A Portrait of a Broken System: Provider Perspective on Healthcare Delivery in Hospitals. Recommendations for the Facilitation of Elder Care

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Introduction

• The hospital system in the United States is characterized by structural inefficiencies (Severens 2003, Herzlinger, 2003).

• Results: Economic losses, increases in medical errors, patient dissatisfaction, staff turnover...

• “The hospital will benefit from having accurate information about...areas that must be improved.” –Timothy Murphy (circa 1800)
Inefficiencies With a More Pronounced Effect on Elderly Patients

• Growing trend in research is to look at hospital inefficiencies on a micro level, focusing on how they affect population subgroups, such as the elderly.

• Important to study this group:
  – Aging nation
  – Multiple medical problems
  – Require greater assistance
  – Utilize more hospital services
  – More affected by inefficiencies
Review of the Literature

- Literature focuses on four general types of inefficiencies:
  - Organizational Structure
  - Use of Technology
  - Direct Patient Care
  - Financial Structure
Organizational Structure

<table>
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<tr>
<th>Fragmentation</th>
<th>Delayed Discharge</th>
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<td>• Disconnect between providers</td>
<td>• Patients held in the hospital longer than is medically necessary</td>
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<td>• Leads to increased medical errors; may be related to economic loss</td>
<td>• Leads to hospital overcrowding</td>
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<td>• Of special concern to elderly</td>
<td>• Elderly more often delayed than others</td>
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<td>– See more doctors</td>
<td>– Lack of beds in rehabilitation, nursing homes</td>
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<td>– Have more health problems</td>
<td>– Require more resources, slows discharge planning</td>
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Use of Technology

Lack of knowledge about geriatric conditions
• Little is known about geriatric mental illness
• Clinicians often fail to provide adequate care to patients with multiple health problems (Gillespie & Rossiter 2003).
• Focus on acute, rather than chronic conditions (Marwick 2001)
Direct Patient Care

**Lack of Specialization in Geriatrics**
- Lack of geriatricians employed by the hospital
- Less than 1% of RNs certified in geriatrics
- Only 12 medical schools in the U.S. require courses in geriatric care
- Underutilized resource

**Poor End of Life Treatment**
- Lack of disclosure about imminent death, terminal conditions (Costello 2001).
- Reliance on the biomedical model: emotional, psychological, spiritual needs overlooked
Financial Structure

Money Not Spent on Inpatient Services

• Hospitals do not profit from adding beds
• Money spent on outpatient areas, cosmetic improvements
• Lack of beds leads to overcrowding in ER, premature discharge
• Elderly more likely to suffer as a result
Hypothesis

Clinicians experience numerous frustrations in providing care to elderly patients as a result of structural inefficiencies in the hospital setting.

Research Questions

(1) Which structural inefficiencies are more pronounced for elderly patients?

(2) What role do providers, patients, administrators, and the government play in correcting these inefficiencies?

(3) What policies can be implemented in effort to facilitate care for the elderly?
Method

• Local non-profit hospital
• In-person interviews with clinicians
  – Loosely based on a series of 10 questions
  – Lasting approximately 20-30 minutes
• Sample
  – 20 clinicians, 9 male, 11 female
  – Physicians, physician’s assistants, RNs, LNAs, social workers
  – Diverse in terms of age, experience
Results

Inefficiencies Specific to Elder Care

• Communication issues
• Rushed, overworked staff
• Use of aggressive medicine
• Lack of geriatricians
• Lack of elderly housing, rehab, nursing homes
• Poor disease management
• Matters relating to billing and insurance
Results

Roles

- Clinicians: Communicate with management, start committees for change
- Administration: Listen to clinicians, expand inpatient services, hire more geriatrists
- Government: Increase funding, overhaul Medicare, socialized medicine
- Patient: Advocate for themselves
- Society: Change attitudes
Discussion and Conclusion

• Inefficiencies in the hospital system have a profound effect on staff members.
• A number of issues concerning organizational structure, use of technology, direct patient care, and financial structure are more pronounced for the elderly community.
• Biggest Issues to be addressed: lack of communication, shortages in housing and specialized staff.
Discussion and Conclusion

• Administrators and Government have the most power to change issues with financial and organizational structure; clinicians with direct patient care
• All players must cooperate; everyone is responsible for addressing inefficiencies
• Societal attitudes must change
  - From profit to patient care
  - How we think about elderly community
  - How we view healthcare
Acknowledgements

Special thanks to:

Those clinicians who participated in the study
Michael Nickerson, P.A, PhD for assisting with the recruitment of participants
Sharyn Potter, MPH, PhD for serving as my faculty advisor