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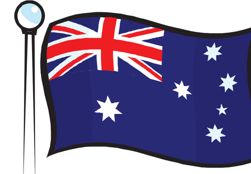
RSL LifeCare CONTINUING IN THE ANZAC SPIRIT UNIVERSITY AFFILIATED CENTRE FOR SENIOR LIVING

ACU National



Is CARE still part of Health Care?

A report card on hospital care of older Australians

Professor Tracey McDonald, RSL LifeCare Chair of Ageing
Australian Catholic University Sydney Australia

BACKGROUND

The Aged Care Association of Australia commissioned a national survey to examine issues surrounding the transfer of patients from hospital to residential aged care services. Areas of concern included anecdotal accounts of inappropriate transfers in terms of the quality and safety of service, continuity of care and duty of care.

The aims of the survey were to:

- Inform the aged care industry of extent to which such problems may exist
- Provide a basis to support safety and quality strategies around transfers
- Promote productive, effective partnerships with health service providers.

Confused older patients are sedated by hospital staff to avoid anticipated behavioural issues. Urinary catheterisation also used by hospital nurses to physically restrain older patients.

Hospitals discharge patients to aged care without pharmacy orders or supplies; no discharge information; arrive without notice and often after midnight.

Families have been told terminally ill patients are stable to be discharged to aged care and when death occurs family accuses aged care because hospital staff misled them. Often terminal status not revealed to aged care facility prior to transfer.

The longer older people remain in hospital the more body weight they lose because hospital staff do not assist older patients with opening food or even providing food or drink. They do not think it's their role.

A 92 year old confused female patient discharged by taxi at 2am after admission for chest pain that afternoon. Taxi given an old address taken by the nurse from case notes of 12 years ago despite her being admitted from an aged care home.

Skin care seems no longer a hospital nursing issue. Families of older patients who develop pressure ulcers in hospitals are often told they were caused by aged care staff prior to hospital admission. We now have to photograph skin before sending people to hospital to prove to families that we give good care.

METHOD

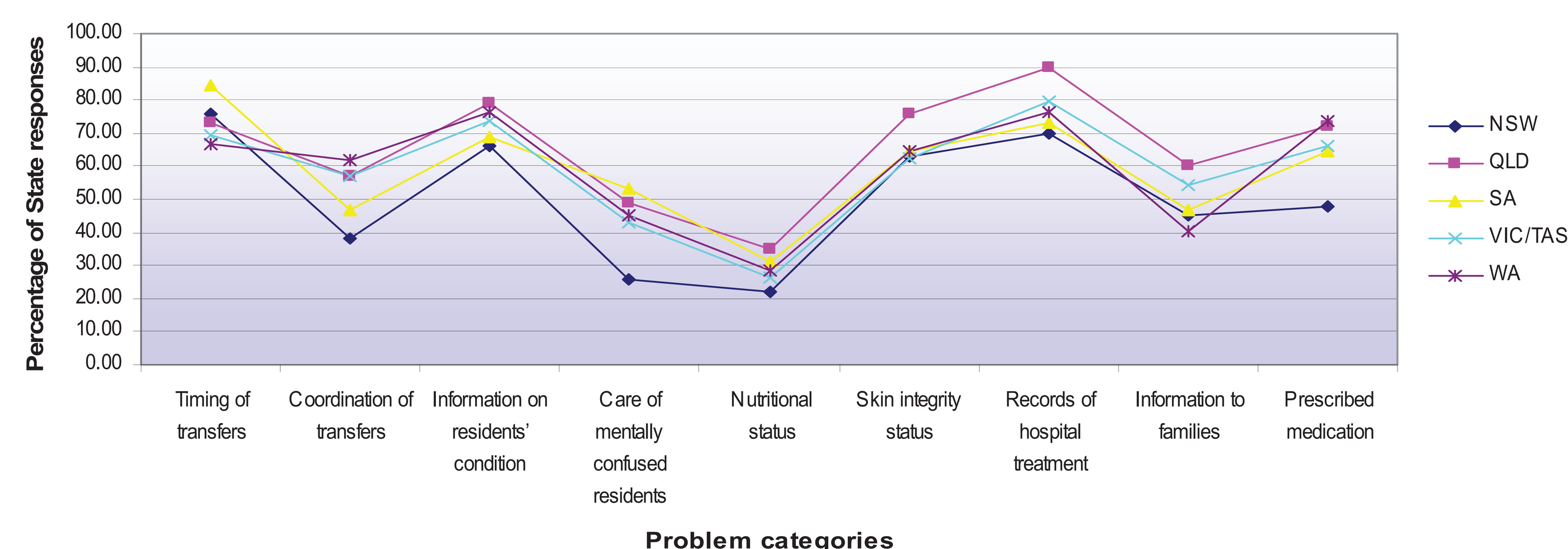
Using three published national statements on standards for hospital care of older people, a survey was conducted in 2007 of aged care providers' views on whether hospitals in their area or State were in fact meeting the standards they had set for themselves. A 55% response rate occurred (around 10% of all aged care providers) with distribution evenly spread across the major States of Australia and across different aged care sectors. Data was analysed according to issues identified; State and geographic locality; hospital and aged care service size and focus; position/qualifications of respondents.

