Involvement in care home decision-making in hospital: time to challenge our practice?

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Background

- The decision to move into a care home is a significant one for patients and their families, but it can be necessary to address care needs
- National health policy documents contain recommendations that care home admission from acute hospital settings should be avoided
- Care home admission from hospital is a common yet under-researched experience in UK practice

Aim: To explore care home discharge decision-making practices in the hospital setting

Methods

- Retrospective cohort study using case-note review methodology
- Individuals admitted to our hospital from a private residence who were newly discharged to a care home at time of their hospital discharge
- Structured data extraction: quantitative and semi-qualitative data about process of care home discharge decision-making

Results (n=100)

- Mean age 84 (61-101); 62% female
- Median length of stay 78.5 (14-231) days
- 59% had a dementia diagnosis
- 51% had a Section 47 Incapacity Certificate

Documented patient involvement **very low** and no association between involvement and dementia diagnosis (χ^2 1.78 p 0.18) or use of Section 47 Certificate (χ^2 3.15 p 0.07)

Limitations

- Single centre study
- Ward-based case note review method
 - Only documented evidence
 - Separate social work notes not included

Interpretation and Actions



Ward MDT involved in 97% of cases

Top reason for care home decision	n
Family request	35
Dementia	20
Mobility/Falls Risk	13
Dependent in all care needs	8
Patient choice	5

- Health and social care integration makes understanding this area necessary & timely
- Difficult to ascertain patient voice in care home decision-making through case note review
- Appears that there is a lack of person-centred decision-making and involvement
- In-depth qualitative research is now required to explore patient and carer perspectives (June 2016)

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