International Journal of Integrated Care ISSN 1568-4156

Volume 15, 27 May 2015
Publisher: Uopen Journals
URL: http://www.ijic.org
Cite this as: Int J Integr Care 2015; Annual Conf Suppl; URN:NBN:NL:UI:10-1-116959

Conference Abstract

Homeward Bound: Co-Designing the Pathway from Hospital to Home for Older People

Fiona Munro, *IRISS, United Kingdom*

Stuart Muirhead, *IRISS, United Kingdom*

Correspondence to: ***Fiona Munro,*** IRISS, United Kingdom, *E-mail: fiona.munro@iriss.org.uk*

Abstract

Introduction and practice change: This project utilisied co-production methodology to enable health and social care practitioners, older people and their informal carers to work together to co-design an integrated care pathway from hospital to home.

Aim and theory of change: The project aimed to improve the experience of older people transitioning from hospital to home. To achieve this aim the group co-designed a two-pronged service intervention: i. an admissions coordinator; and ii. discharge at home.

Timeline: This has been a 20-month project, initiated in July 2013. Stage one involved an eight-month scoping period, during which practitioners across Scotland contributed to the development of a resource that gives an overview of existing pathways (http://content.iriss.org.uk/hospitaltohome/). Stage two was spent integrating the experiences of older people, informal carers and health and social care practitioners from Tayside over a period of six months. The final stage was spent embedding the co-designed interventions in practice locally. Innovation, Impact and Outcomes: The Design Council's Double Diamond Methodology was used to inform a co-production approach supported by service design methodology and tools. This was achieved by running creative and innovative monthly workshops supporting health and social care practitioners to work alongside older people and informal carers.

Comments on Sustainability and Transferability: Health and social care practitioners began to undergo integrated work as they engaged with and listened to the issues raised by the group. This helped to ensure the outcomes would be feasible in practice. Older people and informal carers were empowered to have a voice within this group and played a key part in the co-design process. Conclusions: Using a co-production approach allowed us to bring together a range of experiences and perspectives when redesigning the pathways in Tayside. This approach created a level platform for all involved, helping to support integrated working and practice. This approach was key to the success of the project, highlighting the need to embrace people who use services as equal partners for the production of person-centred outcomes.

Discussions: An admissions coordinator helps coordinate an older person's care from the start of their journey within hospital. This person is also an advocate for both them and their care, following them through hospital until they returned safely home.

'Discharge at Home' allows the older person to remain in control of their own care, reducing the risk of further illness, reduced mobility and independence whilst receiving prolonged hospital care. This intervention relies on the older person being able to say when they feel they have the appropriate level of support in place within their own home and are comfortable to be 'discharged' from hospital.

Lessons learned: This collaborative process generated insight into the diverse professional and personal perceptions of the pathway. Whilst practitioners viewed the pathway as linear, starting at hospital and ending at home, older people and informal carers saw it as circular, starting at home and ending at home. This understanding provided the health and social care practitioners involved with a better understanding of how to provide integrated, person-centered care pathways.

Keywords

co-production; health and social care; integrated care; service design; older people

---

PowerPoint presentation

http://integratedcarefoundation.org/resource/icic15-presentations