

The assessment process for older people leaving hospital

A new study suggests there are a number of problems with the current system of discharging older people requiring housing adaptations or special equipment from hospital. Looking particularly at the 'home visit' with hospital occupational therapists, when such needs are assessed, it found that pressure of resources means that safe discharge is taking precedence over consultation and enhancement of independence. The research found:

- f** Home visits can be a source of great anxiety for older people who often feel that a 'pass/fail' criterion is being applied to their performance.
- f** The episodic nature of the home visit mitigates against a process of consultation with the older person. This is often exacerbated by the anxiety of the patient.
- f** The current drive for speedy discharge means that the home visit may be the only contact with a hospital occupational therapist. As it may therefore comprise a 'snapshot in time', the priority when assessing need can be the immediate concern with safe discharge rather than enhancing independence.
- f** There is often no system to follow people up at home, although professionals are aware that needs change following discharge. When needs change, older people often do not have the information to access professional help or advice.
- f** Older people devise ways of coping to meet their own needs; sometimes these are in conflict with the professional viewpoint of what is safe.

Background

Discharge from hospital for older people experiencing functional impairment is a transfer from hospital care to community care. Joint agreements between Health Authorities and Social Services Departments are mandatory and should ensure that patients are not discharged home until arrangements have been made to ensure that they can manage at home, their ongoing health and social care needs have been assessed, and, where necessary, any equipment and services are in place and adaptation work to the property made or firmly arranged.

The stated aims behind the reforms to community care are the enhancement of independence and the promotion of user choice. Users should have a say, services should be tailored to fit their individual needs, and moving between the different authorities should be experienced as a continuity, i.e. as 'seamless'. The demand to produce joint agreements, work closely together and to spell out clear lines of responsibility was seen by the Government as a way of overcoming the organisational, procedural and cultural differences between health and social services authorities in order to achieve 'seamless care'.

Home visits

In the areas where this research was conducted, hospital occupational therapists (OTs) are among the key players in the transition from hospital to community care. Hospital OTs assess physical ability and seek solutions to enable the person to live safely at home. They accompany patients on a short visit home prior to discharge to assess the patient in the familiar home environment. Solutions may include rehabilitative / remedial therapy, and/or the supply of equipment and referrals for adaptations. Social workers use OT assessment reports as part of the care management process. Some dispute between hospital social workers and hospital OTs about respective roles and responsibilities in needs assessment was apparent during the research. The older people interviewed were often confused about who was responsible for what.

The pressure on getting patients out of acute wards quickly can mean that the home visit is the only point of contact the OT has with the patient. Assessment may then be a one-off judgement, a decision based upon a snapshot in time, which seeks to identify potential functional deficits and at the same time recommend equipment and/or adaptations to facilitate safe discharge. Safe discharge is the predominant criterion in assessing patients' needs during home visits. Time pressures can also lead to prescriptive recommendations for equipment where older people themselves are not consulted.

The majority of the older people in the study were anxious during home visits. Seeing home again was usually in itself a highly emotional experience; this was compounded by having to perform certain tasks in front of strangers. Home visits were perceived as something you could 'pass' or 'fail': "They wouldn't let me out unless I had a (specific piece of equipment)". In other words, the home visit was seen as a test. Sometimes carers also felt that their ability to cope was being tested. Most OTs recognised the anxiety of older people undergoing home visits but were unable to allay these fears; it was sometimes the first occasion that they had met the patient and little time was available to build a therapeutic relationship. Where there had been the opportunity to develop such a relationship the process was more relaxed and enjoyable for the patient.

Negative home visits

'Negative home visits' is a term used by some OTs to describe a situation where a home visit is undertaken to reinforce a professional judgement that discharge home would be unsafe for the patient. Sometimes referrals are made by other professionals where the projected outcome is that the patient would be unable to cope. On a number of occasions, however, the patient insisted on going home against professional advice and in these instances the necessary equipment and care packages were arranged.

Information/consultation

The Patient's Charter states that patients and, where appropriate, their carers should be consulted and informed at all stages of the discharge planning process.

There was a wide range of assessment methods in the study sample; these varied from a 'menu' approach, where individuals were asked to perform a list of activities of daily living, such as getting on and off the bed and the toilet, making a cup of tea, and showing they could move around their home safely, to a more consultative mode where the OT discussed the implications of pieces of equipment with the patient and carer. However, most assessors used a prescribed list of equipment and adaptations from which to make recommendations. Older people were rarely consulted as to their perception of need and on no occasion were they asked what 'independence' meant to them.

