ELDERLY EMERGENCY

Emergency room nurse's experiences on how information flow
affects the good care of an elderly patient in the emergency
room

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ABSTRACT

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HELKA LAUTAMÄKI:
Elderly Emergency
Emergency room nurse's experiences on how information flow affects the good care of an elderly patient in the emergency room
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This bachelor's thesis was delivered in co-operation with Pirkanmaa Hospital District. The research process began in August 2011 and came to the end on October 2012. The purpose of this research was to hear out nurse's experiences on factors affecting the care of an elderly patient in the emergency room. The emphasize was on challenges related to information flow and especially on elderly patients arriving from a skilled nursing facility or nursing home rather than arriving to the emergency room from home. The aim was to gather emergency room nurse's experiences and with help of nursing experiences possibly help to develop the transitional care of an elderly patient in both the sending and receiving facility. Also this thesis serves as a basis for further research on the subject.

A qualitative research method was chosen in order to gather human experiences and narrative stories on the subject. The theory part of this thesis focuses on aspects of elderly care in the emergency room and during the transition from one facility to another. The findings of the study are presented at the end of the thesis. The findings present nursing experiences, gathered through semi-structured interviews. The findings are gathered under four different categories to clarify the results of the research.

The results of this thesis show that there are some challenges in the process when an elderly patient is sent from a nursing home and taken into the emergency room for care. However participants presented very positive aspects on the co-operation between different facilities. Differences in the patient record databases was seen as the major challenge disturbing the nursing care of an elderly patient in the emergency room.

Key words: elderly patient, gerontology, acute care, information flow, communication, continuity of care, transitional care

TIIVISTELMÄ

Tampereen ammattikorkeakoulu
Hoitotyön koulutusohjelma
Sisätautikirurginen hoitotyö

HELKA LAUTAMÄKI
Elderly Emergency
Emergency room nurse's experiences on how information flow affects the good care of an elderly patient in the emergency room

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Tämä opinnäytetyö on toteutettu yhteistyössä Pirkanmaan Sairaanhoitopiirin kanssa. Opinnäytetyöprosessi sai alkunsa elokuussa 2011 ja päättyi lokakuussa 2012. Tämän opinnäytetyön tarkoituksena oli tutkia, hoitajien kokemuksien pohjalta, mitkä tekijät vaikuttavat iäkkään potilaan hoitoon kun potilas lähetetään päivystykseen vanhainkodista. Tutkimuksessa painotettiin erityisesti tiedonkulun haasteita ja sen vaikutuksia iäkkään potilaan hyvään päivystyshoitoon. Opinnäytetyön tarkoituksena oli kuulla hoitajien kokemuksia ja heidän kokemustensa pohjalta ja niiden avulla mahdollisesti kehittää hoitoketjun toimintaa kun potilas lähetetään vanhainkodista ja vastaanotetaan päivystykseen. Tutkimus toimii mahdollisesti pohjana tuleville tutkimuksille. Tämä tutkimus hyödyttää ensisijaisesti iäkkäitä potilaita, päivystyksessä ja vanhainkodeissa työskenteleviä hoitajia sekä tulevia hoitajia ja sairaanhoidon opiskelijoita.

Tutkimus on laadullinen. Laadullinen metodi valittiin, sillä haluttiin tuoda esiin hoitajien henkilökohtaisia kokemuksia ja tarinoita. Laadullinen tutkimusmenetelmä mahdollisti hoitajien haastattelun. Tämän tutkimuksen teoriaosiossa käydään läpi iäkkään potilaan hoitoa päivystyksessä ja hoitopolkua vanhainkodista päivystykseen. Tulokset esitellään opinnäytetyön lopussa. Tulokset esittävät hoitajien kokemuksia, kokemukset on kerätty haastattelemalla päivystyksessä työskenteleviä sairaanhoitajia. Tulokset on luokiteltu neljään eri kategoriaan, tämä mahdollistaa tulosten selkeämmän tulkinnan.

Tutkimustuloksista käy ilmi että iäkkään potilaan siirtymisessä hoitolaitoksesta toiseen on haasteita. Haasteet ilmenevät erityisesti tiedonkulussa ja erilaisissa tiedonkulun tietokonejärjestelmissä. Positiivisina asioina hoitajat kokivat toimivan yhteistyön eri laitosten välillä.

Asiasanat: iäkäs potilas, vanhus, geriatria, päivystys, tiedonkulku, kommunikaatio, hoidon jatkuvuus, hoitoketju

CONTENTS

1 INTRODUCTION

The amount of the elderly population of Finland has increased rapidly over the recent years. This rapid raise in the elderly population has also increased the need of special competences in gerontology and gerontologic nursing. (Kivelä 2006, 20.) It is obvious that almost wherever a nurse will work, they will always take care of the elderly. This thesis will focus on factors affecting the good care of an elderly in the emergency room, including the transitional care when an old patient is sent from a nursing home to the emergency room. Important factors in elderly care are the follow up of the overall health status, the documentation of what is normal and what isn't. The challenges in the information flow between two nursing facilities is seen as the major factor in patient care errors. (deWit 2009, 399.)

The study was made in co-operation with emergency room nurses in Pirkanmaa Hospital District. Emergency room nurse's were interviewed, their experiences on good care of the elderly, challenges and development points were explored, especially in situations where an elderly patient is admitted from a nursing home to the emergency room.

The author has personally faced these challenges when working with the elderly in a nursing home. It can sometimes be hard to assess when it is needed and urgent to send an elderly patient to the emergency room. It may be challenging to assess what is the essential and beneficial information to be transferred with the patient into the emergency room. The topic was chosen by the author due to its accuracy and due to personal interest. The research results will be presented to the co-operation partner, in addition a copy of the thesis and a Finnish language summary of the study will be submitted to the co-operation partner.

