

Assisting Elderly Patients for Discharge

Long-term hospitalization of elderly patients has become a serious issue because of the rising cost of health care. It is desirable for elderly patients to leave the hospital and go back to ordinary daily life at home as soon as possible after receiving all the necessary medical treatment in the hospital. Long-term hospitalization tends to cut down on the patient's chances to socialize with others, slows down the patient's daily movement, and makes the patient too dependent on hospital care. It also allows the patient's family members to get used to daily family life without him or her.

However, with elderly patients, sometimes the patient as well as his or her family cannot expect things to go smoothly after hospital discharge. Elderly patients are often reluctant to be discharged because of this uncertainty. In such cases if the patient's doctor recommends that the patient be discharged from the hospital against his or her wishes, the patient is apt to get along badly due to unsatisfactory conditions at home. Sometimes this results in the patient being readmitted to the hospital or being transferred from hospital to hospital.

We conducted our study based on the following three guidelines: 1) The understanding of the patient's family is vital in assisting elderly patients on hospital discharge, 2) Evaluation of the patient's medical background and family inter-relationship should be carried out as a means of circumventing lengthy hospitalization, and 3) How to offer encouragement and assistance to elderly patients and their families on hospital discharge. A final point we would like to emphasize in this study is that a positive attitude about the hospital discharge as well as the cooperation and understanding of the patient's family are important factors in caring for the elderly patient. Nurses can and should attempt to encourage both this positive attitude on the patient's part and the understanding of the patient's family.

Eliciting the Understanding of the Patient's Family in Preparing Elderly Patients for Hospital Discharge

Reiko Kikuchi *

Elderly patients often need certain kinds of care even after the termination of hospital medical treatment. In Japan, it is often the case that after discharge such patients are cared for by family members with whom they live. If these patients do not get along with their families, hospital discharge often results in many problems. In order to enable smooth transfer from hospital to home, nurses should help patients by endeavoring to understand both their family situations and the pa-

tient's own personal feelings. This means when nurses evaluate the patient's families, they should take into consideration not only which members will be most involved in the patient's care, but also how the rest of the family members will support these individuals in this care. In other words, they should carefully consider how the patients will be cared for by the family as a whole.

We held continuous conferences with the nurses in one hospital which had a particularly difficult case. In this case, the elderly patient could not be discharged easily because she did not get along well with her son's wife. Unfortunately this daughter-in-law, who had been living in the patient's family before her admission to the hospital was to be the main person to care for her after her return home. Through these conferences we came to see the importance of family understanding, from the above-mentioned aspects.

The aim of this study is to report on such cases in detail and analyze the family situations.

Evaluation of the Patient's Medical/Psychiatric Background and Family Interrelationship as a Means of Circumventing Lengthy Hospitalization

Kazuo Fujita *

It is important to begin advising elderly patients and their families on post-discharge life when the patient is admitted to the hospital, so that the patient and the family will be better prepared for the discharge. This is why we should try to understand both the interrelationship of the elderly patient and the family and their life style as early as possible. It is desirable to try to gain insight on these when we take the patient's anamnesis. However, the conventional style of anamnesis recording is not suitable for collecting the detailed information required. Therefore, we developed an original style of anamnesis recording especially suited to enable the nurses to understand the interrelationship of the elderly patient and the family as well as their life style.

This record mainly describes the life history of the patient, the patient's family dynamics and social support, and past events in the patient's life which may have led to the patient's disease. It also establishes the purpose of hospital admission and assesses the patient's family in an attempt to determine if there is any fear of lengthy Institutionalization. If we find any problems in the family relationship when we take the patient's anamnesis, this record makes it easy for us to follow up the case and collect more information. It also helps us encourage the family and the patient to avoid lengthy hospitalization which sometimes occurs if they do not try to think over home treatment-positively. This record also helps nurses analyze the information on the patient's medical and psychiatric background and view the patient as a member of the community. One hospital has been testing and modifying this system of anamnesis recording in clinical situations. We will continue to make further investigations and modifications on this system of anamnesis recording in order to meet a wide variety of needs. The present study will discuss this system of recording as one way

of preventing the lengthy hospitalization of elderly patients.

