

# User Orientation in the Context of Hospital Discharge

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# The German Health Care and Social System

- Fragmentation of Support Services and Supply Sectors
  - In-patient care, part in-patient care and ambulatory / home care
  - Many specialised support services
  
- Many different Interfaces and Transitions within a Patient's Career
  - This is true for the the transition from one sector to another (e.g. the discharge from hospital to the home environment)
  - As well as for the co-operation of different services involved in the care process (e.g. GP's, home care services, therapists etc.)

# Occuring Problems within the Continuity of Care

## ■ This leads to Discontinuity within the Care Process

- Information about the needs and health status of the patient are not properly transmitted from one service provider to the next, or are not properly exchanged among themselves
- Lack of co-operation of the involved service providers due to several reasons:
  - Distribution of tasks means separated work and information flow
  - Figuration of transition process mainly done by medical professions, missing the adequate participation of care professions
  - Missing or deficient discharge planning leads to re-hospitalization or problems in the following home care
  - Implementation of co-operation turns out to be more difficult in practice than anticipated

# Hospital Discharge as Starting Point for Care Continuity

- Conclusion: Need for better Co-Ordination and Integration of involved Service Providers
  - This shall address the issues shown on the previous slides and lead to better co-operation and co-ordination of health and social care services
  
- Focus on Hospital Discharge Planning
  - Hospitalization often a „starting point“ for patient's career
  - Hospital discharge planning can pave the way for the following support services by co-ordinating the necessary care work
  - Hospital discharge planning is supposed to provide a basis for user orientation and sustainability of the care continuum and transition process

# The Concept of User Orientation (1)

- Turning away from the Paternalistic Understanding of the Patient
  - The communication between medical doctors and patients was characterized by an obvious asymmetry.
  - The patient was not involved in the decision finding, his expertise was not important
  - Patient as *object* in the medical treatment, focus reduction to patient's body
- Enhancing and Upvaluation of the patient
  - User orientation aims at
    - the equalisation of the information and communication asymmetry between medical doctor and patient
    - respecting the patient's expertise and knowledge of his situation and resources, seeing him as a *subject*

## The Concept of User Orientation (2)

- User Orientation means more Responsibility for the Patient
  - Not only knowledge, but also responsibility for the diagnosis and therapy should be shared by the medical doctor *and* patient
  - So there's a reciprocal interaction and discourse (e.g. Shared Decision Making) replacing the old dogma of the doctor's paternalistic habitus
  - Increasing responsibility also means that the quality of care is increasingly defined by the patient
  
- User Orientation as a Phenomenon of Modern Society?
  - Increasing individualisation contradicts focusing only on the patient's body as object of treatment
  - Holistic perspectives enhance the understanding of the patient beyond his body
  - User orientation as strategy for „re-individualisation“ of patients

# User Orientation in the Context of Hospital Discharge

## ■ Supporting the Patients and their Relatives

- Though the patients' expertise found more attention, there are still information gaps for the patients – e.g. regarding the available and necessary help available to ensure the care continuity at home
- Concerted assessment between hospital, patient and relative of required help, respecting the patient's needs

## ■ Initiating Co-Ordination and Co-Operation

- User orientation does not end after hospital discharge, since the „enhanced patient status“ still exists at home, concerning the home care services
- Patient's needs must be taken into account by *all* involved support services, thus user orientation is also a matter of successful co-operation



# Problems with User Orientation (not only) in the Context of Hospital Discharge

- Hospital Discharge Planning is mainly designed from a Professional Perspective
  - Practical implementations require concentration on the professional interaction level, to avoid efficiency and information loss
  - User orientation is hardly taken into account
- User Orientation Conception lacks of Consideration of Organizational Structures
  - Routines and work flows in organisations consist of behaviour pattern and tacit knowledge of the employees. This relationship is reciprocal and refers to the emergence of *organizational culture*.
  - Without keeping in mind the impact of organizational culture on routines and work flow, no adequate conceptions of user orientation can be worked out

# Finally: Organizational Structures

## ■ Organisation as a System

- Organisation (re-)act after an own logic, which may not appear „rational“ to outside observers („irrational organisation“)
- Considering an organisation as a system (according to the systems theory), it rapidly encounters the limits of influencing and controlling its environment, where other organisations involved in the interface management are placed

## Conclusions and Questions

- How can organisations manage to align and match their co-ordination and co-operation, if they all follow their own logic?
  - Though the specific actions for integrated care seem to be clear, the practical implementation is still deficient. A theoretical approach helps explaining these problems; may it also help to find solutions?
  - It seems that it's not possible to determine an authority who controls and manages the co-operations and co-ordination, if all organisation follow their own logic and have their own routines
  
- What consequences does this have for the conception of user orientation?

# Thank you for your attention!

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