Safe discharge

Time constraints of necessity lead to safety being the primary consideration on discharge. However, safe discharge could itself be undermined by delays in the fitting of minor adaptations and the changing criteria of other agencies in undertaking minor adaptation work.

OTs rarely recommended major adaptation works such as installing a shower. They felt these were long-term solutions which did not gel with the immediate demands of speedy discharge from acute wards.

Changing needs

Follow-up interviews with the older people from 1-12 months after discharge revealed often dramatic changes in needs as functional capacities improved or deteriorated, confidence levels altered, or carers' capacities changed.

Equipment arranged for at the initial assessment was found to have been used in a variety of ways. Some was seen as invaluable but on occasions had been discarded as energy, strength and confidence returned. Equipment was also rejected as being useless for its purpose: bath boards and seats were a prime example of this. Other equipment was discarded as it was felt to label the person or the household as 'disabled'; some people had, for example, bought items such as shopping trolleys to replace Zimmer frames.

A consistent finding of the research was that the older people did not know how to access professional help and advice to meet their changing needs. They were sometimes undertaking activities which they knew posed a risk to their safety but did not know that they could get help.

Assessment of need

'Needs led' assessment is, in part, a means of distinguishing between 'requirements' and 'wants' in the face of diminishing resources. However, the idea that responding to wants as opposed to needs, would open a floodgate of demand was not borne out in the study. Several people expressed disquiet over receiving equipment free of charge and would have been willing to contribute towards the cost. Most were happy with the charges for care, and saw the contributions made as being part payment that enabled them to retain a concept of independence. 'Paying my way', and 'not getting something for nothing' were two major concepts which emerged. Receipt of Attendance Allowance was popular because of this.

The issue of bathing services and equipment illustrated the distinction between needs and wants. Bathing is not accorded high priority and is therefore seen as a 'want' unless there are specific health considerations. According to professionals, the need is to be clean and this can, they say, be achieved with a strip wash. They rationalise this by saying older people are used to strip washing. For some of the older people, however, the need is to feel clean and this can only be achieved through bathing or

showering. While some were able to get bathing services and/or equipment, others were not and some were bathing/showering alone against professional advice or were using self-bought equipment which sometimes involved risk.

Ways of coping

There were many examples of older people devising their own ways of coping to overcome disabilities and/or to maintain the quality of relationships with partners. Sometimes these included activities which were expressly forbidden by professionals as unsafe, and which older people concealed from both non-resident carers and professionals. These included showering alone and sneaking upstairs to wash their hair.

Independence

Independence meant different things to different people but being able to manage at home and retaining some control over their lives were central themes. A sense of not 'being a burden' on others was also a feature. The concept of independence was constantly being redefined to rationalise increasing dependence on others or on equipment. Many felt that receiving Attendance Allowance and some support services helped maintain their core sense of independence while boundaries shifted in line with changing functional capacities. For many, some sense of reciprocity was important, such as giving small gifts to friends who'd been helpful.

For some older people being able to go out or simply being able to get into their own back gardens or yards was crucial to their sense of independence and well-being. Professional concern tended to concentrate solely on safety within the home environment.

Conclusions

The researchers conclude that:

- Assessment as a tool for enhancing independence is different to assessment as a tool to facilitate safe discharge. There is a clear distinction between professional definitions of needs and those of older people, who may be less concerned about safety and more about coming to terms with their disabilities and retaining some control over their lives. The protection of their independence was a central issue for the older people.
- The episodic nature of hospital discharge is out of line with the model of assessment prescribed by the community care reforms. The lack of follow-up visits after discharge mitigates against continuity of service

and older people can fall into the gap between hospital and community based services when their needs change.

- The lack of feedback to hospital OTs on outcomes for discharged patients means that they have no means to evaluate their input and to feed this into their professional frame of reference.

About the study

This research followed 29 older people through the process of discharge from hospital, concentrating on the experiences of home visits with hospital occupational therapists, with in-depth interviews one and three months after discharge. In addition a second group of 21 older people, discharged from hospital 12 to 18 months previously, were interviewed at home.

The research was conducted in two adjacent geographical areas in the south of England, served by different local and health authorities. The findings are based upon the recounted experiences of older people, balanced by the perspectives of a wide range of hospital and community-based professionals, the observations of the researchers who shadowed hospital occupational therapists during home visits, and reference to national and local policy.

Further information

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The full report, *Going Home: Older people leaving hospital* by Heather Clark, Sue Dyer and Louise Hartman, is published by The Policy Press in association with the Joseph Rowntree Foundation and Community Care magazine (price £11.50 plus £1.50 p&p).

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