Encouraging and Helping Elderly Patients and Their Families During Hospital Discharge

Kiyoko Iwashita *

Nobuko Sugayama **

1) What do admission and discharge mean to the elderly patient and the family?

Elderly people inevitably experience various kinds of losses; they may experience the loss of economic power, physical strength, social role or position, and the loss of friends or family members. They must also accept whatever situation into which they are thrust and they have to readjust constantly to their own changing way of life. The most drastic turning point which forces such readjustment is the attack of disease.

Elderly patients who are admitted to the hospital are thrown into various moods, including shock, denial, anger, sadness, depression, and languor, because of the loss or weakening of physical function. They may also have the desire to escape from their current situations. Gradually they will grow to accept their present conditions and begin to reconstruct their own way of life; this reconstruction process is based totally on their ability to accept the above-mentioned losses. It is not only the elderly patient alone, but also the family members who will care for him or her that are compelled to readjust to the new circumstances.

2) How nurses can help the patient's post-discharge return home.

What can nurses do to determine the earliest possible discharge date after the patient has received all necessary medical treatment? How can nurses ensure that after the patient's return home the situation will be satisfactory for both the patients and their families? First of all, nurses can help elderly hospital patients both regain their desire to live and improve their ability to carry out activities of daily life, simply through general nursing care. Such assistance greatly enhances the patient's spirits and outlook and gives the patient the confidence he or she needs to resume living at home. Nurses can also talk with the patient's family members and advise them how to lighten as much of the family burden as possible in caring for the elderly patient. In addition, to inspire confidence in the family members who care for the patient, nurses can supply the family with a wide variety of information. There are still many cases in which the family members have so little motivation to care for the patient that it is difficult for the patient to return home, although the burden on the family is comparatively light. In such cases, if the nurse's attitude toward the family is critical, this may alienate the patient's family and keep them away from the hospital, destroying whatever bond existed between the elderly patient and the family. On the other hand, a thoughtful attitude

on the nurse's part can maintain and improve family initiative to care for the patient.

Helping the patient to return home does not begin with the doctor's permission for discharge. It is very important for those involved in the patient's daily care from admission to discharge to treat the patient as a member of society. After hospital discharge, it is essential that the patient be treated as an individual with both a past history and a future role in family life. It is also important for the nurse involved in the daily care of the patient to share with the family the information she has gathered about both the patient's physical condition and wants and needs.

3) Helping patients adjust to post-hospital discharge life in various cases
the hospital because of a sudden onset of illness.

Case 2: In this case, the patient had needed special home care before admission and was sent to the hospital because his condition worsened.

Case 3: In this case, the patient recovered from the illness but still has some handicaps.

The present study discusses the problems that presented difficulties for the nurses involved in helping the patients on discharge from hospital, and why these problems were troublesome. It also demonstrates how nurses assisted the patients and their families, and what changes their assistance brought to the patients and their families in the above three cases. We should add that in all three cases, although the patients and/or their families were initially doubtful about discharge, and the families considered sending the patients to other hospitals or homes for the aged should the discharge be compulsory, they finally consented to the discharge.

* Survey Research Section, Development & Promotion Department Japanese Nursing Association

** Tokyo Metropolitan Tama Geriatric Hospital

Survey on Psychiatric Nursing Service to Promote Social Rehabilitation

Japanese Nursing Association
Survey Research Section,
Development & Promotion Department

Purpose of Survey

Recently the conventional psychiatric therapy for treating hospital inpatients has been gradually replaced by a new mode of therapy in which the patient's rights are recognized and social rehabilitation is encouraged. In 1986, the government-managed health insurance system made new provisions to include expenses for visiting nursing service and night care, which created a new trend in the psychiatric nursing field. The aim of the present research is to investigate the roles of and problems encountered in various nursing fields and rehabilitative activities. These include visiting

nursing service, day care, night care, halfway houses, workshops, and occupational therapy. All of these have been experimented with as social rehabilitation methods. We hope our data will help in developing better psychiatric nursing service in the future.

