

Observing quality in transitional care of the elderly: AN OVERVIEW OF THE CURRENT SITUATION IN TWO NORWEGIAN HOSPITAL REGIONS

Marianne Storm¹, Kristin Laugaland², Dagrunn Nåden Dyrstad^{1,3} & Karina Aase^{1,3}

- 1 University of Stavanger, Department of Health Studies
- 2 Health Trust Førde
- 3 Stavanger University Hospital, Centre for Age-related Medicine

Introduction

Elderly people over 75 with multifaceted care needs are often in need of hospital treatment and transitional care across care levels. Transitions for this patient group increases the risk of experiencing adverse events and fragmented care (Laugaland et al. 2011).

Aim

1. To establish knowledge of the current quality of transitional care of the elderly in two Norwegian hospital regions.
2. To identify areas of improvement as a background for developing an intervention program involving healthcare personell in hospital and primary healthcare.

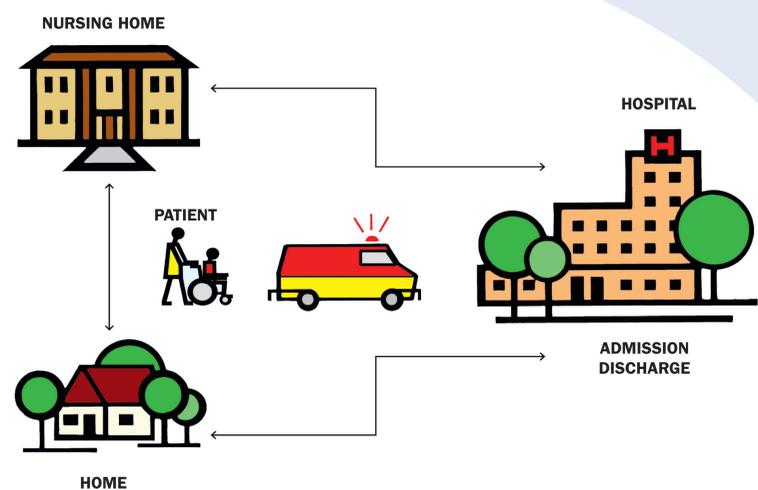
Methods

Study sample:

- One city-based university hospital region and one rural-based hospital region in Norway.
- Elderly patients (75 +) receiving healthcare in the municipality admitted or discharged to/from the two hospitals with hip fracture, or a general medical diagnosis.

Data material:

- Participant observations (n=41, 164 hours) of admission to hospital emergency ward and discharge from hospital ward to community healthcare.
- A standardized observation guide covering:
 - Coordination
 - Multi-disciplinary approach
 - Information exchange
 - Adverse events
 - Patient and next of kin involvement
 - Discharge planning



Results

Patient transitions:

- Patient transitions involve patient transfers between different locations and different personell groups.
- Admission and discharge in both hospital regions normally involve between one to seven patient transitions
 - 3-7 admission transitions
 - 1-5 discharge transitions

Patient status:

- The elderly patients most often have several medical diagnoses (2-18 medications) and present vague symptoms.
- Challenges:
 - Transfer of information between involved personnel groups is unsystematic and often dependent on the individual healthcare worker's initiative.
 - Time delays due to heavy work-load and pressure on hospital beds lead to delayed diagnosis and unattended patients on admission.
 - Next-of-kin has a key information/knowledge role

Conclusions

Vital components in improving the quality of transitional care of the elderly are:

1. Strengthened information transfer among involved personell groups,
2. Increased competence among different personell groups,
3. Patient and next-of-kin involvement.