



Participant or Bystander? Explaining older people's participation in the discharge process

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Background

Irish Independent

‘Moving one in three patients to homes ‘could solve 999 crisis’

‘Every day a 'bed-blocker' spends in hospital, a place is lost to patients on an A&E trolley or waiting list’

THE IRISH TIMES

‘The elderly account for a major proportion of the so-called "bed-blockers’

‘Relatives delaying acute hospital discharge’

The goal of Irish health policy

Delivery of person-centred health care

- Active participants in decision-making about their care
- Services respond to individual's needs (DOHC, 2001).

Profile of people in acute hospitals in Ireland

Acute Hospital Bed Review (HSE,2007)

- **63%** of patients were 65 or over
- **71%** of these presented with one or more co-morbidity

Health and Social Services for Older People Study (NCAOP,2001)

- The majority of older people wanted to continue to live in their own homes



Focus of this paper

- Set out the research strategies used in this study to investigate the phenomenon the participation of older people in the discharge process
- Gain an insight into the mechanisms that shape the participation of older people in discharge decision-making about future care and its location
‘what must be the case in order for events to occur as they do?’
(Bhaskar 1986)



Scoping study

- To hypothesize about older people's participation in the discharge process within an Irish context requires some idea of how participation is understood
- Scoping study using qualitative research approach
 - Phenomenography aims to describe the different ways a group of people make sense of, understand and experience phenomena in the world around them (Marton, 1981)
 - Semi-structured interviews
 - open-ended questions focusing on hospital professionals' experiences of older people's participation in the discharge process using concrete examples.



Setting and participants

Research site

- a large urban acute hospital (500 beds approx)
- medical and surgical specialities including geriatric medicine

Purposive sample

- Hospital professionals involved in assessing and/or planning the discharge of older people from this acute hospital

	Acute	Geriatric	Both
Social workers	3	1	
consultants	2	1	
nurses	1	1	
physiotherapist	1		
Occupational therapist		1	
Speech and Language therapist		1	
Dietician		1	
Discharge planner			1



Categorization of informants' conceptions

Description categories	Conceptions
A. Meeting wishes and responsibilities	<ol style="list-style-type: none">1. Seeking older people's wishes2. Negotiating wishes and responsibilities3. Relying on family
B. Lacking control	<ol style="list-style-type: none">1. A feeling of powerlessness.2. Servicing every situation3. Time for consideration
C. Balancing Aspiration	<ol style="list-style-type: none">1. Meeting the organisational goal of efficient discharge in a person-centred way.2. Protecting the older person while respecting their autonomy.



Outcome space:

The different layers of individual's understanding of participation by older people in the discharge process