Surveys distributed through the Aged Care Association of Australia (ACAA) to 1,000 of their members. Service provider responses were fairly evenly spread across different geographical locations with 37% from large metropolitan centres, 26% from outer suburbs or cities followed by 20% from large regional centres and 17% from small towns and villages. 59.7% of respondents from residential aged care facilities were Directors of Nursing (DoN) or Directors of Care (DoC). The next largest group were Registered Nurses (RN) in supervisor or management positions, 17.9% Chief Executive Officers (CEO) and their deputies (DCEO) represent 12.3% of total.

RESULTS

SAFETY AND QUALITY ISSUES IN OLDER PATIENT TRANSFER SITUATIONS:

State wide percentage distribution of problems reported



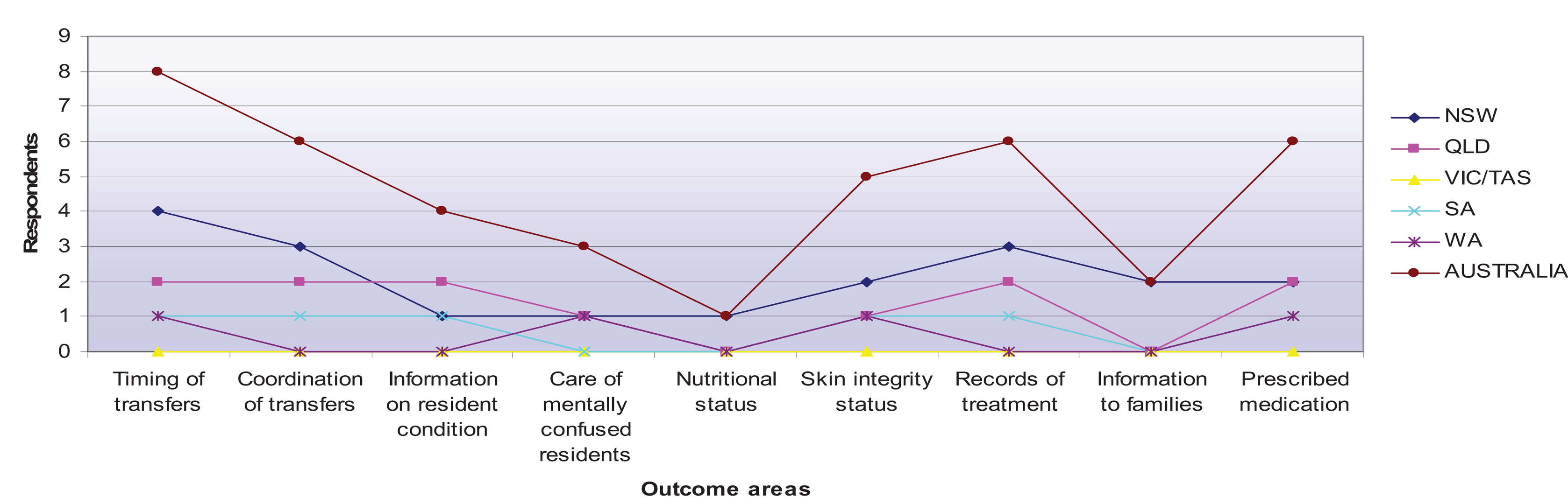
Issues causing most concern for aged care professionals:

