

**Inappropriate admissions or inadequate discharges of frail elderly?**

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# INAPPROPRIATE ADMISSIONS OR INADEQUATE DISCHARGES OF FRAIL ELDERLY?

## Competing Program Theories and Implementation Challenges in an Intermediate Care Intervention

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### BACKGROUND AND AIM

Intermediate care interventions are increasingly implemented in health care in order to minimize hospitalization rates for elderly frail patients with complex medical issues, often referred to as inappropriate or unnecessary admissions. This study presents a theory based stakeholder evaluation of an intermediate care intervention including hospitals, community care and general practitioners with the overall objective to reduce the number of (inappropriate) hospital admissions for frail elderly of 65 years or older.

### METHODS

In a controlled design, elderly acutely ill patients were randomized to either a district nursing team with access to various tele health care solutions or to an emergency department – both interventions with a time limit of 48 hours. The intervention took place in a rural district in Denmark and included a regional hospital, four municipalities and 166 general practitioners.

The stakeholder evaluation included stakeholders’ normative theory; situation theory and causal theory (program theories). Data were collected by interviewing stakeholders (managers, nurses, medical doctors and general practitioners (GPs)), literature search and text analysis. A total of four district nursing teams, eight general practitioners, three medical doctors and two project managers were interviewed during January-March 2015.

### RESULTS

Health care providers across professions and sectors widely agree on the appropriateness of reducing hospitalization for frail elderly. Yet, GPs were challenged by the overall objective of reducing the number of inappropriate hospital admissions; they would rather reduce the number of inadequate hospital discharges, which in their opinion, inevitably will lead to re-admission. For details on different program theory perspectives, see Figure 1.

### ATTENTION POINTS

Attention points crucial for future intermediate care projects or for developing a generic model for intermediate care:

- Ownership and anchoring among all key stakeholders through shared goals
- Unambiguous agreements regarding responsibility, time and resources in relation to specific actions
- Tele-medical solutions should be meaningful, intuitive and simple to use
- Clear agreements on practical matters, including medical equipment, medicines, user fees, transport
- A clear definition of the relevant target group, i.e. not too comorbid and socially vulnerable to possible benefit from the intervention

FIGURE 1. A three-step-description of program theories presented by stakeholder group.

	EMBEDDED IN THE ACCESS PROJECT	GPs	MEDICAL DOCTORS/HOSPITAL	DISTRICT NURSES
SITUATION THEORY	<ul style="list-style-type: none"> <li>• multiple, short admissions of frail elderly</li> <li>• risk of delirium and hospital infections during hospitalization</li> <li>• economic incentive for municipalities when admission rates are decreased</li> </ul>	<ul style="list-style-type: none"> <li>• hospitalization can be necessary</li> <li>• inappropriate discharges</li> <li>• inevitable admission</li> <li>• risk of delirium and hospital infections during hospitalization</li> <li>• hospitals are advanced fast track institutions with low-level care and information</li> </ul>	<ul style="list-style-type: none"> <li>• emergency department are constantly under pressure and have reduced bed masses</li> <li>• risk of delirium and hospital infections during hospitalization</li> <li>• poor supervision and poor diagnostic tools accessible for GPs</li> </ul>	<ul style="list-style-type: none"> <li>• lack of follow-up plan after discharge</li> <li>• (too) quick admissions of frail elderly</li> <li>• risk of delirium and hospital infection during hospitalization</li> <li>• low-level care and lack of time in emergency departments</li> </ul>
NORMATIVE THEORY	<ul style="list-style-type: none"> <li>• decreased admission rate for frail elderly</li> <li>• improved inter-sectoral cooperation</li> </ul>	<ul style="list-style-type: none"> <li>• a political agenda</li> <li>• more optimal discharges</li> </ul>	<ul style="list-style-type: none"> <li>• buffer capacity for the emergency department</li> <li>• a political agenda</li> <li>• GPs should change their practice</li> <li>• a benefit for the emergency departments</li> <li>• elderly citizens would prefer to avoid hospitalization</li> </ul>	<ul style="list-style-type: none"> <li>• economic advantage for municipalities</li> <li>• increased cooperation with GP's</li> <li>• care and rehabilitation can increasingly be taken care of in patient's homes</li> <li>• elderly citizens would prefer to avoid hospitalization</li> </ul>
CAUSAL THEORY	<ul style="list-style-type: none"> <li>• intermediate care interventions</li> <li>• training of district nurses in emergency care</li> <li>• better diagnostic tools accessible for GPs</li> <li>• supervision of GPs and district nurses by emergency specialist from hospital</li> <li>• supportive telemedicine</li> </ul>	<ul style="list-style-type: none"> <li>• better diagnostic tools accessible for GPs</li> <li>• well-functioning inter-sectoral cooperation</li> <li>• access to adequate nursing skills</li> <li>• access to adequate resources</li> <li>• supervision by emergency specialist from hospital</li> </ul>	<ul style="list-style-type: none"> <li>• training of district nurses in emergency care</li> <li>• supervision of GPs and district nurses by emergency specialist from hospital</li> <li>• supportive telemedicine</li> <li>• better diagnostic tools accessible for GPs</li> </ul>	<ul style="list-style-type: none"> <li>• not too ill patients</li> <li>• adequate nursing skills, also through evenings, nights and weekends</li> <li>• knowledge about the project</li> <li>• simple and intuitive telemedicine</li> </ul>

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