

Pre-Hospital

People's pathways into hospital range from being well planned to being sudden emergencies.

THE COMPLEX GUILT OF ILLNESS

Older people have often been carers themselves and may have built an identity around being a breadwinner, a carer, dependable, reliable and a supporter to their friends and family.

The health issue they are experiencing may be overshadowed or exacerbated by the uncertainty of what this illness will mean for their role in the family.

GAP

GP HOME VISITS

Lack of resourcing/ incentives for the After Hours GP service is putting strain on people trying to manage at home.

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FEAR, RISK, CHOICE AND INFORMATION

Older people are aware of the increased risk of complication during procedures at their age, but clear and frank conversations about these risks gave people a sense of confidence and control over their situation and their choices.

Lack of literacy around care plan coverage in an emergency may deter people from seeking help at the right time.

UNCONSCIOUS BIAS

There can be another layer of inhibition about hospital for Aboriginal people - encountering unconscious or conscious discrimination from staff / people in any institution or service.

Fears of encountering discrimination and 'being treated as a second class citizen' in care can exacerbate stress levels with a health issue.

TIMELY & SUPPORTED DECISION MAKING

When at home deciding what action to take, having a health professional to talk to immediately who can advise on severity of symptoms can add confidence to a carer unsure about encouraging someone out of their comfort zone if they are resistant.

Trusted relationships people have with health staff in community are crucial to getting people care at the right time.

GOOD

LANGUAGE BARRIERS

There is a therapeutic effect to feeling heard.

People with a language barrier can perceive GPs and staff as intentionally ignoring them.

A holistic approach to what a person needs in the moment can go a long way. A GP stepping outside a strictly clinical role and assisting a person with transport options smoothed their journey.

PLANNED ADMISSION TRANSPORT

People receiving a call for surgery the evening before the appointment found transport options difficult. The community transport service requires two days notice for booking. For people living alone, arranging transport and pet-sitting at the last minute was difficult.

EMERGENCY TRANSPORT

First response teams are in a great position to provide confidence, information, advice and support to the person and their family.

Emergency transport options other than ambulance can be challenging, especially when the person is resistant to going to hospital, or if a person has dementia and travel is difficult.

RURAL AND REMOTE TRANSPORT

Transport and transfers for rural and remote people to see specialists or get to hospital is a challenge. In addition, if they have family members or carers travelling with them, accommodation is a challenge.

GAP

The paramedics were fantastic, they gave me so much confidence when I had none. They really listened.



During Hospital

Anxiety and confidence matters: The levels of certainty or uncertainty people experience in their journey impact their ability to focus on their health goals.

GRIEF, SHOCK AND LOSS

Not all older people are in hospital for an age-related health issue.

Things can change suddenly for someone in full health at the peak of their life and career. If they appear older, they may be treated as if this situation should come as no surprise. Emotional aspects of a life changing illness need to be considered,

GAP

FALLING THROUGH THE GAPS IN ED

Levels of uncertainty, concern, stress, pain and fear are their highest in ED. Exacerbated by long wait times and no indication of how long the wait might be.

Feelings of heightened anxiety and being ignored. Some people felt their health condition was being overlooked or handled clumsily by 'junior' doctors in ED.

GAP

CARERS ROLE

There may be grief, fear and loss wrapped up in the sense of duty expressed by a spousal carer.

Family/carers are often very invested in, and dedicated to, helping. They see themselves as an important part of the working care team. They may have been in a full time support role at home, and feel they understand the person better than anyone.

COMMUNICATION = CHOICE = CONFIDENCE

Clear communication throughout all interactions, changes and processes helped to elicit a sense of confidence and control in people. This confidence was linked to a greater resilience and patience during long wait times and other uncomfortable situations in hospital.

STAND-OUT STAFF

People and carers notice when staff are 'in the moment', focussed, and efficient. Watching staff work in a thorough manner makes people feel safe and confident (however the inverse is also true.)

Qualities associated with positive experiences:

- Attentiveness
- Thoroughness
- Efficiency
- Answering questions
- Being treated with respect

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DIGNITY

Something which is common practice in hospital like using pads to toilet can take on a whole emotional dimension for older patients, as for them it may symbolise a loss of independence and dignity.

APPROPRIATE SUPPORT ROLES AVAILABLE

Roles such as the Aboriginal Liaison Officer or translation services need to be available to serve the diversity within a population when they need advocacy and support the most.

People also struggled caring for loved ones with dementia alone in the ward with no ward carer available.

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TRANSPORT / TRANSFER

People had a sense of feeling dropped out of clinical care once they exited the hospital doors. This was in part due to transport options and in part due to a lack of clarity about next steps in their journey.

Some people were able to access transport organised by the ambulance service which greatly improved their experience. Most people had no awareness of their transport options.

Travel can be stressful, especially for single people with no family or friends to call on.

Not all people have support systems available to them, and sometimes fragmentation disrupts the process that would otherwise connect people with service providers who could help them.

GAP

So grateful to the ambulance service organising travel for me. I had no way of getting home.



Post-Hospital

Primary care needs access to the right information at the right time to support people on their journey.

CONTINUITY OF CARE

There is a gap in continuity of care. People need to know what ongoing options are available to them and have the literacy and support to know how to access them.

Smooth information sharing is critical for the ongoing health journey and to lessen the likelihood of people reappearing in ED.

GAP

DISCHARGE NOTES

Ongoing wellness for a long life was top of mind for people upon leaving hospital. They want to be confident they are making the best choices for themselves at home with food, medication, activities, appointments, follow up, etc.

People want more clarity from their discharge notes, especially more comprehensive medication instructions.

GAP

GP FOLLOW UP

People may or may not know to contact the GP for follow up care. People may or may not have a GP, and are only realising after a crisis they need to find one. Primary care needs access to the right information at the right time to support people on their journey.

People trying to manage at home (and who had difficulty leaving home) needed GPs to come to the home.

AN ONGOING PLAN AHEAD

Self advocating and organising appointments and follow ups often became the responsibility of carers in cases where people did not have a private consultant/ home care package provider / advisor to forge an ongoing home care plan with them.

HOME, STABILITY, CONTROL

There is a strong link between people returning home and feeling more calm and in control.

Factors include:

- own bed
- own food
- controlling own sleep patterns
- grandchildren and great grandchildren visiting the home helped to lift spirits and wellbeing

GOOD

HOME CARE ROLE OF FAMILY AND FRIENDS

Family and carers are forming the main home care team for people leaving hospital, fulfilling many different roles to ensure people are supported and cared for in their own home.

Grief, shock and loss: consider the emotional aspects of a life-changing illness or injury and the support and literacy required to stay well.

LIFE IS DIFFERENT NOW

Once the physical emergency has been resolved in hospital, there often lies in wait a tough emotional process of re-learning how to live, and coming to terms with loss (of independence, purpose, identity, other).

Grief, shock and loss: consider the emotional aspects of a life-changing illness or injury and the support and literacy required to stay well.