2   ELDERLY CARE

2.1   Concept of an elderly patient

An elderly patient is generally defined as a patient over 65 years of age (Smeltzer, Bare, Hinkle & Cheever 2010,201). Elderly patients require more and different health care services than the younger population, this is due to both various physical as well as mental conditions for example chronicity and memory diseases. These conditions typical to older population enhance the importance of professional care in the life of an elderly patient. (Haken, Stevernik, den Heuvel & Lindenberg, 2002, 353). Skilled nursing homes form an essential component in the continuity of an elderly patient (Haken et al, 2002, 354). However, all critical health conditions cannot be taken care of in the nursing homes. Geriatric patients in acute care are described to have multiple health conditions, conditions also related to aging. Conditions that often demand special skills form the caregivers. When taking care of the elderly in acute care settings it is important to know what is the general condition and ability to function in the activities of daily living. This makes the planning of discharge and future care easier. (Jartti, Heinonen, Upmeier & Seppälä 2011,2968.)

2.1.1   Elderly patients and emergency care

Acute care is care given to patients with urgent and critical needs. It is care given without delay. Emergency nursing is challenging due to its fast pace, large diversity of medical conditions and situations with unique challenges for example concerning safety, technology, schedules. The elderly patients cover more than 41% of admissions to the emergency department, they typically have non-specific symptoms, falling, incontinence and changes in the overall health status (Smeltzer et al 2010, 2154- 2157.)

Often the acute health problems of an elderly appear outside office-hours which means elderly patients will be taken care of also in the emergency room. It would be important for the patients, their caregivers and especially for their families to know the everyday care plan in the care of an elderly, including the limitations in the care and the patients will to receive for example intensive care (Jartti et al 2011, 2968). When an elderly pa-

tient is admitted to the emergency room the escorting family member or nurse from the nursing home is an essential source of information. Elderly patient may be confused, unable to speak accurately or they might understate their ability to function in normal daily living. (Jartti et al 2011, 2969).

2.1.2   Elderly patients and transitional care

At least one-fourth of elderly patients living in nursing facilities are transferred to the emergency room every year(Hustey & Palmer 2010,1148). Transitions can mean moving from emergency room to surgery, from surgery to intensive care unit, from hospital to nursing home and from the nursing home to hospital. (Lattimer, 2011, 69). The accurate transfer of vital health information during patient transitions is the key factor for ensuring good care of an elderly in the emergency room (Hustey & Palmer 2010,1148). However it is the transitions between healthcare setting that are associated with most errors in communication of information and treatment plans for older patient. Strategies to improve transitional care are still lacking. (LaMantia et al 2010, 777.) According to Lattimer (2011, 69) the more medically complex the patient, the elderly, is the more likely they will face multiple transitions during the care in the patients late years.

 Transitional care is defined as a set of actions that will ensure the continuity of health care as patients transfer between different places or different levels of care in the same location (Coleman & Berenson 2004, 533). Patient transitions involve often many people- the patient, their caregiver, physicians, nurses, social workers etc. Communication between different professionals, the patient and their caregivers is essential in the practice of safe patient transitions. Especially old patients have a greater risk in transitions due to for example cognitive impairment and confusion. (Lattimer 2011,69.) Lack of communication may lead to medical errors, miscommunication between health care professionals and patients, patient safety issues, lack of follow up and readmissions to hospital (Lattimer 2011,70).

Accurate and appropriate medication lists and advance directives make the most important components of medical information in the care of elderly patients(LaMantia et al 2010, 777). Also the information on the ability to function in the activities of daily living is crucial (Jartti et al 2011, 2968). All in all, accurate transfer of all important patient information is the basis of providing good and appropriate care for elderly patients transferring from the nursing home to acute care and back (LaMantia et al 2010, 781).

The mental state of the patient and transitions effects on it has also been discussed. amd is an important factor to be taken into account. During transitions elderly patients are likely to experience stress, anxiety and concerns about their ability to function in the future (Lattimer, 2011, 70). Patients and their families seem to struggle with receiving accurate information on care. Lattimer (2011,70) suggests that both patient, family member and caregivers need to be equipped with all the necessary information to understand the discharge plan and the new medication management.

La Mantia et al (2010,781) suggests that, at least sometimes, the best patient transfer is the one that never occurs. The idea behind this statement is that the care facility has other choices to take care of the elderly patients' health condition, either with telephone guidance, doctors visit or estimating that the hospitalization is not consistent with the patients' care goals. However sometimes the transition to acute care is the only choice. La Mantia et al (2010, 781) estimates that even one-third of nursing home transfers are avoidable..

2.2   Future of the elderly patients

In the United States it has been estimated that in the year 2030 at least one fourth of patient being cared in the emergency room will be over 65-years of age. The underlying reason is not only the aging population but also the lacking resources in the basic health care settings. (Jartti et al, 2011, 2970.) It can be seen as a future problem that the threshold to send a patient into the emergency room will lower even more, the emergency room may become a place where all the health problems are taken care of during one visit (Jartti et al, 2011,2970). It is suggested by Jartti et al (2011, 2970) that more units focused only in geriatric patients will be opened also in Finland. These units would enable solving acute medical problems and also enhance the elderly patients ability to function in everyday life together with a multiprofessional group.

3   PURPOSE OF THE STUDY AND RESEARCH QUESTIONS

The goal of research, especially in nursing is to develop, refine and expand knowledge on a certain field of research (Polit & Beck,2010,4). The purpose of this thesis was to investigate how information flow affects the care of an elderly. Also focusing on other factors affecting the good care of an elderly in the emergency room. The research aimed to hear out nurses experiences on challenges in the process when an elderly patient is transferred from a nursing home to the emergency room. Challenges in the information flow between nursing homes and acute care were emphasized. Finding out solutions that help improve the care of the elderly in the emergency room was one of the main goals. The thesis seeked to benefit every elderly patient treated in acute care as well as future nurses and nursing students.

Research Questions:

1. What are the biggest challenges in general when an elderly patient is sent from a nursing home to the emergency room?
2. What are the biggest challenges considering the information flow? How could the information flow and documentation be developed?
3. How could the co-operation between different local nursing facilities be developed?

4   METHODOLOGY

4.1   Data collection

Research methods are techniques that researchers use to create a structure for the study and to create a clear system on how to gather and analyze information that answers to the research questions set by the researcher (Polit & Beck, 2010, 16.) Mostly, in nursing research, the choice of research method is made between qualitative and quantitative research methods. Qualitative research was chosen for this research. Qualitative research emphasizes on the human experience and gives a possibility for a more narrative analysis than in quantitative research which is a more scientific and statistical approach to research (Polit & Beck, 2010, 17.) Findings in this qualitative research aim to present nurses real-life experiences, however the aim is to generalize the findings in a way that the experiences of the study participants can be adapted into many nursing practices and elderly care.