- Documentation of hospital treatment is either absent; inaccurate or received too late to be of use
- A paucity of accurate and relevant information about residents' condition prior to their arrival at the aged care home undermines continuity of care and treatment, compromising patient safety
- Timing of transfers from hospitals shows a disregard by hospital staff for patients, families and the receiving organisation.

These major areas of concern are made even more critical when taking into account the high level of concern regarding problems with residents' skin integrity; weight loss related to hospital stays; and problems for residents related to medicines prescribed while in hospital.

IS THE INCIDENCE OF TRANSFER RISKS AND ISSUES ALTERED BY HAVING COOPERATIVE SERVICE AGREEMENTS IN PLACE?

Aged care facilities operating with formal agreements and claiming good outcomes



The small group of 24 respondents who claim to have formal agreements in place with local hospitals seem to have somewhat different patterns of issues in relation to patient transfers, however some problem areas (timing of transfers; documentation of treatment received) seem to persist despite having a formal agreements.

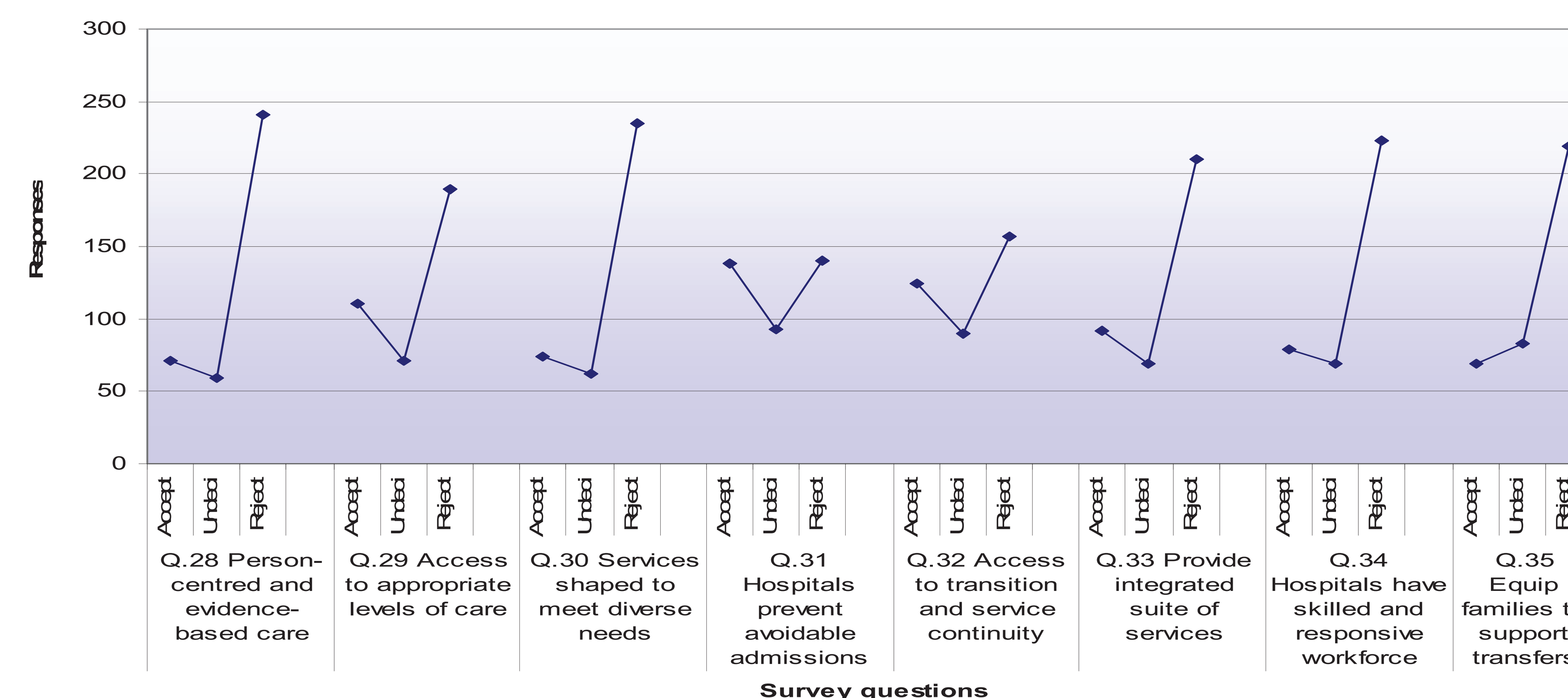
The group with service agreements report better outcomes in areas of patient condition information; care of confused older people; and documentation on acute care received in hospital.

