

DISCHARGE WITHOUT HONOUR

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At hospital, the patient is the responsibility of the specialist care system – when home he/she is the responsibility of the primary healthcare. Enroute, the patient often finds herself in a sort of limbo, experiencing that none of the systems are able to take charge, and in a situation where she herself may not feel to be up to the situation, even if hospital has deemed that for curative reasons, the patient is fit to travel on his own.



In a study of information provided to patients experiencing inter-hospital transfer during treatment for Acute Coronary Syndrome (ACS), we found a difference between interhospital transfers and transportation back to the patient's home after discharge. The journey back home was experienced as far more a demanding than being transported between hospitals during acute phase.

Background

With regard to information, discharge after interhospital transfer is challenging to patients, patients families, health professionals and the health care system as whole.

In rural Norway, approximately 40 % of patients affected by ACS are rush-ed to local hospital by ambulance, and then transferred to regional hospital by air ambulance for further invasive investigation and treatment. This is due to centralization of Percutaneous Coronary Intervention (PCI) to only 8 hospitals in Norway

When discharged, the patients may be returned to the local hospital by air-ambulance or escorted by nurse on regular flights, or discharged from the regional hospital and sent to their home, travelling on their own as ordinary travellers.

Method

This part of the study is based upon five in depth interviews that were transcribed and analyzed inductively focusing upon information and transport challenges. Respondents were chosen to ensure diversity concerning age, sex and availability. Four of the interviewees had headed straight home, one headed for the local hospital.

To check whether topics in the interviews were relevant and representative, these were complemented with a postal survey sent to all patients transferred from two local hospitals to a regional hospital during a period of one year (N=134, 67% response rate).

Findings

Patients experience outbound travel from the regional hospital after treatment as more stressful than in-bound. Returning by regular service is significantly more stressful than by air ambulance. Connection to and from the airport by ambulance or taxi is experienced as more acceptable than bus transport. Waitingtime appears to be the most stressful part.

Discussion

When discharged, more than 50% of patients are returned to local hospital by air ambulance. The

remaining return home by regular air service. Regarding this group, routines and practices aimed at minimizing stressful situations en route are not satisfactory. Not only is this a nuisance for patients, it is also a policy challenge for health bureaucrats.

Conclusions

Since the majority of patients discharged from the regional hospital live relatively close to the hospital, the patients here concerned represent exceptions from the normal situation.

Extending hospital care into community care seems not to be a priority within either primary nor secondary care; exposing patients to undue stress and worry.

Accompanying person

Having a companion, regardless being a family member or an accompanying nurse, greatly reduces transport as a stress-inducing situation. Several patients commented that having an accompanying person was comforting or that lack made the situation worse. Further comments elaborated the importance of including accompanying person into the information-