Høgsgaard D et al, 2023 Cross-sectoral collaboration and negotiation about the patient's transition to home. Analytical results of video conversations between patients, relatives, and health professionals from hospitals, municipalities, and general practice. International Journal of Integrated Care 23(S1):136 DOI: doi.org/10.5334/ijic.ICIC23136

CONFERENCE ABSTRACT

Cross-sectoral collaboration and negotiation about the patient's transition to home. Analytical results of video conversations between patients, relatives, and health professionals from hospitals, municipalities, and general practice.

23rd International Conference on Integrated Care, Antwerp, Flanders, 22-24 May 2023

Ditte Høgsgaard[1,2,3], Helle Sofie Wentzer[4]

1: PROgrez, Naestved Slagelse Ringsted Hospital, Slagelse, Region Sjælland, Denmark
2: Primary and eHealth Care, Sorø, Region Sjælland, Denmark
3: Department of Regional Health Research, Odense, Region Syd, Denmark
4: VIVE, The Danish Center for Social Science Research, Aarhus, Region Midt, Denmark

Background: As in many countries, Danish health care intensively focuses on improving cross-sectoral collaboration between the sectors: general practitioners (GP), municipalities, and hospitals. Collaboration between the sectors is often siloed and fragmented, making it challenging to coordinate and plan the patient's transition across sectors. The issue is exacerbated by the increasing number of complex multimorbid patients who need specialized treatment across sectors. Health professionals (HP) must engage in circular thinking, focusing on the patient's needs and involvement. To strengthen cross-sectoral collaboration with the multimorbid patient, we have designed a model for cross-sectoral hybrid video conferencing (Cross-sectorial Hybrid Video Conferencing, CHVC) during the patient's admission at the hospital. The patient, relatives, and HP from the hospital were physically present in the patient's ward. HP from the municipality, GP, and relatives participated by video link on a video screen. We examined if and how CHVC can strengthen collaboration and coordination across sectors.

Method: The CHVC was developed in a participatory design with HP from hospitals, municipalities, researchers, and patient and relatives' representatives. The meetings lasted a maximum of 30 minutes and started with questions for the patient and relatives: What is important to you? What do you expect from the admission? What worries you and your family? Subsequently, we asked HP about what they found worrying and their expectations of the patient's admission. Inclusion Criteria: aged 65+, complex multimorbid patients with a need for municipal help before and after admission, and health professionals with knowledge of and responsibility for the patient's care and course of treatment. The video meetings were audio recorded and transcribed into text. Researchers carried out content and thematic analysis.

Result: We conducted 11 CHVC. The overall theme is a negotiation between patients, relatives HPs and GPs. They negotiated about how the patient could be at home despite a fragile and unstable situation. In addition, there was a negotiation regarding the discharge date. The discharge date was negotiated from the perspectives of the HP and GPs opportunities to support the patient's care and treatment needs at home.

Discussion and Conclusion: The health professionals across specialties and sectors, together with patients and relatives, exchanged knowledge essential for the patient's safe and satisfactory discharge and subsequent care course. A noteworthy finding in our study is that, during CHVC with the patient's needs as a starting point, the health professionals included their worries about the patient's overall situation and their expectations for the patient's hospitalization. This resulted in dialogical communication in which they asked questions about each other's practice and collaborated on a joint plan for the patient. The hybrid, interdisciplinary, cross-sectoral dialogue between the four parties gave the patients safe transitions and care paths.

It is our experience that CHVC is a medium by which negotiation about the patient's course can strengthen coordination and collaboration between sectors. However, this study was limited to 11 patient pathways; in future research, we will test CHVC for 200 complex multimorbid patients admitted to a regional hospital in Denmark.