

A Portrait of a Broken System:  
Provider Perspective on Healthcare  
Delivery in Hospitals. Recommendations  
for the Facilitation of Elder Care

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# Introduction

- The hospital system in the United States is characterized by structural inefficiencies (Severens 2003, Herzlinger, 2003).
- Results: Economic losses, increases in medical errors, patient dissatisfaction, staff turnover...
- “The hospital will benefit from having accurate information about...areas that must be improved.” –Timothy Murphy (circa 1800)

# Inefficiencies With a More Pronounced Effect on Elderly Patients

- Growing trend in research is to look at hospital inefficiencies on a micro level, focusing on how they affect population subgroups, such as the elderly.
- Important to study this group:
  - Aging nation
  - Multiple medical problems
  - Require greater assistance
  - Utilize more hospital services
  - More affected by inefficiencies

# Review of the Literature

- Literature focuses on four general types of inefficiencies:
  - Organizational Structure
  - Use of Technology
  - Direct Patient Care
  - Financial Structure

# Organizational Structure

## Fragmentation

- Disconnect between providers
- Leads to increased medical errors; may be related to economic loss
- Of special concern to elderly
  - See more doctors
  - Have more health problems

## Delayed Discharge

- Patients held in the hospital longer than is medically necessary
- Leads to hospital overcrowding
- Elderly more often delayed than others
  - Lack of beds in rehabilitation, nursing homes
  - Require more resources, slows discharge planning

# Use of Technology

## Lack of knowledge about geriatric conditions

- Little is known about geriatric mental illness
- Clinicians often fail to provide adequate care to patients with multiple health problems (Gillespie & Rossiter 2003).
- Focus on acute, rather than chronic conditions (Marwick 2001)

# Direct Patient Care

## Lack of Specialization in Geriatrics

- Lack of geriatricians employed by the hospital
- Less than 1% of RNs certified in geriatrics
- Only 12 medical schools in the U.S. require courses in geriatric care
- Underutilized resource

## Poor End of Life Treatment

- Lack of disclosure about imminent death, terminal conditions (Costello 2001).
- Reliance on the biomedical model: emotional, psychological, spiritual needs overlooked

# Financial Structure

## Money Not Spent on Inpatient Services

- Hospitals do not profit from adding beds
- Money spent on outpatient areas, cosmetic improvements
- Lack of beds leads to overcrowding in ER, premature discharge
- Elderly more likely to suffer as a result

# Hypothesis

Clinicians experience numerous frustrations in providing care to elderly patients as a result of structural inefficiencies in the hospital setting.

## Research Questions

- (1) Which structural inefficiencies are more pronounced for elderly patients?
- (2) What role do providers, patients, administrators, and the government play in correcting these inefficiencies?
- (3) What policies can be implemented in effort to facilitate care for the elderly?

# Method

- Local non-profit hospital
- In-person interviews with clinicians
  - Loosely based on a series of 10 questions
  - Lasting approximately 20-30 minutes
- Sample
  - 20 clinicians, 9 male, 11 female
  - Physicians, physician's assistants, RNs, LNAs, social workers
  - Diverse in terms of age, experience

# Results

## Inefficiencies Specific to Elder Care

- Communication issues
- Rushed, overworked staff
- Use of aggressive medicine
- Lack of geriatricians
- Lack of elderly housing, rehab, nursing homes
- Poor disease management
- Matters relating to billing and insurance

# Results

## Roles

- Clinicians: Communicate with management, start committees for change
- Administration: Listen to clinicians, expand inpatient services, hire more geriatricians
- Government: Increase funding, overhaul Medicare, socialized medicine
- Patient: Advocate for themselves
- Society: Change attitudes

# Discussion and Conclusion

- Inefficiencies in the hospital system have a profound effect on staff members
- A number of issues concerning organizational structure, use of technology, direct patient care, and financial structure are more pronounced for the elderly community.
- Biggest Issues to be addressed: lack of communication, shortages in housing and specialized staff

# Discussion and Conclusion

- Administrators and Government have the most power to change issues with financial and organizational structure; clinicians with direct patient care
- All players must cooperate; everyone is responsible for addressing inefficiencies
- Societal attitudes must change
  - From profit to patient care
  - How we think about elderly community
  - How we view healthcare

# Acknowledgements

Special thanks to:

Those clinicians who participated in the study

Michael Nickerson, P.A, PhD for assisting with  
the recruitment of participants

Sharyn Potter, MPH, PhD for serving as my  
faculty advisor