Reference:

McDonald, T. (2007) *For Their Sake: Can we improve the quality and safety of resident transfers from acute hospitals to residential aged care?* Report Aged Care Association Australia and ACU National, Sydney Australia. www.agedcareassociation.com.au

DO HOSPITALS MEET THEIR OWN STATED STANDARDS AND PRINCIPLES OF AGED CARE?

Australia-wide perceptions of hospital achievement of best practice principles for care of older people in hospitals



The evidence is overwhelming that respondents from the aged care industry have a poor view of the quality of care, management and treatment of older people in hospitals, and also of efforts taken by hospital staff to ensure that residents are safely returned to their home. Published hospital standards and principles for the safe and effective care of older patients are not observed to be central to hospital nurses' and doctors' practices.

RECOMMENDATIONS

- TIMING OF TRANSFERS:
  - Need to standardise inter-agency communications around resident transfers
  - Need to implement policies and protocols to identify and prevent causes of long delays in ambulance transfers
- CO-ORDINATION OF TRANSFERS:
  - Formal mechanism is needed for service co-ordination
- INFORMATION ON PATIENTS' CONDITION:
  - Anticipate and prevent problems
  - Raise hospital awareness of aged care
  - Cost recovery
- ASSIST HOSPITALS IN APPROACH TO CONFUSED OLDER PATIENTS:
  - Restore trust between aged care and hospital clinicians
  - Update psychogeriatric skills of hospital staff
  - Consult on care of mentally confused older people
- SKIN INTEGRITY STATUS OF OLDER PATIENTS:
  - Assist hospitals to improve quality and safety for older patients
  - Cost recovery by families and aged care services for iatrogenic and nosocomial problems acquired during hospital stay
  - Increase qualified care staff in hospital teams to give basic care
- NUTRITIONAL STATUS OF OLDER PATIENTS:
  - Improve communication
  - Evaluate basic clinical skills of hospital staff
  - Trial introduction of qualified care staff in hospitals
- DOCUMENTATION OF HOSPITAL TREATMENT:
  - Improve hospital documentation systems
  - Establish a hospital contact person
- INFORMATION GIVEN BY HOSPITALS TO PATIENTS' FAMILIES:
  - Introduce aged care focus to hospital accreditation
  - Support development of alternative medical services
  - Report episodes of unethical behaviour
- HOSPITAL MEDICATION REGIMES:
  - Facilitate hospital – pharmacist communication
  - Formal collaborative links between hospitals and aged care services
- HOSPITAL – AGED CARE FACILITY SERVICE AGREEMENTS:
  - Establish RACF and hospitals formal agreements
  - Improve systems transparency to enable quality monitoring
  - Cost-sharing arrangements for post-discharge care and treatment

CONCLUSION

Care, as understood by the general public to be part of the nursing and medical role, has become a low priority for hospital clinicians. Responses to this survey by aged care professionals provide a worrying perception of hospital performance related to the care and safety of older people. Respondent views are based on experiences collaborating with hospital staff in an effort to provide safe and effective transfers of older people moving between aged care and hospital services.

The issues identified and recommendations made provide a basis upon which more effective consultation, hospital quality monitoring, management, and safe caring practice can be built.