The data in this research was collected by interviewing emergency room nurses. Interviewing is described as a method of data collection in which one person, the interviewer, asks questions of another person, the respondent (Whiting L.S.,2007, 35). Polit & Beck (2010, 341) presents different interview methods to collecting information in a qualitative research. Semi-structured interviews were chosen to conduct this particular research. Semi-structured interviews aim to seek participants' experiences on their lives, in their own words. This enables an access to the participants' experiences, feelings and social worlds. (Fossey E., Harvey C., Mc Dermott F. & Davidson L. 2002, 720.) Semi-structured interviews are described to be personal and intimate encounters in which open, direct and verbal questions are used to attain detailed experiences and stories (Whiting L.S.2007, 36). A part of the semi-structured interviewing process is for the author to create an interview guide to support the interviews. The aim of the guide is to ensure that all important areas of the research are covered in the interview questions. During the interviews the interviewer follows the interview guide, at the same time creating an open conversation with the participant. (Polit & Beck, 2010, 341.) This approach to data collection ensures sensitivity to participants and brings their important knowledge and experiences into the spotlight (Fossey et al, 2002, 720).

It is the researcher's task to determine the characteristics that are needed from the participants. This criteria is called inclusion or eligibility criteria. (Polit & Beck, 2010, 306.) The inclusion criteria of the participants in this study were the following: Participants needed to be registered nurses with various amount, however at least two years, of working experience in the emergency room, with possible personal interest on the topic. The nurses needed to be working in the emergency room permanently. Altogether six nurses were chosen by the head nurse of the emergency room. It was suggested that the author personally contacts all these participants by email. This was thought as a good, personal way to get in contact with the participants already prior to the interviews. It also enabled a more flexible way to combine the schedules of the participating nurses and the researcher. Participants were contacted via email a few weeks before the planned beginning of the interviews. With this email participants also received a form of informed consent and a topic guide on the study. However, even after few contact attempts, only four nurses responded and were willing to participate in the interviews. The two nurses who couldn't be reached by several contact attempts were then regarded as not willing to participate in the research. The final sample size of the interviewees was then four registered nurses working in the emergency room. Interviews were carried out in the nurses workplace, at the emergency room. A quiet time of day was chosen together with the participants and there was a calm room reserved for the interview. The interviews were recorded and the participants were informed on this matter beforehand, everyone agreed that the interviews could be recorded. The length of the interviews varied from twenty to forty minutes. The time reserved for the interview by the participants and the interviewer was one hour. This time was not exceeded during any of the interviews.

4.2   Qualitative content analysis

Qualitative research method was chosen at the beginning of the thesis process. Nursing research in general explores what patients and clients feel, how nurses learn and develop and also the outcomes of nursing practices. The qualitative method gives more room for exploration and human experience. (Boswell &Cannon 2011,194.) Qualitative content analysis is commonly used in nursing studies, the aim is to build a model to describe a phenomenon in a conceptual form. This means that the outcomes of the analysis are concepts describing a phenomenon. Content analysis is a method of analyzing written, verbal or visual communication messages.(Elo & Kyngäs 2007, 107-108.) The purpose

of analysis in research is to organize and structure the data in order to perceive a clear picture on the research findings (Polit & Beck, 2010, 463). Polit & Beck (2010, 463) state that there are many challenges related to especially qualitative content analysis. There are no clear guidelines on how to analyze qualitative data. Another challenge is the large amount of material to be analyzed. (Polit & Beck 2010, 463.) In this research the material was gathered with interviews. The interviews were transcribed from word to word. The transcriptions has been read and organized multiple times by the researcher. Polit & Beck (2010, 465) estimates that transcription errors in the process are nearly inevitable. The transcription needs to be checked and the audiotaped interviews must be listened carefully to guarantee the accuracy of the interviews and to avoid causing any harm to the participants. One more challenge related to qualitative analysis is the process of reducing data. Since there often is a large amount of written, transcribed material, the researcher must be skilled to summarize and find the essential information from each participants experiences. (Polit & Beck, 2010, 463.)

In this thesis, the researcher used an editing analysis style related to the qualitative content analysis process. In editing analysis style the researcher interprets the data and searches for meaningful points-of-view and experiences. Once these segments are identified, the information is categorized. This helps the researcher to organize and perceive the existing data. (Polit & Beck , 2010, 464.) In this thesis the findings were gathered under four categories: professional emergency care, elderly patient arriving from a nursing home, challenges in the transition process and co-operation between different facilities. These four categories are quite concrete and related to the nurses experiences. Polit & Beck (2010, 465) discusses the development of categories in one chapter. When the researchers aim is primarily descriptive, the use of concrete categories is suitable.

4.3   Ethical considerations

Any research that concerns human beings or animals is bound to raise at least some ethical issues. Polit and Beck (2010, 118) suggests that especially in nursing research ethical concerns are raised easily. Ethical requirements sometimes conflict with the need to create a high-quality evidence-based research (Polit & Beck, 2010, 118.) Beneficence is one of the main principles of ethical considerations in this thesis. This means that the researchers task has been to minimize any harm to the participants and maximize the benefits of the research. The aim of human research is to bring benefit for the partici

pants and also for all other individuals (Polit & Beck, 2010, 121). This thesis aims to benefit also all elderly patients, other nurses as well as nursing students. The participants have the right to be free from any harm, the right to self-determination, the right to full disclosure and the right to privacy. Right to self-determination means that the participants of this study had the right to choose whether they want to participate in the study or not, without any risk of penalty or judgement. (Polit & Beck, 2010, 122.) The right to full disclosure actualized in this study so that the researcher had fully described the idea of the study beforehand, the participants were aware of the topic in hand and were aware of the right to draw out from the process at any point. Privacy was guaranteed to all the participants, results will be presented with full anonymity. Also according to Polit & Beck (2010, 125) the participants have the right to expect that any information they provide will be held in strictest confidence.