Context: Older people's care needs

High dependency

Minimum participation




Low Dependency

Maximum participation

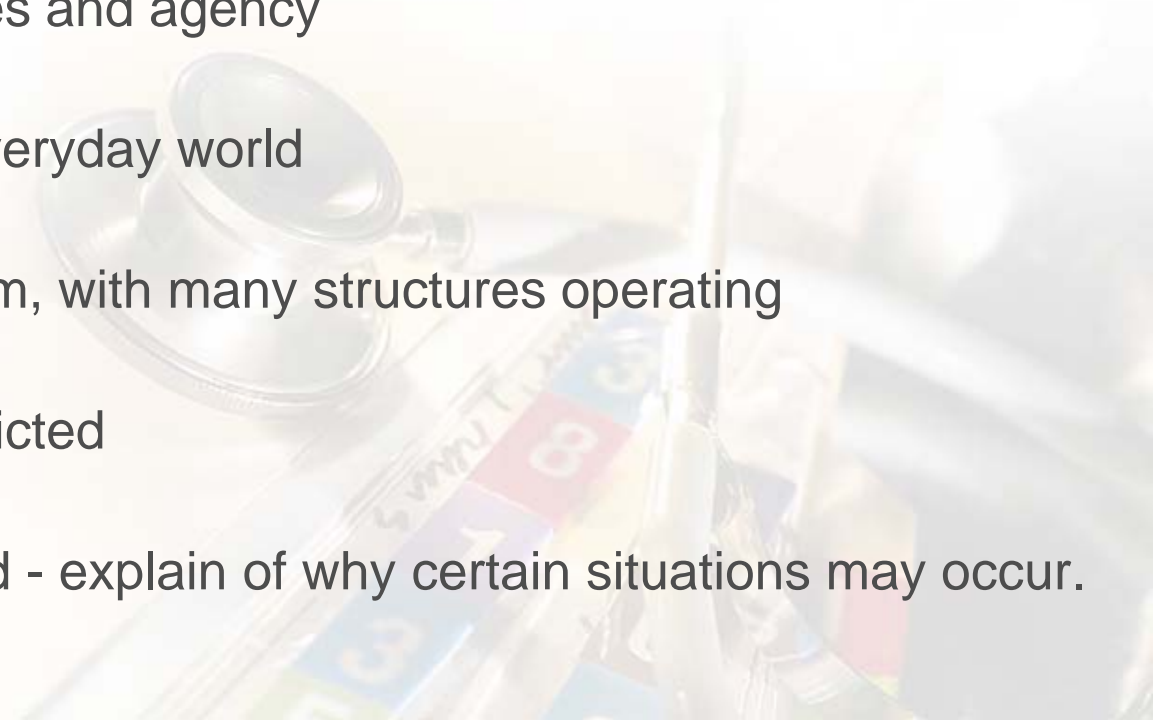


Conclusion

- These understandings illustrate the complexity of the concept 'participation' by older people in the discharge process.
 - The literature view and the scoping study indicated that many different factors are linked to older people's participation in discharge decision-making
 - Research approach needs to promote a theory of human agency whilst at the same time taking account of the impact of social structure
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Main study- Research Strategy Critical Realist Ontology

- 3 Domains of Reality.
 - The empirical - events experienced.
 - The actual - all events whether or not they are experienced.
 - The real - structures and mechanisms which produce events
 - Interdependence of structures and agency
 - People are agents in their everyday world
 - Society complex open system, with many structures operating
 - Mechanisms cannot be predicted
 - Tendencies can be proposed - explain of why certain situations may occur.
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Qualitative approach

- Actors' accounts as forming "the indispensable starting point of social enquiry" (Bhaskar, 1998)
- Account of what happens in the discharge process
- Hospital professionals' and older people's experience of 'participation' in the discharge process, the 'empirical' domain of reality.
- Identify structures that enable and constrain 'participation'
- Facilitates the generation of theory from the research data.



Case Study

Health Service Executive

- Admission and Discharge Guidelines (HSE, 2003)
- Different discharge practices operate in 39 acute general hospitals
- large complex institutions

Case study

- Select 2 cases that offer variety across attributes of the phenomenon, as this provides the best opportunity to learn about it (Stake 1994)

Maximum Variation Sampling

- Discharge destination – Hospital In-Patient Enquiry (HIPE)
 - Geography/ location
 - Population served
 - Number of beds
 - Specialised age related care
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Study Sites

	Area A St. Mark's	Area B St. Paul's
Discharge home by county of residence	Significantly more likely	Significantly less likely
Geography	Large city	Provincial town
Catchments population	Urban, lower socio economic class	Urban and rural, across social class
Number of beds	More than 700	Less than 250
Age related care unit	Yes	No



Hospital Professionals

St Mark's

Discipline	Acute	ARCU
Medical - Consultant/ doctor	2	2
Bed manager/ discharge planner	1	1
Nurse	1	1
Occupational therapist	1	2
Physiotherapist	1	1
Social worker	2	2
Speech language therapist	1	1

St Paul's

Discipline	Acute
Medical - Consultant/doctor	2
Bed manager	1
*Nurse	1
Occupational therapist	1
Physiotherapist	1
*Social worker	1



People 65+ discharged in last 6 months

Living in City A - 17

Nursing homes

- 4 women, age 78-93
- 2 men, age 68-72

Day care centres

- 5 women, age 67-92
- 2 men, age 82-84

Retirement group

- 3 women, age 66-70
- 1 man, age 70

Living in Town B - 9

Nursing homes

- 3 women, age 70-82
- 1 man, age 78

Day care centres

- 2 women, age 72-80
- 1 man, 78

Community

- 1 woman, age 84
- 1 man, age 80

Analysis

Analytic Framework

Element	Focus
CONTEXT	Broader sociopolitical arena e.g. state intervention
SETTING	Immediate environment of social activity, e.g. hospital, community
SITUATED ACTIVITY	Face to face activity – Discharge process- assessment and decision-making
SELF	Individual's life course

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Description - Using data to build a picture of the discharge process and older people's participation in this process

Abduction - these lay accounts of the process are re-described using social theory to assist in the interpretation of the data.

