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PERSON-CENTRED CARE IN A HOSPITAL AVOIDANCE PROGRAM

A QUALITATIVE STUDY OF CLIENT AND STAFF EXPERIENCES

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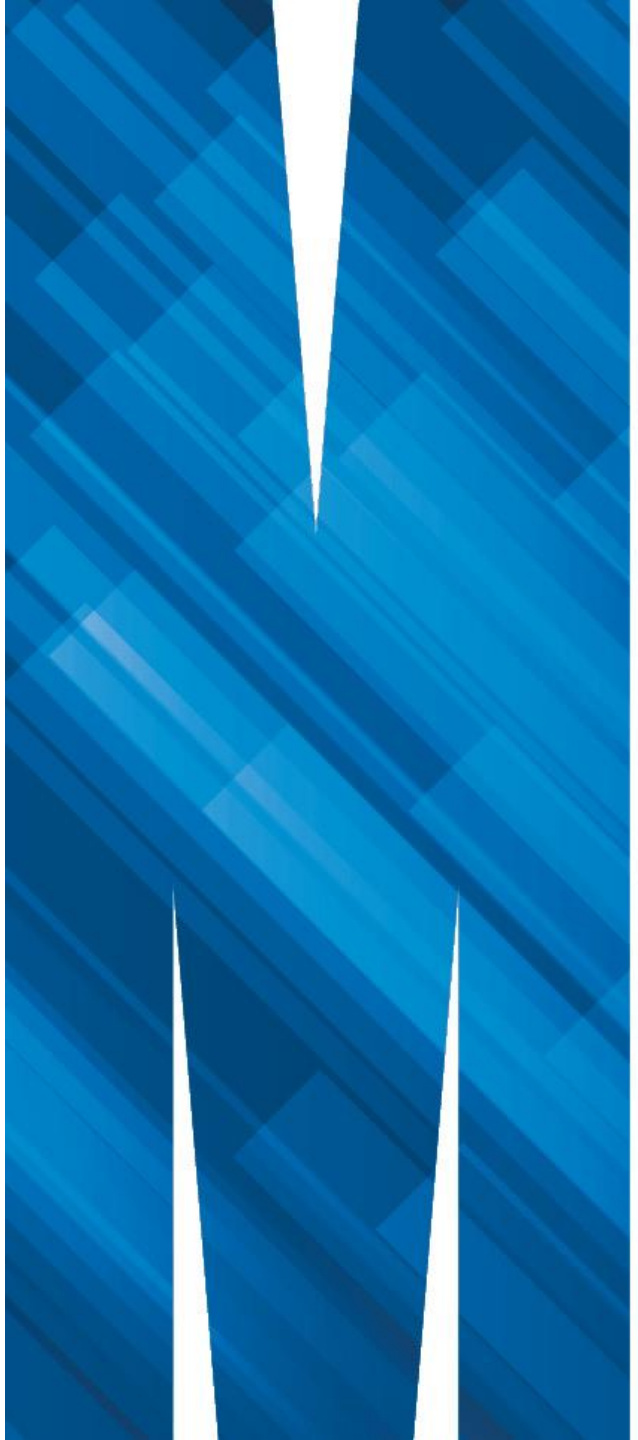

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CHRONIC HEART FAILURE (CHF) PRESENTATIONS 2013/14[1]

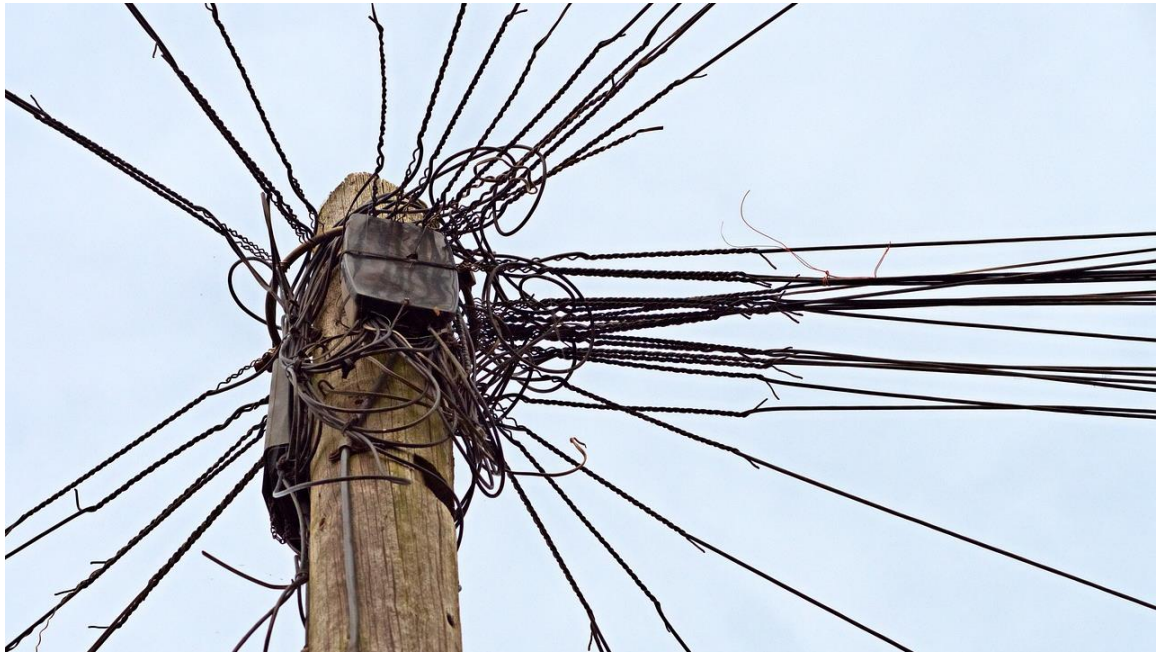
- Patients with CHF present ave three times/year with ambulatory care sensitive conditions; 34% subsequent admissions due to CHF
- Have ave 6.7 other diagnoses per episode: diabetes, kidney disease, hypertension, infection (eg cellulitis), COPD
- **High health care costs:** people with chronic disease/s use health services and medications **more** and over a **longer** period of time