The permission for the research was given by the hospital district of Pirkanmaa, PSHP. A 5 page study plan was delivered as the permission was applied. In addition a form of informed consent was signed by every nurse participating the interviews. Obtaining the participants informed consent is an important part of protecting the participants. Informed consent means that participants have received accurate information on the study, they know their right for self-determination and they are aware of the voluntary nature of the study(Polit & Beck, 2010, 127).

5   FINDINGS

5.1   Professional emergency care

All the participants described good emergency care as a care that meets the needs of the patient quickly. The importance of skilled and fast-learning staff was emphasized, nurses working in the emergency department are forced to learn a lot from many different fields of nursing and the environment is fast-paced and can sometimes be even stressful for the staff. The biggest challenges mentioned, were finding enough time for each patient, feelings of insufficiency were sometimes raised among the staff.

> …of course we always hope we would have more time for the patient-nurse contact, the nurse always has the feeling of insufficiency. Especially during rush hour, when there are a lot of patients, it feels that the nurse doesn't have enough time to stop beside the patient, so to speak.

> …tietysti mitä enemmän aina toivois siihen potilaskontaktiin että sitä aikaa olis niinku enemmän että siinä hoitajalla on aina se riittämättömyyden tunne. Varsinkin ruuhka-aikoihin kun on paljon potilaita, tuntuu ettei niinku riittävästi ehdi pysähtyyn siihen potilaan vierelle niin sanotusti.

Another challenge mentioned was the whole system of local emergency care. The nurses sometimes felt that also elderly patients who are not necessarily in need of immediate emergency care, were taken care by the emergency nurses. When a patient arrives to the emergency room, they are treated as equally as possible, even though the admission to the emergency room is somehow seen unnecessary. These kind of situations are often experienced mentally burdening by the staff members as there is only a limited time for each patient.

> ....and also if we had the possibility to take care of those emergency patients who truly, clearly need emergency care and are actual emergency patient, that would burden also the nurses less, that way the nurses had the chance to focus on the patients who need urgent and immediate nursing care.

…sekin että meillä olis niinku mahdollisuus pelkästään ne päivystyspotilaat jotka oikeesti, puhtaasti tarvii sitä päivystyhoitoa ja on niit päivystyspotilaita niin kuormittais myös hoitajia vähemmän, sitä kautta olis mahdollisuus panostaa niihin kiireellistä ja välitöntä sairaanhoitoa tarvitsevii potilaita.

5.2   Elderly patient arriving from a nursing home

According to all the participants, elderly patients are the largest group using the emergency room, especially in the public health care division of the emergency department. There were many underlying reasons for the large amount of elderly patients in the emergency room: the rapidly growing elderly population in general, increasing amount of new nursing homes where the doctor is not always available and also the increasing amount of elderly people still living at home who suddenly cannot manage alone anymore.

It can already be seen that the amount is only increasing in the future. This brought up the idea of an emergency room department focused especially in the needs of elderly patients, however some participants had doubts on how this kind of elderly acute care could be organized in practice.

> Especially small, private nursing facilities, of course it depends on the situation, but because they don't have their own doctor available, they use the emergency room when they need a doctor. Most of the patients in the public health care division, I would say, are elderly patients

> Semmoset yksityiset palvelutalot ja tämmöset, se vähän riippuu, et kun niilläkään ei oo lääkäriresurssia käytettävissä niin päivystystä käytetään ymmärrettävästi, tietysti, kun tarvitaan lääkäriä. Suurin osa sanoisin on vanhuksia perusterveydenhuollossa.

> …I would say that even during my nursing career, it can be seen that the amount of elderly patients has increased.

…kyllä mä sanosin että jopa tässä niinku mun sairaanhoitajauran aikana niin niin näkyy sitä että vanhuspotilasmäärät on kasvanu.

What are you opinions on a geriatric emergency room or policlinic mentioned in some American articles?

Mitä mieltä olet artikkeleissa mainitusta keskitetystä vanhuspäivystyksestä?

..It is a beautiful idea..but is it rational, that is another thing.

..Ajatus on kaunis mutta, onko se järkevää niin se on toinen juttu.

5.3 Challenges in the process

When an elderly patient is sent to the emergency room, the ways the nursing staff in the emergency room is informed was described to be very diverse. Sometimes a nurse from the sending facility consults the emergency room doctor or nurse via telephone and it is informed that an elderly patient will be sent. Most of the times, however, there is no pre-announcement on an arriving patient, only an ambulance bringing the patient. On the other hand it was also brought up that an pre-announcement is, in a way, unnecessary. It could be seen that there actually is no clear system or protocol on how an announcement on an arriving patient should or should not be given.

..and many times they do consult us, for example that we are a little uncertain what we should do with this patient, should he/she be sent to the emergency room or not. And I guess it is a good way to act, we can think together with a doctor and decide whether this is a situation that the patient must be sent to the emergency room or not.   .

...ja usein konsultoidaankin sillain että me ollaan vähän epävarmoja että mitähän me tehtäis tän potilaan kanssa että pitäiskö lähettää vai eikö pitäis. Ja se on var-

maan ihan hyvä tapakin niin kun siinä pystyy sitten jo niinku lääkärinkin kanssa miettiin että onko tää ny sellanen tilanne että tarvii lähettää vai eikö tarvii että.

…mainly the patients just come, by ambulance or taxi. We don't really have an integrated policy that the arrival of a patient should be informed beforehand, it doesn't really help us either because we don't have the chance to say that a patient cannot come here because we, for example, have a full emergency room at the moment.

…et kyl ne yleensä vaan ambulanssi tuo tai paaritaksi tuo. Et ei meillä oikee oo semmosta, meil ei oo sovittua käytäntöä et niistä pitäis ilmottaa johonkin, koska se ei oikein palvele myöskään meitä ku ei me voida sanoa et ei tänne nyt voi tulla kun meillä on vaikka täyttä.

Challenges in communication and information flow were mentioned by all the participants. The importance of a written report of at least some kind was appreciated by the participants. The information on the patient's ability to function in daily activities, memory status, medication were the most important. Different diseases affecting the elderly patients ability to function were also mentioned.

