

Dealing and caring with patient risks: health care professionals' perceptions of home health care



Researchers

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Introduction

- To meet the global burden of an aging and growing population, health care performance has increasingly moved from the hospitals to patient homes
- Early discharge from emergency hospital care to home health care is common

Objective

- To explore health care professionals' perception of risks in decision making when care is given in older patients' homes

Method

- The study has a qualitative design using observations, focus groups, and individual interviews were made between July 2015 and March 2016

Method

- The observations were performed alongside healthcare professionals in three specialized home healthcare units. In total, we shadowed 27 RNs'

Method

- Eleven focus group interviews and 15 individual interviews
- In total, 71 participants from different health care professionals working in patients' homes were included

Method

- Content analyses of all interviews were performed

Result

- We found one overarching theme, “**Health Care Professionals’ Management of Known and Unpredictable Risks**”

and four categories;

- *Different Kinds of Communication Challenges,*
- *A Fragmented Organization at Several Levels*
- *Risky Medication Management*
- *Balancing Respect for Patient Autonomy and Involvement in Care Against Risk Taking*

Different Kinds of Communication Challenges

- Problems with communication due to documentation systems were one of the challenges considered to be both a known and an unpredictable risk by all the responders
- The health care professionals described how professionals caring for the same patient were organized in “silos” (isolated from each other)

“Another thing is these separate medical record systems. I see it as a giant security risk that they are even allowed to solve it this way, that all of us who are jointly caring for the patient cannot read one another’s notes. It’s horrible!” (F-2)



A Fragmented Organization at Several Levels

- Sometimes patients were discharged from the hospital at a weekend, and the health care professionals discovered that a patient had new medications that he/she had not used before

“They (the patients) come home on Friday afternoon and we notice only when they are going to bed that they need medication, but we don’t have it at home... We might drive around looking for it, but you can’t be sure we have the time and the pharmacies aren’t open” (I-7)

Risky Medication Management

- Another risk identified was related to the fact that pharmacies would supply the cheapest variant of each medicine, which meant that the label, name, and appearance of medicines changed constantly

“The patient had 10 different kinds (of medication) in the cabinet at home, which I had given out earlier, and which they maybe shouldn’t take when they go home from the hospital. It doesn’t automatically turn out right just because they have a written note. They’ll have 3 generic versions at home and will think: ‘The green one seems right, so I’ll take that one” (F-1)

Balancing Respect for Patient Autonomy and Involvement in Care Against Risk Taking

- Health care professionals mentioned that they did not get sufficient information from the professionals working in the hospital wards
- The in-hospital professionals trusted in the patients' knowledge although the patients were frail with multi-morbidity and cognitive impairment, and their health literacy varied considerably

“Sometimes the patients don't even know what was done to them while they were in hospital” (F-1)

Conclusion

- The health care professionals perceived home health care for elderly patients with complex needs as a type of care with risks that often had to be dealt with
- Policy makers must consider the risks of delivering home health care
- The home is usually regarded as a place of safety and security but is obviously also a place where risks are being taken

Thank you for listening