[1]Gascard D & White J. *The journey of people with heart failure.* 2015. Clayton: Monash Health.

CHRONIC DISEASE CARE

What does this mean for a person with multiple chronic diseases?

- Multiple GPs, specialists and allied health providers, each with different priorities, goals, care plans[1]
- But providers don't seem to communicate with each other[2]
- Health care fragmented, confusing, expensive, complications, impacts of quality of life



[1]Monash Health *Chronic disease strategy 2016-2021*. 2016. Clayton: Monash Health.

[2]Juhnke C, Mühlbacher A. Patient-centredness in integrated healthcare delivery systems: needs, expectations and priorities for organized healthcare systems. *IntJIntegrCare*. 2013;13:e051.

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HOSPITAL ADMISSION RISK PROGRAMS[1]

AIM: ↓ hospital demand through **comprehensive assessment, care coordination and timely responsive specialist care** in community for people with complex needs who present frequently or at imminent risk of presenting to hospital

PRINCIPLES:

- Person- and family-centred care
- Quality, evidence-based and timely services
- Equity of access to services
- Coordination and integration
- Interdisciplinary approach
- Appropriate setting for care
- Promoting health independence

[1] Department of Human Services. *Health independence program guidelines.* 2008. DHS.

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PERSON-CENTRED CARE

Multidimensional, context, means different things to different people

Enablement model[1] – key principles: Being person-centred means:

1. Affording people dignity, respect and compassion
2. Offering coordinated care, support or treatment
3. Offering personalised care, support or treatment
4. Being enabling

WHY IS THIS IMPORTANT?

National Safety and Quality Health Service Standard 2[2]

Victorian Government Department of Health and Human Services Strategic Directions[3]

[1]Harding E, Wait S, Scrutton J. *The state of play in person-centred care.* 2015. The Health Policy Partnership.
[2]Australian Commission on Safety and Quality in Health Care. *Safety and Quality Improvement Guide Standard 2: Partnering with Consumers* 2012. Sydney. ACSQHC.
[3]Department of Health and Human Services. *Strategic plan*. 2018. DHHS.

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MONASH HEALTH COMPLEX CARE

- Links people with multiple chronic conditions admitted to hospital/presenting to ED with community-based multi-disciplinary care and support
- System re-design to improve risk screening, clinical guidelines, peer audits, protocols

BUT

- How does the program respond to client needs and involve them in their care?
- Little evidence of person-centred care: only one HARP study has looked at client satisfaction[2]
- Preferences people have about care and what's most meaningful to them needs to be understood in more depth

[2]Roberts RM, Dalton KL Evans JV, Wilson CL. A service model of short-term case management for elderly people at risk of hospital admission. *Aust Health Rev* 2007; 312 :173-83.

AIM AND RESEARCH QUESTIONS

Explore how a HARP service for people with multiple chronic conditions incorporates principles of person-centred care

1. What are the experiences of people with chronic conditions in planning and enacting their care plan?
2. What are their experiences using information provided by health professionals to make decisions about their care?
3. How does the program identify and respond to their needs?
4. What characteristics of person-centred care matter most to people with chronic conditions?
5. For health professionals what are the barriers and enablers to providing person-centred care?