Retroduction - The resulting conceptual model is reintroduced back into the data to determine the generative mechanisms that are producing the phenomenon or are a condition for it



Context and settings

States Role

- Assumes responsibility for the provision of health care
- Adopts a selective and subsidiary role in provision of LTC and social care
- Responsibility rests with the individual and their family
- Incentives for private providers to provide services
- Rules for accessing funding and availability of funding is subject to change,
- This inconsistency feeds into the types of services funded in particular geographical areas

Goal of discharge

- Acute hospitals “safe and efficient discharge to either home or nursing home or wherever they are going” (St. Mark’s)
- Geriatric/rehabilitation hospital “the assumption you make is that if somebody comes to rehab you are planning to get them home, because that’s the only way it will work” (St. Mark’s, ARC)



Description of Settings

St. Mark's

- Large size
 - Management/practitioner goals
 - Allied health and social work
 - Discipline Departments
 - System of rotation
 - Nursing, allied health and social teams
 - Distinct roles
- Links with community varied by area
- Initiatives to facilitate discharge
 - emphasis on Home care grant
 - shared care discharge team
 - funded LTC beds mainly available outside the city

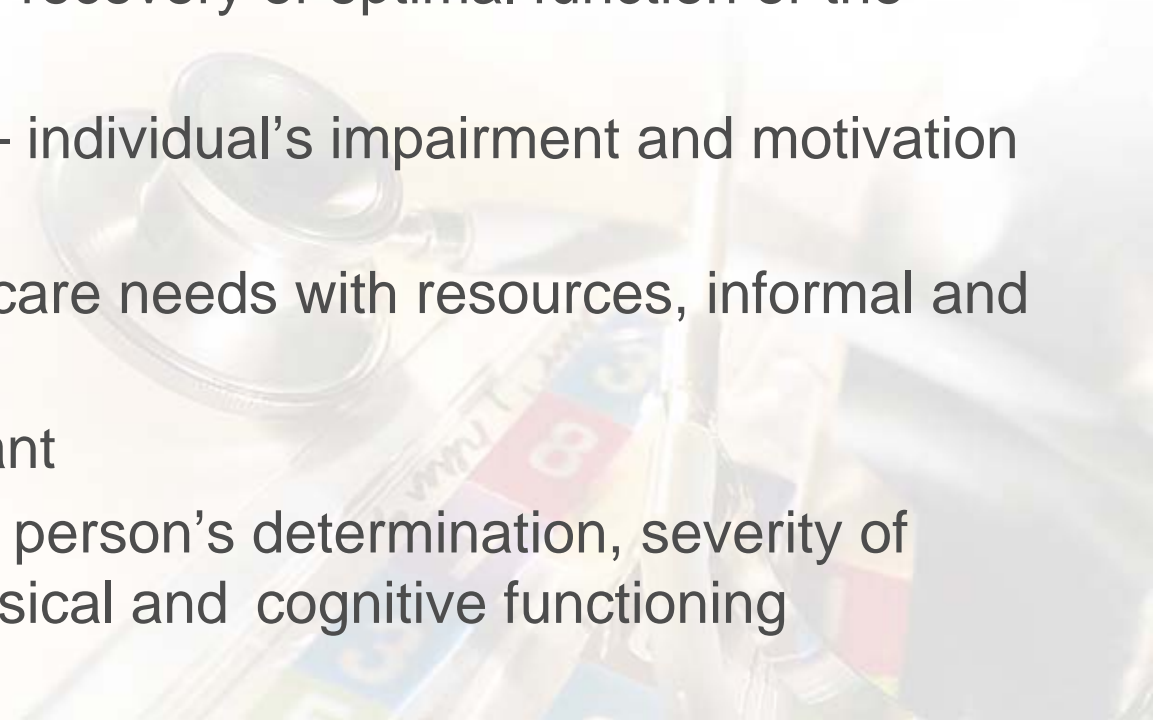
St. Paul's

- Emphasis on patient through put
- Sharing of goals within the hospital
- Collective responsibility to maintain 5 to 7 day bed turn over
- Small size engenders co-operation and cohesion
 - allied health medical team member
- Strong links hospital and community
 - Share some servicese.g. social worker, public liaison nurse
 - Initiatives to facilitate discharge
 - focus on using non-acute beds
 - community care allocated home care services



