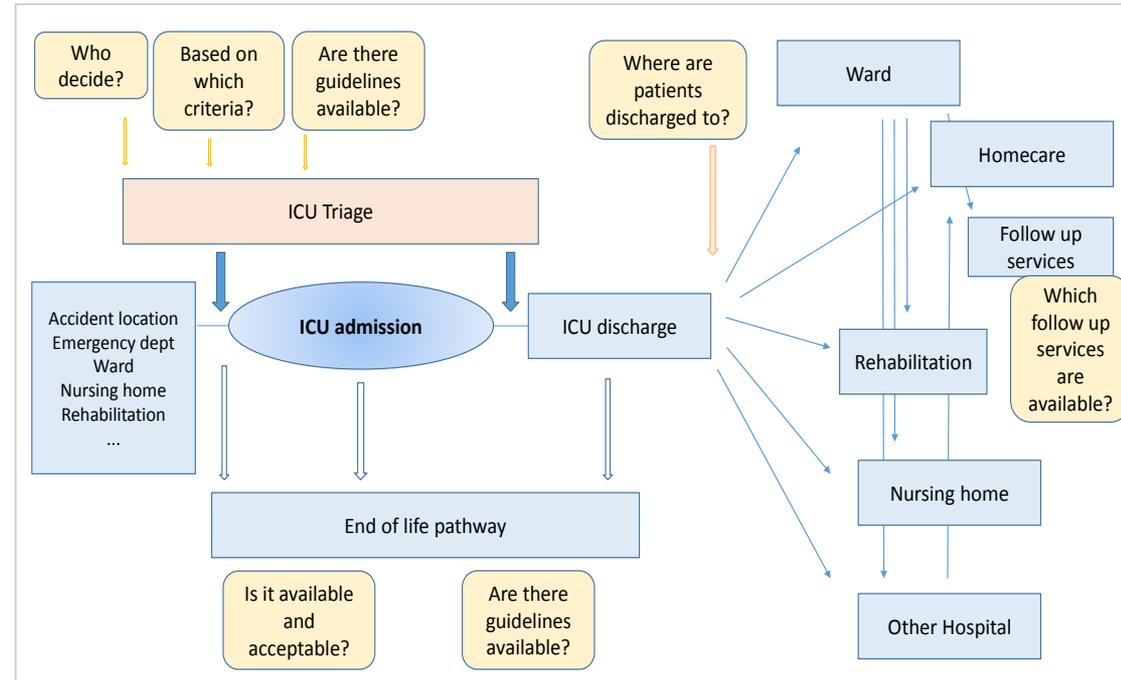
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Global Challenges in Continuity of Critical Care. A Mixed-Methods Study.

Background and Objectives

- Integrated health services provide continuity of care and improve health outcomes.
- Patients, resources and protracted morbidity influence the Intensive Care global burden of disease and sequelae.
- Do countries resource settings affect these variables?

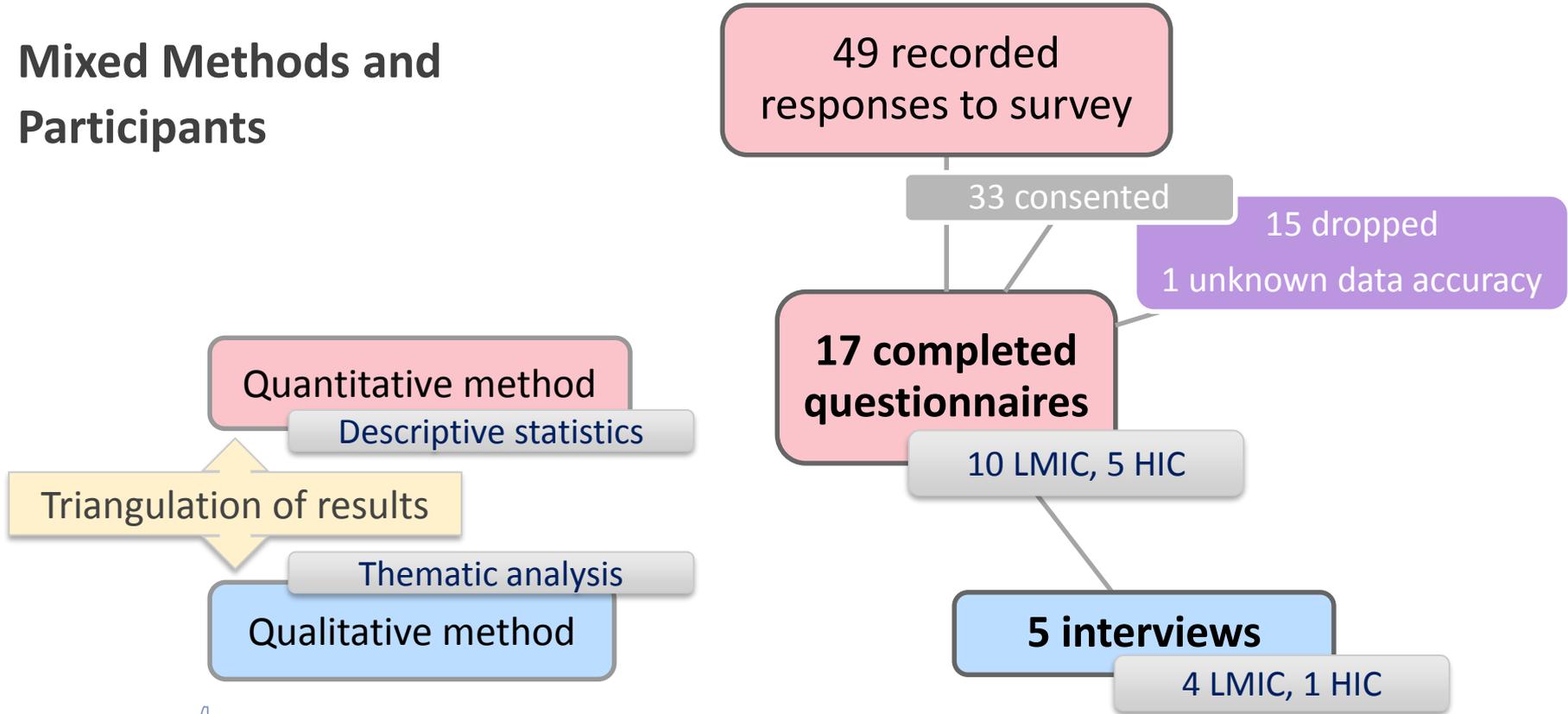


Critically ill potential trajectories (blue boxes) and study questions (orange boxes)
ICU: Intensive Care Unit



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Mixed Methods and Participants



LMIC: Low-Middle-Income Country – HIC: High-Income Country

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Results on barriers and facilitators to triage and discharge services

- Models of care:

public, governmental funding (LMIC, HIC); private funding (LMIC); fee-for-service = family/relatives contributes to care (LMIC); access to health insurance (HIC)

- Potential **barriers** in all resource settings:



Trained staff



Bed availability



Infrastructures

- Suggested **facilitator** in all resource settings : **outreach services**



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Conclusions

- Barriers and facilitators of triage **are similar** between LMIC and HIC study units despite resources available.
- Capacity of triage and post discharge services is **limited** in settings where relatives need to contribute to cost of care.
 - ! Triage may be easier in the context of **low resources** because there may be no other choice than refusing admission.
- **Outreach and post discharge services** could facilitate the prevention of deterioration and therefore help to decrease the global burden of critical illness.

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