Of course, I guess, it would always be important when a patient arrives, that there would be at least some kind of written, if the patient can't give that information, there would be some kind of written covering letter where would be the information on why the patient is sent, what is the health problem and then those medications.

No tietysti, no varmaan siis, joka suuntaan on aina se että aina olis tärkeetä kun potilas tulee niin olis edes joku kirjallinen, jos potilas ei itse sitä pysty tuottaan, niin ois edes joku kirjallinen saate mistä selviää että miks tulee, mikä se ongelma on ja sitten tosiaan lääkitykset

..We have the emergency duty of many surrounding municipalities and when the patient record databases are different we don't have any access on the patient's information from the basic health care.

..Meillä on esimerkiks monien kuntien yöpäivystys, kun on eri tietojärjestelmät niin me ei nähdä näiden potilaiden perusterveydenhuollon tekstejä ollenkaan.

Also some information on the sending facility was mentioned as an important information in the transition of an elderly patient. Since the elderly population is only growing, the amount of new facilities is also increasing. This brings a challenge also for the health care professionals, knowing the characteristics and resources of each facility is a challenge.

It is already a great challenge that we know what kind of a facility is sending the elderly and can the patient go back there

No jo pelkästään se on haaste että tiedetään minkälainen hoitolaitos se on mistä potilas tulee et voiko hän palautua.

…but then if the patient arrives from a nursing home, it would be good that there would be basic information also on the nursing home, can iv fluid therapy be organized..there is a lot of those nursing homes in this area and these things change.

…mut sit hoitolaitoksesta jos tulee, ois hyvä et siitä hoitolaitoksesta jo olis jotain tietoo että pystytäänkö nesteytys järjestämään jollakin tavalla… niitä hoitopaikkoja on ihan hirveesti tällä alueella ja ne muuttuu ne asiat.

All the participants described the effects of elderly patients' transitions quite similarly. Depending on the patients normal functionality, the transitions cause mainly confusion and uncertainty to the patient. The family members of the elderly patient were mentioned as a great source of information, especially if the patient suffers from a memory disease.

One great shortcoming mentioned by all the participant was the differences in the database systems. The fact that most of the municipalities and many of the different care facilities inside a municipality use a different database system was seen as the biggest challenge in patient care in general. There is no possibility for the health care staff to access all the patient information needed in an acute situation.

> …maybe the biggest challenges are patients arriving from the surrounding municipalities, for example from Juupajoki or other further municipality, because we cannot access their database system and we might not have any written record on these patients.

> …ehkä haasteellisimpia on meidän ympäristökunnista tulevia jostain Juupajoelta tuolta jostain muualta kun me ei päästä heidän järjestelmään ja heistä ei välttämättä oo mitään merkintää.

If essential information is missing, nurses sometimes call to the sending facility or local health center to get at least some information on the patient. The participants felt that the search for essential, unaccessable, health information also increases the work of the nurse and doctors and takes away the time that could be spent taking care of the patient.

> And all the facilities don't even have this electrical documentation system, then we have to call their and ask about the patient

> Ja kaikissa hoitolaitoksissa ei oo sähköistä kirjaamista vielä käytössä et sit sit täytyy soittaa sinne hoitolaitokseen ja kysyä.

The issue of unnecessary patient transfers as a part of the nursing process was discussed with the participants. Nurses find that elderly patients are sometimes sent to the emergency room with loose reasons, in situations where there is no other place for the elderly to go. On the other hand, nurses find it hard to categorize which transfer are unnecessary in which aren't. All the patients arriving to the emergency room are anyway taken in.

Those situations when an elderly is sent kind of in vain, or it is evaluated so, those situations are probably related to something for example these private nursing homes and there might be young staff or substitute nurses and they don't know the normal situations and they may be alarmed about something or something..those are often the situation then.

Joo no ne tilanteet yleensä kun vanhus lähetetään niin sanotusti turhaan tai on arvioitu sillai, niin ne liittyy varmaan semmoseen että esimerkiks kun on näitä yksityisiä laitoksia vaikka, niin siel on varmaan nuorta henkilökuntaa tai semmosta joka ei oo vakihenkilökuntaa ja ei tiedä tilannetta ja hätääntyy jostain joka on niinku, niin semmosia on ne tilanteet yleensä sitten.

Well that is the feeling I get in the emergency room that it is especially the Friday afternoon when it is suddenly noticed that the weekend is arriving, and then the staff changes at home or in the nursing home and they may not know the patient well enough

No semmonen tuntuma päivystyksessä tulee että ne on ne perjantai-iltapäivät et kun huomataan että viikonloppu on tulossa. Ja sit tietysti kun henkilökunta vaihtuu kotona tai hoitolaitoksissa niin hei ei sit tunne potilasta tarpeeks hyvin.

Well, difficult, challenging patients may be transferred to the emergency room because they can't cope in the nursing home. They may not be strictly qualified as an emergency patient but the reason is still understandable, but unnecessary transfer for us…We do have the doctors and different technology that might not be available in the nursing home.

No vaikeita potilaita, haastavia potilaita, saatetaan siirtää niinkun meille et ei pärjää siellä. Semmosia mitkä ei suoranaisesti oo niinku meidän päivystyskriteereitä täyttäviä mut on ymmärrettävä syy, mut se on periaatteessa turha syy meille…. Et onhan meillä sit lääkärit ja erilaiset menetelmät mitä ei ehkä siel hoitokodissa oo.

The transfer in general and especially these unnecessary transfers have a consumptive effect on the elderly. Nurses felt that they have adapted to these situations and all the patients arriving to the emergency room will be taken care of, whether the underlying reason is urgent or not.

> Everytime a patient is transferred from one place to another, the important information may change or disappear, contort.

> Aina kun potilas siirtyy paikasta toiseen, se tieto voi muuttua tai kadota, vääristyä.

> If a person, especially a demented patient is transferred so that the environment changes it will be a burden for the patient to deal with.

> Jos ihmistä siirrellään, nimenomaan muistisairasta, ympäristö vaihtuu niin onhan se kuormittava tekijä sille vanhukselle aina.

