

Cross-sectoral pathways for the frail elderly geriatric patient with medical illness: Factors related to readmission or inappropriate hospitalization

Authors:

Bettan Bagger, senior lecturer, beb@ucsj.dk , Kitt Vestergaard, senior lecturer, kiv@ucsj.dk
University College Zealand, Karen Margrethe Maglekær, senior lecturer kmm@ucsj.dk , Ulla Dalby,
assistant professor, ulda@ucsj.dk.

Key-words:

Cross-sector pathways, frail geriatric patient, readmission,

Background:

Every fifth elderly medical patient over 66 years will be re-hospitalized within a month and the vast majority are readmitted within the first three days after discharge. University College Zealand and Geriatric Section, Hospital Naestved investigate the coherent patient pathways for the re-hospitalized frail elderly geriatric patient, focusing on discharge processes from the geriatric ward to own homes. It is necessary to identify appropriate and inappropriate care pathways and links between secondary and primary health care to improve quality. It is assumed that knowledge can be generated about the inappropriateness of the transitions between sectors and that innovative platforms for new opportunities for cross-institutional knowledge sharing can be developed.

Aims:

- To generate knowledge of the factors in cross-sectoral pathway, which could underlie readmission or inappropriate admissions for the frail elderly geriatric patient with medical illness
- To improve the quality and consistency of progress in pathways between sectors for the frail elderly geriatric patient with medical illness.

Population:

Readmitted frail elderly geriatric patients with medical illness and their spouse (N: 10). Health professionals involved in care from geriatric ward and the primary health care sector (N: 10).

Methodology:

qualitative in depth interviews

A literature review has been done to identify cross-sectoral transitions and patient care with respect to readmissions or inappropriate hospitalizations for the frail elderly geriatric patient with medical illness. Single qualitative retrospective in-depth interviews will be conducted in spring. Data from the interviews will be analyzed and interpreted to examine the way 10 frail elderly geriatric patients with medical illness and 10 health professionals develop interpretations of their lives in relation to their life experiences. Rich and complex descriptions of experiences will be basis for recommendations to qualify cross-sector pathways between sectors in order to reduce the incidence of readmissions. Informed consent and anonymity.

Results:

Results and perspectives will be presented at the conference.

References:

1. National handlingsplan for den ældre medicinske patient
<http://sundhedsstyrelsen.dk/publ/Publ2011/BOS/DenAeldreMedicinskePatient/DAEMP.pdf>
2. Geriatri – Det brede intern medicinske speciale. Dansk selskab for Geriatri
<http://danskelskabforgeriatri.dk/www/dok/geriatribrochure.pdf>