Salrach C et al, 2026, Collaborative Selection of Outcomes for SROI Evaluation in the ADMIT Project: A Participatory Approach to Post-Discharge Integrated Home Care. International Journal of Integrated Care 26(S2):398 DOI: doi.org/10.5334/ijic.ICIC26398

POSTER ABSTRACT

Collaborative Selection of Outcomes for SROI Evaluation in the ADMIT Project: A Participatory Approach to Post-Discharge Integrated Home Care

International Conference on Integrated Care (ICIC26), Birmingham, 13-15 April 2026

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Introduction: The ADMIT project evaluates innovative models of integrated home care for older adults with complex chronic conditions. This abstract focuses on Trajectory 2, which provides structured home-based (HAI) follow-up after early discharge from intermediate care facilities in Catalonia, Spain. To assess its value, a Social Return on Investment (SROI) analysis was planned. Recognising that SROI must reflect changes meaningful to all stakeholders, a collaborative process was developed to select and define the outcomes for this evaluation.

Methods: A participatory, multi-step approach was applied, combining literature review, stakeholder mapping, interviews and co-design workshops. Participants included patients admitted in intermediate care (long-term care services), informal caregivers, long-term and primary care nurses and doctors, social workers, managers and decision-makers. Workshops facilitated by the evaluation team used deliberative and consensus-building methods to identify domains of change and link them to measurable indicators.

Results: Stakeholders identified an initial list of 24 potential outcomes, from which 10 priority outcomes were selected through a structured consensus process. These include domains related to quality of life and patient wellbeing, access and continuity of care, family and system burden, patient safety, and clinical outcomes. The final set comprised: quality of life and wellbeing, patient safety, reduced risk of nosocomial infections, accessibility to primary care (PC) resources, improved communication between services, availability of acute care beds, waiting lists for home care services (SAD), burden on SAD/PC/HAI services, caregiver burden, and hospital readmissions.

These outcomes will be operationalised using validated instruments (e.g., WHO-5, PROMIS, Zarit) and complemented by routinely collected healthcare and social care data. The process ensured

that selected outcomes captured both clinical and social dimensions of recovery after early discharge.

Discussion: The collaborative process enhanced the contextual validity and acceptability of the SROI framework, ensuring alignment between what is measured and what truly matters to patients and families transitioning home.

Conclusion: s: Co-designing outcomes for SROI in post-discharge integrated care strengthened the evaluation's legitimacy, fostered stakeholder engagement, and provided a replicable model for value-based assessment of home care innovations.
Keywords: integrated home care, early discharge, intermediate care, SROI, co-design, patient and caregiver involvement, outcome measurement