METHODS

QUALITATIVE DESIGN – PHENOMENOLOGICAL APPROACH

SEMI-STRUCTURED INTERVIEWS

37 **staff** work in the program, predominantly care coordinators

- Sampled **purposefully** to provide perspectives of person-centred care

Over 1,000 **clients** receive Complex Care program services per year

- Sampled **purposefully** based on participation in program – carers OK
- After staff interview, ‘information-rich’ clients recently discharged (closed episodes)

Size of each sample depends on information richness of data and variation of participants

Sampling aimed at insight about person-centred care, not generalisation

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DATA COLLECTION

INTERVIEWS

- Semi-structured interviews, audio recorded, transcribed verbatim

OBSERVATION

- Observe routines of multidisciplinary clinics, formal and informal interactions, activities in non-clinical areas

DOCUMENT ANALYSIS

1. Review client's medical record to obtain data on components of service consistent with key principles of person-centred care
2. Key organisational and policy documents, clinical guidelines, person-centred care, government policy

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DATA ANALYSIS

Braun and Clarke's thematic analysis[1]

Thematic analysis phase	Study components
1. Familiarisation with data	- Verbatim transcripts of interviews - Re-listen to recording; analytical notes - Read and re-read transcripts
2. Generate initial codes across data set	- Apply codes to important points in text
3. Search for themes	- Compare codes with other researchers, agree on set of codes for transcripts
4. Review themes	- Index subsequent transcripts with working analytical framework using developed codes
5. Define and name themes	- Group codes into themes and define these - Generate a matrix and enter data into matrix
6. Produce report	- Identify characteristics and differences, interpret meaning of descriptions of participants' experiences

[1]Braun V, Clarke V. Using thematic analysis in psychology. Qual Res Psych. 2006;32:77-101

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TRUSTWORTHINESS[1]

Lincoln and Guba's criteria	Techniques used to enhance trustworthiness
Credibility	• Member checking • Triangulation of data sources
Transferability	• Purposeful sampling of participants to maximise range of data • Thick descriptive data provide context
Dependability	• Audit trail • Dependability audit
Confirmability	• Triangulation of data sources • Reflexivity through memoing • Confirmability audit

[1]Lincoln YS, & Guba, EG. Naturalistic inquiry. 1985. Beverly Hills, CA: Sage Publications

RESULTS

Data analysis ongoing

INTERVIEWS

- 16 staff interviews completed: 10 care coordinators, 2 allied health, 1 chronic disease nurse practitioner, 2 program managers, 1 specialist
- 21 client interviews completed:
  - 13 female
  - Age range 1 – 89
  - Chronic respiratory disease stream = 4; Chronic heart failure stream = 7; complex psychosocial stream (including 3 paediatrics) = 10
  - Four adult interviews also with carer present
  - Three clients declined (one not interested, one re-located, one unwell)

RESULTS

PRELIMINARY – DATA COLLECTION AND ANALYSIS CONTINUE

Principle: Being person-centred means…	Findings
Affording people dignity, respect and compassion	Staff and clients agree: what matters most to clients is they are **listened to** and **given information** about their health condition
Offering coordinated care	Considerable organisational change to bring about culture of person-centred care
Offering personalised care	Staff spend **time** with clients to listen and provide information; clients had not experienced this in other health care encounters
Being enabling	Information given **enables** clients to better self-manage their health condition

WHAT THE STAFF SAID

"When I was younger I wouldn't have appreciated this type of work. I would have thought 'they're annoying they should just do what they're told'. I didn't have that life experience and concept of this type of clientele… I really did learn it was what they wanted not what I wanted in regards to all their health, and tackling not what I consider the main problem, you've got to tackle what they want to address first and go through that way" (Lydia, Care Coordinator)

"[Clients] don't get anyone and even the GPs don't sit down for another extra five minutes. What they get from us is someone listening and looking at them as a person rather than the heart failure patient, or the COPD patient; the breathless patient on that bed" (Ashley, Care Coordinator)

WHAT THE CLIENTS SAID

“[Celia] sent me on the right way and I could talk to her and she listened and she spoke in my language… I knew straight away that she really had my best interests at heart, she wasn’t trying to solve the case like other doctors and specialists have done and treat me like I’m an idiot. Celia really wanted to know how the kids coped and what she could do to make my life easier, and that was huge” (Mandy, 40s)

“The program was very very good in helping me with my needs. It pointed out to me what my needs really were and ensured that I was being looked after, even though what I thought I needed the program made sure that I had that, plus a little bit more” (Robert, late 50s)

DICUSSION

LIMITATIONS

- Interviewing clients whose episodes are closed vs following a client through the program
- Recruitment: No access to clients who did not participate; staff recruitment via manager

BUT

- Staff willingness to participate and recruit clients
- Clients willing to be interviewed
- More data to be collected via observation and document analysis

CONCLUSION

How person-centred care incorporated into a hospital avoidance program

- Focus on participant descriptions of experiences, characteristics of care important to them, barriers and enablers to providing person-centred care
- Interview staff, recently-discharged clients, observe clinics, analyse key client and organisational documents

CONTRIBUTION

- Comprehensive exploration of person-centred care in program to help reduce unnecessary hospitalisations
- Add to person-centred care literature on participants' perceptions of what works and why, including barriers and enablers
- Allow participants to contribute to shaping service delivery
- Highlight future research opportunities incorporating voices of clients and staff

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