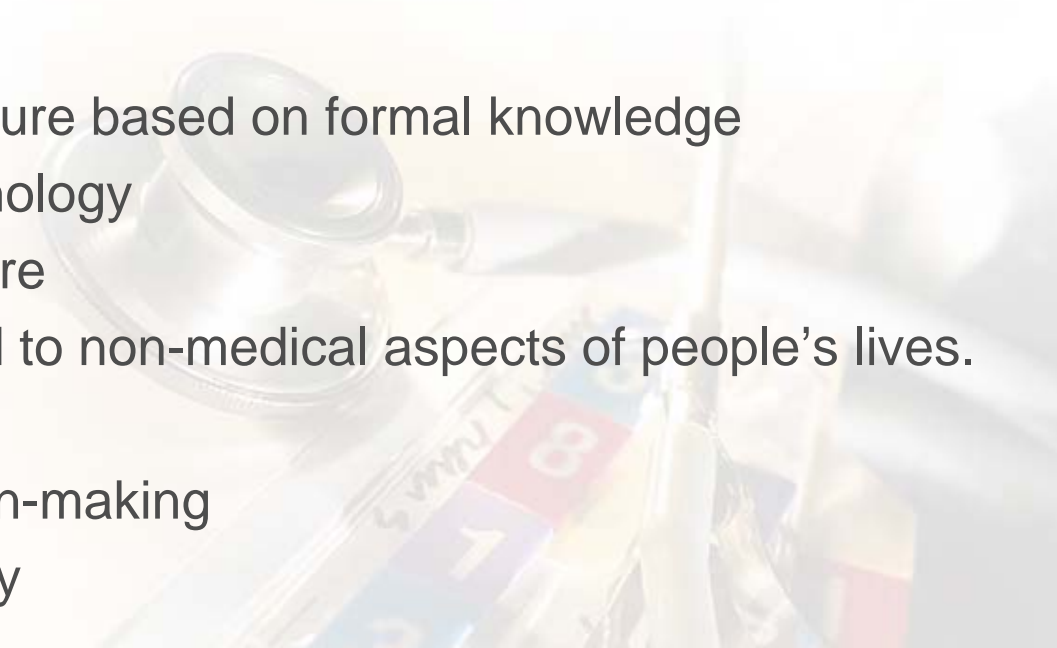
Description of the situated activity

The discharge process and decision-making

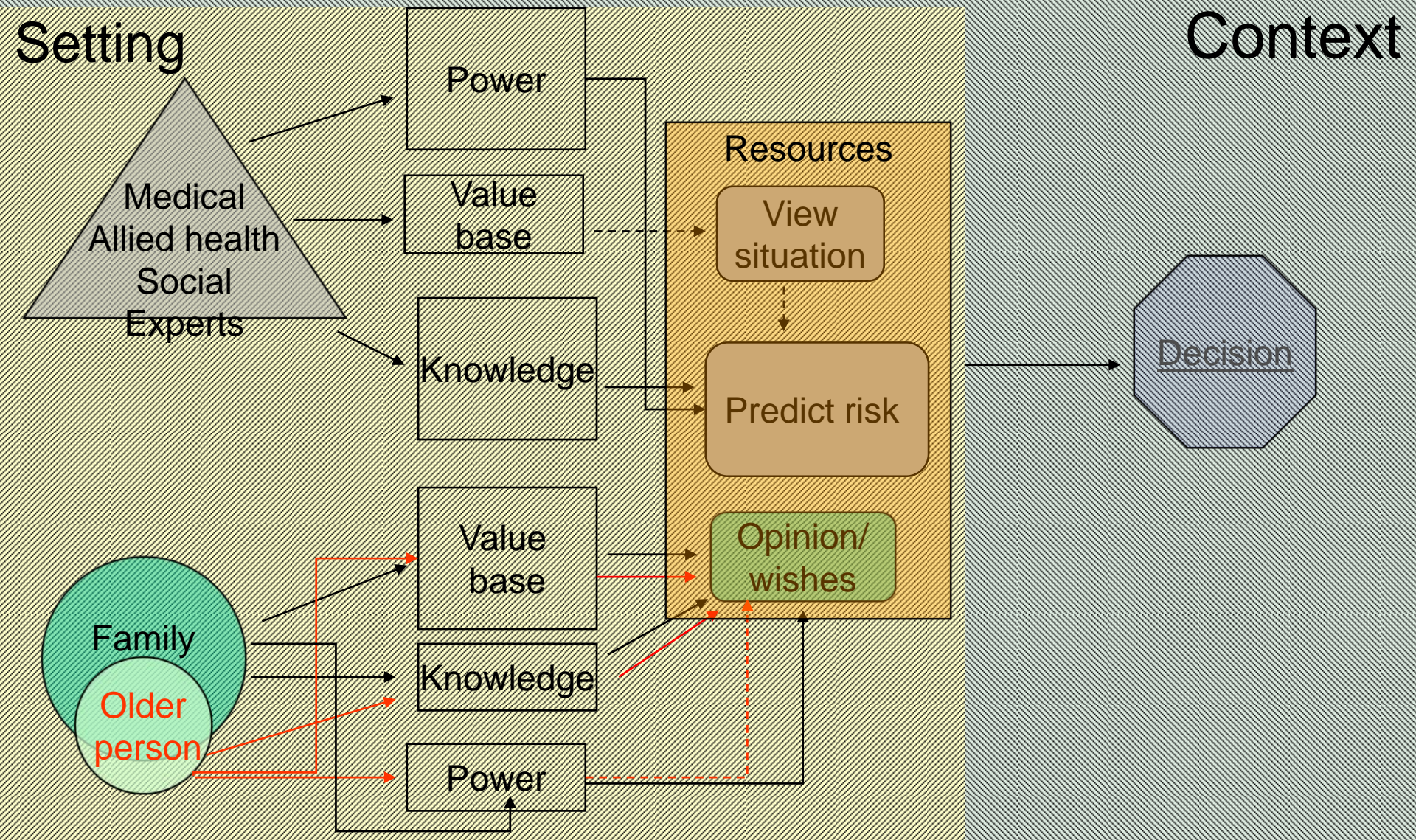
- Starts on admission – identify those with potential to cause delay
 - Acute episode treated - medically fit for discharge
 - Additional non-acute, psychological and/or social issues if imply risk to person's safety – unfit for discharge
 - Focus of assessment on recovery of optimal function or the avoidance of future risk
 - Rehabilitation potential – individual's impairment and motivation and availability of bed
 - Safe discharge - match care needs with resources, informal and formal
 - Families- hugely important
 - Decision-making – older person's determination, severity of illness and effect on physical and cognitive functioning
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Abduction: Interpretation of the data using sociological theory

- Self identity theory
 - Impact of illness
 - Labelling theory
 - Non-acute
 - Social Interface theory
 - Medical model
 - Medicine an expert culture based on formal knowledge
 - Focus on person's pathology
 - Duty of care/ duty to care
 - Medical dominance spread to non-medical aspects of people's lives.
 - Perceptions of Risk
 - Group dynamics in decision-making
 - Privatization of dependency
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Social Interface – Discharge Decision-making





Retroduction : Theorizing older people's participation in discharge decision-making

Generative mechanisms may exist at 4 levels

- Individual level – physical and cognitive impairment, self efficacy, social capital
- The discharge process – admitting consultant's values and knowledge, family support
- Hospital and community- level of pressure on acute beds, types of services available in the community, access to rehab bed and LTC beds
- Policy context- state intervention in terms of responsibility for funding and provision of services



What must be the case in order for events to occur as they do?

- Participation and dependency
 - Dependency and responsibility
 - Responsibility and decision-making
 - Older people with dependency viewed as requiring protection
 - ‘Vacuum of responsibility’
 - Become bystanders in the decision-making discharge process
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