Method of Investigation

We chose 274 hospitals located in areas all over Japan which, to our knowledge, were involved in various psychiatric rehabilitation activities, and asked them to fill out our questionnaires. The survey was done within the period from August to November, 1986. We received 100 valid replies, which amounts to 36.45% of all the questionnaires we sent.

Characteristics of the Hospital we Investigated

We found that the hospital we investigated had the following characteristics which we could not find in other Japanese psychiatric hospitals. First of all, in the hospitals investigated the ratio of discharged patients was higher than that of other hospitals. Furthermore, all of these hospitals had a large number of outpatients and a substantial nursing staff, considering the number of beds in the hospital. From these results, we found that the hospitals investigated tried much harder to promote social rehabilitation and put more emphasis on outpatient treatment than did other hospitals. In addition, the nursing staff was larger than that of other psychiatric hospitals.

Findings

After 1975, many hospitals began to adopt such therapeutic programs as home visiting by nurses, day care, and the utilization of halfway houses. The night hospital system, which began in the 1950s, is relatively old. Many hospitals, however, have given up the night hospital system for two reasons. First of all, during the economic depression of 1973, many of the minor companies which employed workers with mild mental disorders went into a slump and subsequently dismissed them. In addition to this, the government-managed health insurance system does not cover the treatment fees of night hospitals. Day care and halfway houses have, however, become popular, and hospitals have begun home visiting services by nurses to make up for the insufficient day care.

We will discuss home visiting by nurses in detail, since this is a very important factor in psychiatric rehabilitation.

In home visiting, nurses provide care for chronic schizophrenic patients and alcohol-dependent patients. The purpose of their visits and their services are as follows.

1. Prior to discharge, nurses assess the patient's home environment and family relationship. When the patient's family is not willing to accept the patient at home, thus complicating the patient's discharge, the nurse either visits the patient's home alone, or accompanied by the patient if the patient is progressing favorably in the hospital. The nurse collects information on the family and the relationship between the family and the patient and asks the family to cooperate in caring for the patient. Sometimes the nurse confers with neighbors, case workers, and public health nurses to ask for their cooperation.

2. Nurses assist patients in social rehabilitation in order to promote social adaptation of the pa-

tient and to prevent aggravation of the disease. The nurse gives the patient Guidance on his or her daily life, checks the patient's health condition and dose of medicine, responds as quickly as possible should the patient's condition worsen, gives instructions about the treatment for complications, tries to coordinate the family relationship, talks with the family and gives suggestions to improve the situation, and assists the patient in using social facilities. This assistance service continues for a short period of time after discharge in some cases, and in other cases it begins immediately after the discharge and continues for a long period of time. In still other cases it begins at the stage when the patient visits the hospital on an ambulatory basis or is treated in day care. Many of the patients who need home visiting for a long period of time live in halfway houses near the hospital.

3. Nurses visit the homes of patients who have discontinued medical treatment and encourage the patient to continue treatment.

4. Nurses visit the patient's home if the hospital hears that the patient's condition has become aggravated or the patient has become unduly excited. They make home visits should there be a report of any violence, self-mutilation, suicide attempt, etc. The nurse observes the patient's condition, gives advice if urgent treatment is needed, and arranges for hospital admission if necessary.

The time required for such home visits varies greatly. For instance, it takes a nurse from 5 minutes to 8 hours to care for a patient, and anywhere from 2 minutes to 8 hours to go and come back from one home visiting session. In spite of this difficulty, the home visit fee reimbursed from the insurance system is uniform according to the provisions of the government-managed health insurance system. Also, the fee for home visit is only 2,000 yen per visit, which makes it a non-paying service.