> I guess I'm sort of an old nurse in the since that I don't mind (the unnecessary transfers), it happens anyway daily and it is a matter that cannot totally be eliminated.

> mä oon ehkä sillai sen verran vanha hoitaja että en mä enää niinkun, kun sitä tapahtuu kuitenkin päivittäin niin se on vaan semmonen asia mistä ei nyt vaan ihan niinkun täysin päästä.

5.4   Co-operation between different facilities

Despite the lacking mutual database system, the co-operation between different facilities was experienced as well-functioning. Most challenges were related to information flow and to the knowledge on various nursing homes and their characteristics and abilities.

> The challenge in both facilities are the flow of important information, when patient arrives to the emergency room, there is information on health condition, medication, reason for emergency care and contact information. And also when the patient is discharged back to the nursing homes, infor-

mation given there on what has been done and what is the plan for the future.

Et niinku molemmin puolin ne haasteet liittyy just siihen että kulkee ne oleelliset asiat et tänne tullessa on ne sairaudet, lääkitykset ja miks tulee ja yhteystiedot. Ja samoin sitten kun täältä lähtee kotiinpäin niin selkeesti mitä täällä on tehty, mikä on jatkosuunnitelma

Developing the flow of information, what has been going on in the emergency room and also what is going on in the nursing home.

Tiedonkulun parantaminen, sitä et mitä täällä tapahtuu ja vastaavasti mitä muualla tapahtuu.

I guess there are no big problems in the co-operation. The bigger the sending place is the better it works, they have the daily routines.

Ei varmaan mitään isompia ongelmia. Mitä isompi paikka niin sen paremminhan se toimii et on ne rutiinit.

In general I don't really know what kind of co-operation we even should have, I guess the people there in the nursing homes know how to send a patient over to the emergency room.

Yleensä, en tiedä millaista yhteistyötä meillä loppupeleissä pitäis olla koska ne varmaan tietää ne ihmiset siellä miten tänne lähetellään

6   DISCUSSION

6.1   Discussion of the process

The author of the thesis wanted to explore and research the subject, elderly care in acute care settings, from a nursing experience point-of-view, rather than for example from a statistical point. It was clear from the beginning that the data collection method would be interviews. Firstly, a possibility of a focus group interview, where many participants would be interviewed at the same time, was discussed. However, due to the lack of research and interview experience of the researcher, individual semi-structured interviews were preferred by the researcher. Individual semi-structured interviews are a personal and intimate encounter where open and direct conversation is used for the participant to share their experiences on the subject (Whiting L.2008.36.)

As the author began the literature research on the topic, it could be seen that the subject is not yet studied very much. Elderly transitional care is a relatively new subject, which however seems to interest researchers, both in Finland and around the world. As discussed earlier in the thesis, elderly population is only increasing everywhere and it is a positive step that research on the elderly care field is also increasing.

6.2   Discussion of the findings

Through this thesis, the researcher wanted to bring to light and emphasize nurse's experiences and feelings on care of the elderly in the emergency room. Another choice could have been to interview nurses from the sending facility, working in skilled nursing homes. However, interviewing acute care nurses gave the chance to take into account more the aspect of combining emergency care and elderly care. The aim of this thesis was to explore the challenges especially in the information flow, in the process of an elderly patient arriving from a nursing home to the emergency room. Experiences correlated and were similar to existing literature used in this thesis. Biggest challenges were experienced in the field of transfer of essential patient information, especially when patients arrive from a place where there is a different patient record database compared to the emergency room. A lot of the emergency room nurse's time was spent searching for essential information from the computer, patient files or telephoning to the sending

facility or patients' family member in order to gain more information on the elderly patient.

The effects of transitions on elderly patients could be seen by all the participants, confusion and decreased ability to function as a result of a hospital transition could be seen by all the emergency nurses participating in the interviews. In some situations the transitions between nursing homes were seen somewhat unnecessary. On the other hand, emergency room nurses acknowledged the fact that the sending facility may sometimes have no other choice than to send the patient to the emergency room for, at least, a check-up. Nevertheless, all the participants agreed that unnecessary transfers of elderly patients does occur every now and then. The co-operation between other nursing facilities and the emergency room was seen very positively. No severe challenges were mentioned in the co-operation process, mainly challenges related to information flow and different databases was mentioned. Also as the amount of nursing homes is increasing, a challenge of knowing the characteristics of all the new nursing homes was mentioned. Nurses however thought that co-operation between different facilities is functioning well.

6.3   Trustworthiness

In a qualitative research, the aim of trustworthiness is to support the findings of the research. The researcher should aim to fill in four criteria: credibility, dependability, transferability and conformability of trustworthiness (Holloway & Wheeler 2002, 254). Polit & Beck (2010, 493) add also authenticity to the list.

Credibility is similar to confidence in the truthful data and the interpretation of the results. Dependability refers to the stability of data, meaning can the data and findings be repeated if the samle group would be similar in similar circumstances. Confirmability assures that the presented data reflects the information provided by participants, not the opinions of the researcher. Transferability emphasizes the possibility of the study findings to be transferred to totally other settings or groups. (Polit & Beck, 2010, 492.)

In this thesis, the aim was to interview emergency room nurses with different working backgrounds, however there were a few limitations in choosing the participants. All the participants needed to be registered nurses, in order to cover also the medical treatment of the elderly patients, also at least 2 years working experience in the emergency room was preferred from the participants. The limitation criteria was given to the head nurse

of the emergency room. The participants were then chosen by the head nurse. Two nurses mentioned by the head nurse could not be reached after several contact attempts so their choice was respected and it was regarded that these nurses refused to participate in the research.

The interviews were conducted in the emergency room premises, during the morning when the environment is more calm, also during the nurses working hours so no free time of the nurses would be spent on the interviews. There was a calm room reserved for the interviews and all the participants had the time to participate to the interview. Participants had received a form of informed consent and an information letter on the study well in advance. The interviews were recorded, the participants were informed on this aspect too.The interviews were transcribed afterwards from word to word and important points were underlined already in the beginning of transcription. After transcription was done, important points were gathered and coded under suitable topics. This enabled a clear analysis of the findings.

