ONE CHANCE TO GET IT RIGHT: EXPLORING PERSPECTIVES ON DECISION-MAKING FOR DISCHARGE TO CARE HOME

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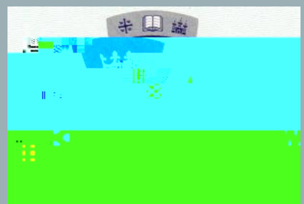

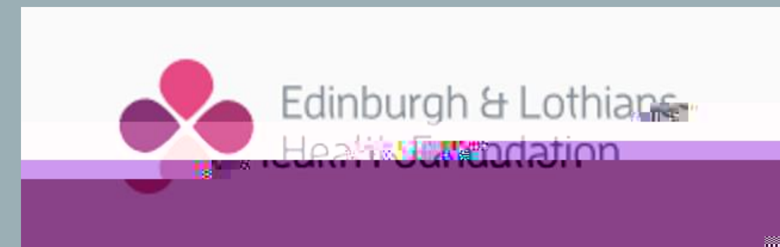

CONTEXT

l Care Integration
orking) (Scotland) Act 2014

Rationale for Indicator

THE 'GIBSON TRUST' PROJECT

AIMS:

- Examine the decision-making processes involved in discharge to a care home
- To establish the role of undiagnosed dementia, cognitive impairment and delirium in these processes

Funded by Alex and Elizabeth Gibson Trust

Study period: Admitted November 2013 – February 2015

Data extraction: April 2015 – September 2015

METHODS:

- Retrospective cohort study, n=100, consecutive cases sought
- Individuals admitted to one acute hospital and newly admitted to a care home at time of discharge

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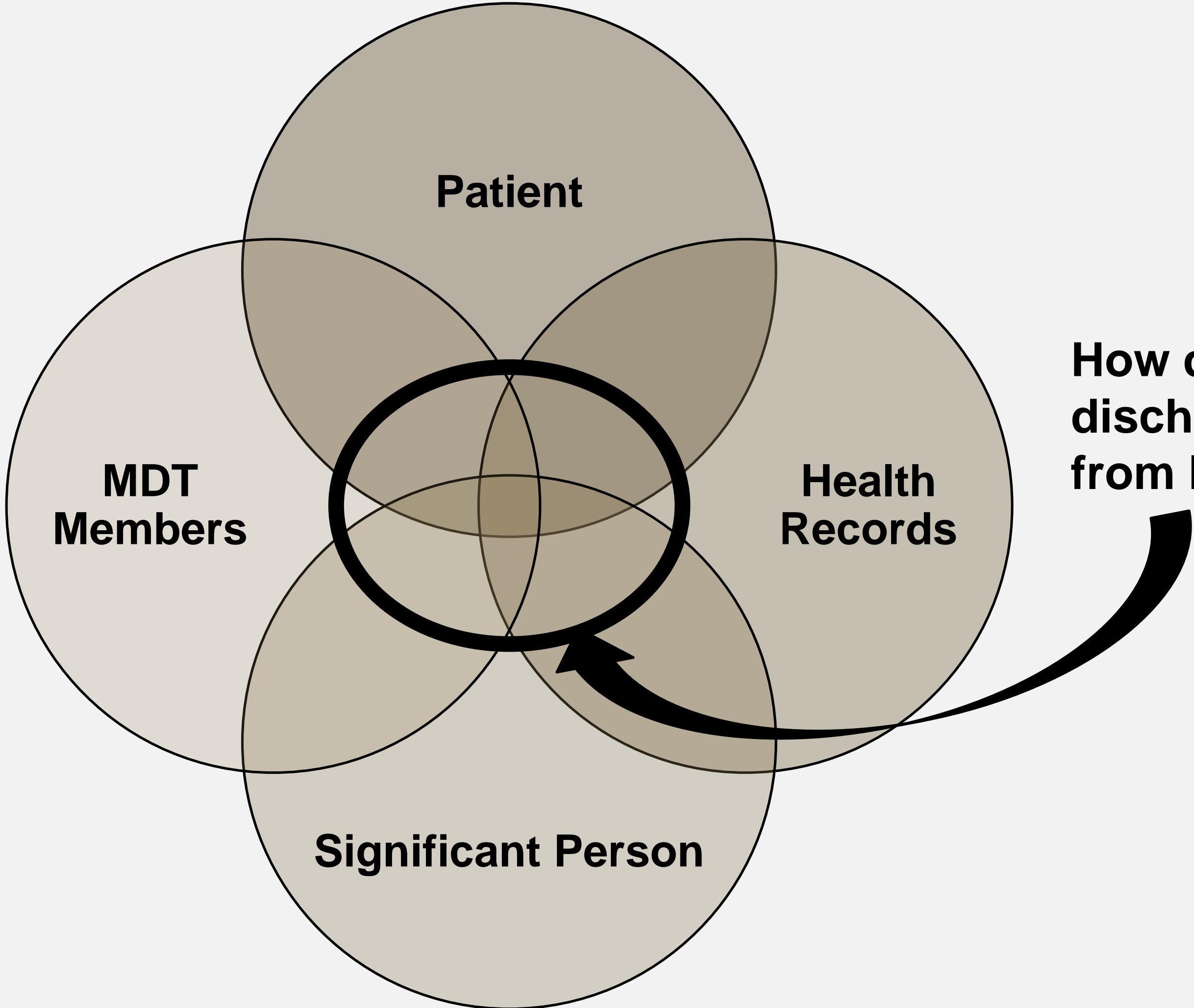
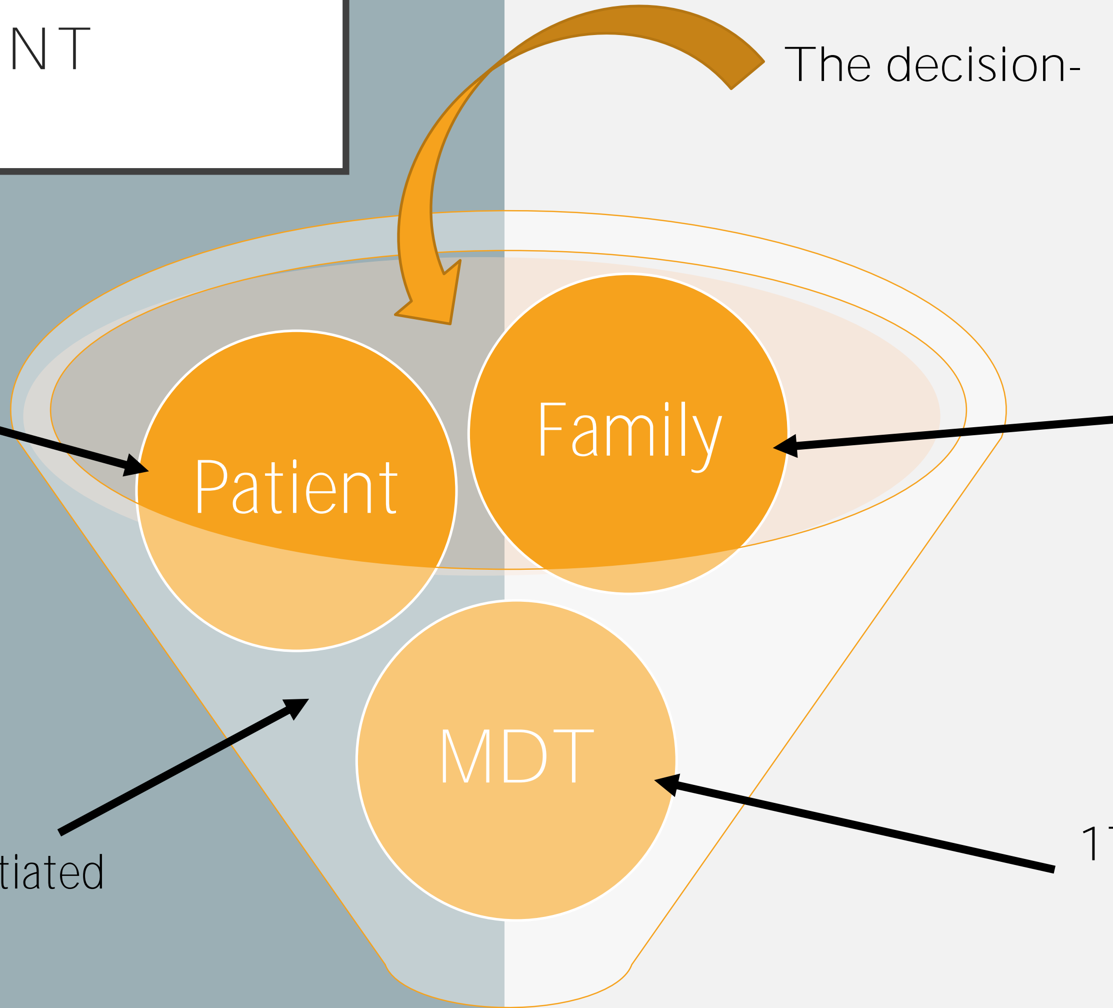
Case study research:
uses a range of data sources to explore phenomena from different perspectives



