Discharge Management and Healthcare as a Co-productive Process:

Findings from a Mixed-Methods Study in Rural Mecklenburg-Western Pomerania

NaCHversorgt in der Region

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Background

Effective discharge planning is essential to ensure continuity of care as patients transition from hospital into community-based services, including primary care, rehabilitation, nursing and social support. Managing these transitions is particularly challenging in rural areas, where long travel distances, limited access to local services and unclear or fragmented responsibilities can delay follow-up care and leave patients, families and healthcare professionals uncertain about what happens next.

These challenges are especially pronounced in Mecklenburg-Western Pomerania (MV). With just 68 residents per square kilometer, it is Germany's least densely populated federal state. In predominantly rural districts such as Mecklenburgische Seenplatte, the figure falls to only 47 residents per square kilometer (1, 2). Since 2000, the state's population has declined by around 11%, while the proportion of residents aged 65 and over has almost doubled (3, 4). In this context, well-coordinated discharge planning and accessible healthcare services are essential for ensuring continuous and appropriate care tailored to patients' needs.

Objectives

NAHVERSORGT is a joint research project involving the Universities of Applied Sciences in Stralsund and Neubrandenburg. It aims to:

- examine how healthcare is currently organized and delivered across Mecklenburg-Western Pomerania;
- identify the main challenges and assess their relative importance from the perspective of key stakeholders; and

develop practical recommendations for rural areas with limited infrastructure and resources.

Materials and Methods

NAHVERSORGT follows a predominantly qualitative, exploratory, sequential mixed-methods design comprising several phases:

The project team jointly reviewed and synthesized the results and iteratively developed overarching conclusions and practical recommendations.

Results

Across its successive phases, the study examines how discharge planning operates in rural settings, focusing on structural barriers, the experiences of patients, family members and health and care professionals, and locally developed approaches to ensuring continuity of care.

Scoping Review (5)

Studies included: n = 30

Key findings:

- Limited evaluation of interventions
- Structural barriers in continuity of care
- Need for understandable patient information

First Focus Group Discussion (6)

- Purpose: Explore regional experiences and priority issues.
- Data collection: June–July 2024
- Sample: Three focus groups with 30 participants in total
- Mean duration: 71.35 minutes

Key findings

- Lack of local care, rehabilitation facilities, and qualified staff
- Need for clearer responsibilities
- Importance of regional networks

Questionnaire Survey

- Purpose: Assess discharge management across hospitals in MV
- Data collection: 3 July–19 August 2025
- Response: 22 of the 39 hospital sites approached took part (56.4% response rate)
- Questionnaires received: 40 complete and 54 partially completed questionnaires

Key findings:

- Predominantly phone-, fax- and paper-based information transfer
- Limited digital processes
- Follow-up care capacities often constrained

Second Focus Group Discussion (7)

- Purpose: Discuss survey findings and identify solutions
- Data collection: July 2025
- Sample: Four focus groups with 30 participants in total

Key findings:

- Strengthen networks and coordination
- Expand digital infrastructure
- Improve local and mobile support structures

Follow-up Interviews

- Purpose: Contextualize findings and include underrepresented perspectives (e.g. patients, relatives, physicians)
- Data collection: 27 February–8 May 2026
- Sample: 18 interviews with health and care professionals, patients and family members
- Interview duration: 6.42–44.39 minutes; median: 19.65 minutes

Key findings:

- Problems with discharge timing, especially on Fridays
- Medication, transport and information gaps
- Burden on patients and family members

Discussion

Discharge Management as a Co-productive Process

- Follow-up care emerges through the interaction of patients, family members, professionals, organizations and regional support structures. Accordingly, Batalden et al. (8) describe healthcare as a jointly produced process that is enabled or constrained by institutional and societal conditions.

Challenges Span Several Dimensions of Continuity of Care

- Drawing on Haggerty et al. (9), incomplete information sharing may compromise informational continuity; unclear responsibilities and poor coordination may undermine management continuity; and the absence of a consistent point of contact may weaken relational continuity.

Rural Contexts Pose Additional Challenges for Discharge Management

- International evidence suggests that long distances, unclear cross-organizational responsibilities, and coordination, communication, and transport challenges increase patient safety risks during rural care transitions (10).

Coordinating Roles Are Needed but Are Insufficient on Their Own

- Case management, care navigators and Community Health Nurses can provide guidance and support care coordination. However, their effectiveness depends on clearly defined roles and responsibilities, reliable communication and collaboration structures, and secure funding (11, 12).

Participatory Approaches Support the Development of Regionally Tailored Strategies

- Round-table discussions combined diverse perspectives and local knowledge to define shared priorities. International evidence also suggests that participatory approaches can support locally tailored care models (13).

Digital Care Infrastructure Must Be Embedded in Organizational Processes

- Regional portals, electronic records, and capacity-reporting systems can improve cross-sector information exchange, provided that they are standardized, interoperable, regularly maintained, and complemented by non-digital access options (14, 15). Our findings also suggest that technological solutions should complement, rather than replace, clear responsibilities and direct personal coordination.

Co-production Should Not Shift Responsibility onto Patients and Families

- Patients and family carers differ in their ability to coordinate care. Co-productive approaches should therefore strengthen professional support and avoid shifting excessive coordination and caring responsibilities onto families, who already face considerable practical and emotional strain.

Conclusion

Supporting patients after discharge from hospital in rural areas is a shared responsibility. It requires close collaboration between services and professionals, both in individual cases and across organizations and local care systems. Smooth transitions depend on clear responsibilities, readily available contacts, reliable communication between services, strong local partnerships and long-term funding for coordination. Involving patients, families and local professionals can help ensure that services reflect the needs of each area and that solutions are developed collaboratively. Although this study did not test specific interventions, the findings indicate that clearer processes and better communication could make follow-up care more reliable, timely and responsive to patients' needs.

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