A part of the thesis process was participation in the bachelor thesis seminars. In these seminars all the researchers presented their research material and findings, it was a great chance to gather new ideas and get feedback from peer researchers. Being as an opponent to another researcher was an educating part of the process, exchanging ideas and feedback is an important part of trustworthiness.

6.4   Suggestions for further studies

As the aging population only increases over the following years, the research on the field of elderly care is bound to increase as well. Elderly patients living at home or in nursing homes are older than before, they also have more complex health problems than before, due to the older age. Elderly patients will be a growing group also in the field of emergency care and the topic of elderly patients in emergency care provides many possibilities for further research.

A research focusing on the experiences of nurses working in nursing homes, and sending elderly patients to the emergency room, would be useful to get experiences and feedback from nurses working in both ends of the elderly patients' hospital transition. Hearing out nurses experiences also gives the nurses performing and giving the essential care a chance to speak out and be a part of the development of elderly care.

A similar research could also be done, focusing only on one elderly patient group in the emergency room, for example only patients with memory diseases or with Parkinson's disease. This way the focus could be more patient-centered than in this thesis that focuses mainly on nurses experiences, nonetheless aiming to develop a better and more effective way to treat elderly patients.

REFERENCES

Boswell C. & Cannon S. 2011. Introduction to Nursing Research: Incorporating Evidence-Based Practice.2nd edition. Jones and Barlett Publishers.

Coleman A. E. & Berenson A. R. 2004. Lost in Transition: Challenges and Opportunities for Improving the Quality of Transitional Care. In Annals of Internal Medicine 140:533-536.

Elo S. & Kyngäs H. 2007. The qualitative content analysis process. In Journal of Advanced Nursing 62(1). 107-115.

Fossey E., Harvey C., Mc Dermott F. & Davidson L. 2002. Understanding and evaluating qualitative research. In Australian & New Zealand Journal of Psychiatry. 717-732.

Haken M.L., Stevernik N., Heuvel van den W.J.A & Lindenberg S.M. 2002. Orientation to living in an old age home: An instrument to predict use of an old age home. In Nordic College of Caring Sciences. 353-359.

Holloway, I. & Wheeler, S. 2002. Qualitative research in nursing. 2nd edition. Oxford: Bleckwell publishing company.

Hsiu-Fang H. & Shannon S.E. 2005. Three Approaches to Qualitative Content Analysis. In Qualitative Health Research. Vol 15. No 9.1277-1288.

Hustey M. F. & Palmer M.R. 2010, An Internet-Based Communication Network for Information Transfer During Patient Transitions from Skilled Nursing Facility to the Emergency Department. Journal of the American Geriatrics
Society 58:1148-1152.

Jartti L., Heinonen P., Upmeier E. & Seppälä M. 2011. Vanhus – päivystyksen suurkuluttajako?. Suomen Lääkärilehti 40/2011 vsk 66.

Kivelä S-L. 2006.Geriatrisen hoidon ja vanhustyön kehittäminen; selvityshenkilön raportti. Helsinki. Sosiaali-ja terveysministeriö

LaMantia A. M., Scheunemann P. L., Viera J. A., Whitehead-Busby J. & Hanson C. L. 2010. Interventions to Improve Transitional Care Between Nursing Homes and Hospitals: A Systematic Review. Journal of the American Geriatrics Society 58:777-782.

Lattimer C. 2011. When It Comes to Transitions in Patient Care, Effective Communication Can Make All the Difference. Journal of the American Society on Aging. Vol. 35. No.1.69-72.

Lim S.C., Doshi V., Castasus B., Lim J.K.H. & Mamun K. 2006. Factors Causing Delay in Discharge of Elderly Patients in an Acute Care Hospital. In Annals Academy of Medicine. Vol 35. No.1. 27-32.

Morrow S.L. 2005. Quality and Trustworthiness in Qualitative Research in Counseling Psychology. Journal of Counselling Psychology. Vol 52. No.2. 250-260.

Naylor M. & Keating S.A. 2008. Transitional Care. Journal of Social Work Education, Vol 44. No 3. 65-73.

Polit D.F. & Beck C.T. 2010. Nursing Research. Appraising Evidence for Nursing Practice. 7th edition. Wolters Kluwer Health/Lippincott Williams & Wilkins

Quinn C.C., Port L.C., Zimmermann S., Gruber-Baldini A.L., Kasper D.J., Fleshner I., Yody B., Loome J. & Magaziner J. 2008. Short-Stay Nursing Home Rehabilitation Patients: Transitional Care Problems Pose Research Challenges. In Journal of the American Geriatrics Society. Vol 56. 1940-1945.

Smeltzer C. S., Bare G. B., Hinkle L. J. & Cheever H. K. 2010.Textbook of Medical-Surgical Nursing. 12th edition. Lippincott Williams&Wilkins.

Whiting L.S. 2008. Semi-Structured Interviews: Guidance for Novice Researchers. In Nursing Standard. Vol 22. No. 23. 35-40.

deWitt C. S. 2009. Fundamental Concepts and Skills for Nursing. 3rd edition.Saunders.

Appendix 1. Interview Questions

1. Millainen on hoitajataustasi? Kauanko olet tehnyt päivystystyötä?

2. Minkä takia olet valinnut ensiapu/päivystystyön?

3. Millaista on mielestäsi hyvä päivystystyö?

4. Kuinka suuri osa ensiapuun tulevista potilaista on ikäihmisiä? Yli 65-vuotiaita.

5. Millaisia lisähaasteita ikäihmisen tulo päivystykseen/ensiapuun tulo tuo hoito-henkilökunnalle?

   a. muistisairaat

   b. kotoa/hoitolaitoksista

   c. vanhuspäivystys?

6. Miten hoitolaitoksesta saapuvasta iäkkäästä potilaasta ilmoitetaan päivystyk-seen?

7. Millaisia haasteita tiedonkulku aiheuttaa potilaan siirtovaiheessa? Laitoksesta päivystykseen ja toisin päin?

8. Mikä on se kaikista oleellisin tieto mitä ikäihmisestä tarvitaan?

   a. verrattuna nuorempiin potilaisiin

9. Millaiset tiedot jäävät helpoiten puuttumaan?

10. Lääkehoito? Onko dokumentointi riittävää?

11. Mitä teette jos tietoja puuttuu?

12. Lähetetäänkö ikäihmisiä tarpeettomasti laitoksesta päivystykseen?

    a. Millaisissa tilanteissa?

    b. Miten toimitte silloin?

    c. Miten vaikuttaa potilaaseen? entä hoitajiin?