RECRUITMENT

6 Adult Patients
- From two acute hospitals
- Variation between sudden decline in function (e.g. through stroke) and gradual decline



7 Significant Persons
- Daughter (3)
- Nephew (1)
- Sister (1)
- Partner (1)
- Step son (1)

Variation in who initiated the decision
- Patient
- Family
- MDT

17 MDT Members
- Consultant (5)
- Junior Doctor (1)
- Social Worker (4)
- Occupational Therapist (1)
- Physiotherapist (3)
- Nurses (3)

6 Data Sets

FINDINGS: ROLES

A Perceived Burden:

Isa:

Arthur:

Peter:

FINDINGS: ROLES

Professional Expectations:

Agnes' Consultant:

Arthur's Physiotherapist: [illegible]

FINDINGS: ROLES

Professional Division in Roles and Responsibilities:

FINDINGS:
THE CONTEXT OF THE DECISION

Time and space

Harry's consultant:

Makes difficulties 'public'

Permits conversations

Socially acceptable discussion

Limits preferences

Agnes:

Significant point in the journey

A temporary arrangement

Robert's social worker:

FINDINGS: COMMUNICATION

People want to discuss the decision!

Peter: [about talking about the de(e501506300BC]ETQ

Discharge to care home:

Complex process - needs careful consideration by staff.

Need for enhanced knowledge around discharge to care home process

Emotional and psychological support, effective communication

IMPLICATIONS FOR MULTI-DISCIPLINARY PRACTICE

Honesty and transparency

Shared professional responsibility

Person-centred discharge to care home

NEXT STEPS

Quality Improvement Project:

- Aims to improve communication with patients/families when considering care home

PhD:

- A critical analysis of discharge practices and how they help or hinder effective person-centred discharge of older people from the acute hospital setting.

Future Research:

Must involve adults who lack capacity

Following the transition to care home from hospital

Last chance (home)?