Communication challenges during hospital discharge of older patients: insights from healthcare professionals



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Background & Aim

The process of discharging older patients from hospitals is both critical and complex, directly impacting patient safety. Older patients express challenges in retaining medication information from their hospitalisation, and deficits in the quality of the discharge documentation is known to cause confusion among patients/informal caregivers. Understanding communication among stakeholders involved during the hospital discharge process is essential to obtain desirable patient outcomes.

Aim: explore communication, especially medication information transfer, at hospital discharge of older patients, from the perspective of healthcare professionals (HCPs) across various healthcare organisations.

2 Methods

- Qualitative approach: four focus groups and three interviews, using a semistructured interview guide.
- Data collection period: 2021.
- Thematic analysis, main themes and sub-themes were identified.

Included participants (N=23): HCPs from Swedish hospitals, primary, and municipal care. Purposeful sampling was adopted.



Physicians (n=7) Pha

3 Hospital physicians

2 Nursing home physicians

2 GPs



Pharmacists (n=4)

2 Hospital clinical pharmacists

2 Primary care clinical pharmacists

Nurses (n=12)

6 Hospital nurses

2 Primary care nurses

2 Nursing home nurses

2 Home care nurses

3

Main themes & sub-themes

"Sometimes you don't discuss the patient, there's a lot of discussion about responsibility - who should do what and at what stage, and no one really knows what other people's responsibilities are." (Home care nurse)

Laws and regulations to the point of absurdity

"When patients return from the short-term unit to home it's challenging for us. It's very rare that the nursing home physician sends a follow-up request to us." (GP)

Short-term nursing homes as a pitfall

Informal caregivers as support for patients and HCPs

"It's difficult when you see patients with cognitive impairment and the patient refuses to accept help. Then it feels like the informal caregivers are very important, and we ask them — 'have things worked out before?'" (Hospital nurse)

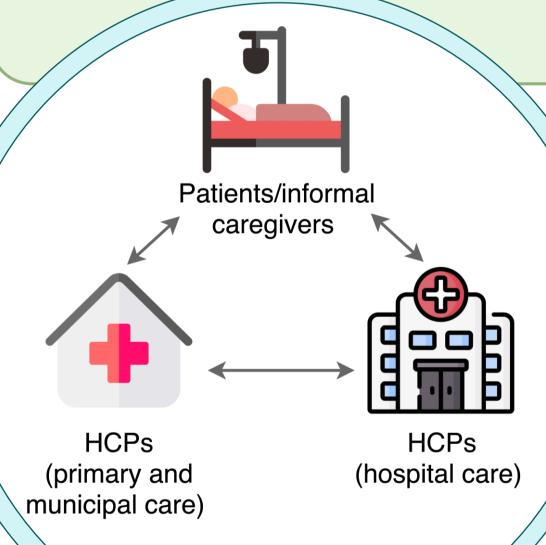
Communication using external IT-systems and the health records

"I always feel uncertain when opening a list of 20 medications for a patient who has just been discharged. It doesn't correspond with the list in the discharge summary. However, I think it's much safer now when you can access and read the clinical pharmacists' notes." (GP)

Comprehension of and expectations on the other side

"Not until we issue a discharge note, that's when the patient receivers start their planning. That's probably where the frustration starts, they don't recognise the need to start the planning already at patient admission." (Hospital nurse)

Support systems that help and hinder



New staff and roles for managing the communication

"There's a high staff turnover at the hospital. New staff are mostly temporary nursing staff who don't get an adequate introduction, but they are also very much involved in the communication at discharge." (Home care nurse)

A patient discharge means another patient admission

"We try to empty the beds so that we can admit new patients. We have very short hospitalisations, because the pressure is so high, but then we get readmissions instead." (Hospital nurse)

Communication between two separate worlds

HCPs' strategies for coping with the discharge situation

We identified three coping strategies for effective discharge communication:

- 1) Smoothening the process by moderating the patients' autonomy and self-care decisions
- 2) Bypassing the rules and official routines.
- 3) Adhering to the rules and official routines and accepting that discharge may fail.

The large number of medically complex patients disrupts the communication

Worrying that patients will drown in the immense amount of information

"The patients don't remember the medication information. The important information should be written in the discharge letter, if there is anything special they have to do, or what medication changes have been made." (Hospital clinical pharmacist)



Conclusions

This study highlights the complex nature of hospital discharge of older patients. Communication at hospital discharge is hindered by the fragmented, highly pressurised healthcare system, posing a risk to patient safety. HCPs face challenges in managing the communication

difficulties and, as a consequence, are at risk of moral distress. Therefore, developing and implementing improved communication practices during hospital discharge is crucial for the benefit of both patients and HCPs.