13. Miten tarpeettomia siirtoja voitaisiin ehkäistä?

    a. Puhelinneuvonta

14. Miten yhteistyötä voitaisiin kehittää?

15. Kun potilas siirtyy takaisin omaan hoitopaikkaansa, millaiset tiedot mukaan?

16. Miten toimitte eristyshoitoa vaativien potilaiden kanssa? Esim. MRSA? Kulkee-ko tieto ajoissa?

17. Muuta kerrottavaa, kysymyksiä?

Appendix 2. Saatekirje

Hyvä sairaanhoitaja!

Olen joulukuussa 2012 valmistuva sairaanhoitajaopiskelija Tampereen ammattikorkea-koulusta. Opiskelen englanninkielisellä linjalla suuntautumisvaihtoehtonani sisätaudit ja kirurgia. Opinnäytetyöaiheeni on vanhuksen hyvä hoito päivystyksessä, tarkennettuna hoitajien kokemuksia siitä, miten tiedonkulun haasteet vaikuttavat vanhuksen hoitoon, etenkin vanhuksen siirtyessä päivystykseen vanhusten hoitolaitoksesta. Opinnäytetyöni ohjaavat hoitotyönopettajat ovat Heleena Laitinen ja Anna Rinne.

Pyydän Teitä osallistumaan opinnäytetyöhöni, jonka tarkoituksena on tutkia miten tiedonkulku vaikuttaa vanhusten hoitoon päivystyksessä. Sairaanhoitajilta saadun tiedon avulla pyritään löytämään ratkaisuja ja kehittämisideoita vanhusten hoidon, yhteistyön ja tiedonkulun kehittämiseen tilantessa joissa potilas lähetetään lähetetään päivystykseen jostakin vanhusten hoitolaitoksesta.

Tutkimus tullaan suorittamaan laadullisin menetelmin. Vastausten saamiseksi tarkoituk-senani on haastatella noin kymmentä osastonne sairaanhoitajaa maalis-huhtikuussa 2012. Haastattelu kestää noin yhden tunnin ja se nauhoitetaan tiedon taltioimiseksi. Haastatteluun käytettävä aika on työaikaa.

Teiltä pyydetään kirjallinen suostumus opinnäytetyöhön osallistumisesta. Opinnäyte-työn tulokset käsitellään luottamuksellisesti ja nimettöminä, opinnäytetyön raportista ei yksittäistä vastaajaa pysty tunnistamaan. Opinnäytetyöt ovat luettavissa elektronisessa Theseus - tietokannassa, ellei Pirkanmaan sairaanhoitopiirin kanssa ole muuta sovittu. Opinnäytetyöni pääkieli tulee olemaan englanti, haastattelut tehdään suomen kielellä samoin tulokset esitellään suomen kielellä.

Ystävällisin terveisin
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Appendix 3. Informed Consent

Hyvä Sairaanhoitaja!

Pyydän Teitä osallistumaan opinnäytetyöhöni, jonka tarkoituksena on tutkia miten tiedonkulku vaikuttaa vanhusten hoitoon päivystyksessä sekä kuulla hoitajien kokemuksia siitä, miten tiedonkulun haasteet vaikuttavat vanhuksen hoitoon, etenkin vanhuksen siirtyessä päivystykseen vanhusten hoitolaitoksesta.

Osallistumisenne tähän opinnäytetyöhön on täysin vapaaehtoista. Voitte kieltäytyä osallistumasta tai keskeyttää osallistumisenne syytä ilmoittamatta milloin tahansa. Opinnäytetyölle on myönnetty lupa Pirkanmaan sairaanhoitopiiristä, joka toimii opinnäytetyön yhteistyötahona.

Opinnäytetyö toteutetaan haastattelemalla kuutta (6) päivystyksessä työskentelevää sairaanhoitajaa. Osastonhoitaja valitsee haastateltavat oman kokemuksensa sekä työvuorojen mukaan. Haastattelut suoritetaan työaikana hoitajien työpaikalla. Haastattelut ovat noin 45 minuutin pituisia yksilöhaastatteluja, jotka tullaan nauhoittamaan.

Opinnäytetyön valmistuttua aineisto hävitetään asianmukaisesti. Aineisto on ainoastaan opinnäytetyön tekijöiden käytössä. Aineisto säilytetään salasanalta suojattuina tiedostoina, kirjallinen aineisto lukitussa tilassa.

Teiltä pyydetään kirjallinen suostumus opinnäytetyöhön osallistumisesta. Opinnäytetyön tulokset käsitellään luottamuksellisesti ja nimettöminä, opinnäytetyön raportista ei yksittäistä vastaajaa pysty tunnistamaan. Opinnäytetyöt ovat luettavissa elektronisessa Theseus –tietokannassa.

Mikäli Teillä on kysyttävää tai haluatte lisätietoja opinnäytetyöstäni, vastaan mielelläni.

Opinnäytetyön tekijä

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TAMK
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SUOSTUMUS

ELDERLY EMERGENCY

Olen saanut sekä kirjallista että suullista tietoa opinnäyte-
työstä, jonka tarkoituksena on tutkia miten tiedonkulku
vaikuttaa vanhusten hoitoon päivystyksessä, sekä mah-
dollisuuden esittää opinnäytetyöstä tekijälle kysymyksiä.

Ymmärrän, että osallistuminen on vapaaehtoista ja että
minulla on oikeus kieltäytyä siitä milloin tahansa syytä il-
moittamatta. Ymmärrän myös, että tiedot käsitellään luot-
tamuksellisesti.

Paikka ja aika

_____   ____.____._____

Suostun osallistumaan   Suostumuksen
 opinnäytetyöhön: vastaanottaja:

_____   _____
Haastateltavan allekirjoitus   Opinnäytetyön tekijän allekirjoitus

_____   _____
Nimen selvennys   Nimen selvennys