## Appendix 1 Treatment on fractures of the femur – A brief history

Literature dating back to 1937 describes that fracture neck of femur was widely discussed and was viewed by an American surgeon Kellog Speed in 1935 as 'the unsolved fracture' since it was problematic to treat in that era (Johansson, 1937; Brittain, 1938).

In a discussion paper Johansson (1937) explained how a leading surgeon in Germany, Professor Sauerbruch, suggested the removal of the femoral head in patients over 35 years of age as the treatment of choice in femoral fractures but this procedure was relinquished over the years because it was leading to permanent disability. However, all patients with fracture femur used to be treated conservatively with splints, traction, bed rest and plaster cast which caused the most common complications of bed rest including; pressure sores, bowel and urinary problems, chest infections, thrombosis (Colbert, 1967) and psychological distress.

Originally the first splint (Thomas Splint) for fixed traction was designed in 1875 by Hugh Owen Thomas a Welsh surgeon, with the aim to prevent infections and stabilize the fracture (Wikipedia, 2013). Its use was further discussed in comparison to other splints, such as the Braun Splint or the Groves Cradle Splint in the literature of the time (Morton, 1917; Pinnock & Nicholson, 1939; Hart; 1939). Another option for proximal femoral fracture was the application of plaster Hip Spica which was applied from the upper chest to the toes (Jones, 1934). Moreover, immobilisation of femoral fractures involving the trochanteric region was not considered as an emergency and used to be treated after several days with either skin traction or the patient's leg being kept in position by sand bags for four months (Pendred, 1921; Ring, 1963) the usual weight being that of four kilograms (Williams & McLean, 1952).

This contrasts sharply with modern management of an older patient with fracture femur, since nowadays; early intervention and mobilisation are considered crucial towards obtaining independence, pre-fracture mobility status and the prevention of complications.

The concept of internal fixation of the femoral neck fractures was carried out by Bernhard Rudolph Konrad von Langenbeck, who conducted his first surgery during the 1850s on a patient with an ununited fracture of the neck of femur (Stokes, 1902 as cited in Bartonicek, 2002.

## Appendix 2 Thematic possibilities for a literature review

| Type of Theme | Questions for thematic analysis |
|---|---|
| ***Substantive*** | *What is the pattern of evidence? How much evidence is there? How consistent is the body of evidence? How powerful are the observed effects? How persuasive is the evidence? What gaps are there in the body of evidence?* |
| ***Theoretical*** | *What theoretical or conceptual frameworks have been used to address the primary question - or has most research been atheoretical? How congruent are the theoretical frameworks? Do findings vary in relation to differences in frameworks?* |
| ***Generalizability / Transferability*** | *To what types of people or settings do findings apply? Do the findings vary for different types of people (for example, men versus women) or setting (for example, urban versus rural)?* |
| ***Historical*** | *Have there been substantive, theoretical, or methodologic trends over time? Is the evidence getting better? When was most of the research conducted?* |
| ***Researcher*** | *Who has been doing the research, in terms of discipline, speciality area, nationality, prominence, and so on? Has the research been developed within a systematic program of research?* |

**Source: Polit & Beck 2017**

## Appendix 3 A brief history of geriatric care in orthopaedics

The notion of shared management between the orthopaedic and geriatric care originated in the United Kingdom (U.K.) in the 1950's with the aim to facilitate preoperative assessment and optimise patient care (Chen *et al*., 2011; Lynch, Tower & Venturato, 2015). Geriatric assessments are viewed as the golden standard even though these are not yet available in many acute settings because they are time consuming, require coordination of a multidisciplinary team and include high costs (Kates *et al.*, 2012; Hickman *et al.*, 2015).

Geriatric care denotes a multi-dimensional evaluation of several factors by the multidisciplinary team whilst ensuring that difficulties are recognised, quantified and managed properly (Ellis *et al*., 2011; Saltvedt *et al.*, 2012). Comprehensive geriatric assessment was defined as a multidisciplinary diagnostic process to decide on the biological, psychological and functional abilities of a frail older patient so that organised and integrated plans for treatment and follow-up will be planned (Mesteig *et al.*, 2010; Ellis *et al.*, 2011).

Most of the studies available on the outcomes of geriatric involvement in the care pathway of older patients with fractured femur are mainly SRs, RCTs and intervention studies and with an increased interest from the U.K, Sweden, Denmark, Taiwan, U.S.A and Australia. Although subjectivity in SRs cannot be totally eradicated, it provides a transparent and disciplined process (Polit & Beck, 2017) so that conclusions can be considered.

## Appendix 4 A brief history on discharge planning

Discharge planning was initiated originally in the U.S and has developed over the last sixty years, commencing with explanations of progressive patient care in hospitals and incorporating the addition of hospital care at home (Abdellah & Levine, 1957 as cited by Holland & Harris, 2007). Hospital discharge planning became more formal and part of the national health policy in the U.S with the introduction of insurance policies (Holland & Harris, 2007). Lin *et al.* (2012) pointed out that the Joint Commission on Accreditation of Hospitals in 1984 recommended that discharge planning should be offered to all patients admitted to hospital.

Studies show that discharge planning received a great deal of attention in the 1980's and 1990's (Driscoll, 2000; Coffey, 2006). This notion continued to develop as a means of ensuring continuity of high-quality care whilst saving healthcare costs on long hospital stays and readmissions (Nagata, Tomura & Murashima, 2012).

Various terms are used synonymously with discharge planning, such as 'hospital at home' (Mader *et al.,* 2008), 'nurse-led care' (Walsh *et al.,* 2005; Crotty *et al.,* 2010; Woodford & George, 2010) and 'transitional care' (Meleis *et al.,* 2000; Foss & Hofoss, 2011; Efraimsson *et al.,* 2006). It is believed that an interrelation exists between the concepts of hospital discharge planning, transitional care, continuity of care and coordination of care (Holland & Harris, 2007).

Many researchers presenting their findings about discharge planning and evidence provided data on the impact of discharge planning especially on the patient's hospital length of stay (Naylor *et al.,* 1999; Roberts *et al.,* 2004; Shepperd *et al.,* 2013; Lynch, Shaban & Massey, 2015), on multidisciplinary teamworking (Bull & Roberts, 2001; Atwal & Caldwell, 2002; Popejoy, 2008; Lin *et al.,* 2009) and the influence of discharge planning on health-related quality of life (Lin *et al.,* 2009; Fox *et al.,* 2013; Tseng *et al.,* 2016).

### *Defining the discharge planning process*

Discharge planning was defined as the development of an individualised discharge plan made for the older patient to facilitate continuity of care after discharge from

hospital after his/her needs are identified for safe transition (Petersson, Springett & Blomqvist, 2009; Shepperd *et al.*, 2010) and the appropriate discharge destination has been determined (Rodakowski *et al.*, 2017). Besides, discharge planning is often defined as the main issue, routine feature and a priority on the agenda of healthcare systems in many countries (Brent & Coffey, 2013; Shepperd *et al.*, 2013; Pellett, 2016). It bridges the gap between the transition from hospital to the community or to the next setting (Bauer *et al.,* 2009: Holland *et al.,* 2012; Holland, Knafl & Bowles, 2012). For successful discharge planning, information should be shared between patient, family caregiver and provider from admission through to post discharge (Naylor & Keating, 2008; Archie & Boren, 2009; Augustinsson & Petersson, 2015) as it supports patients to become more active participants in their care (McKain *et al.*, 2005; Foss & Askautrud, 2010).

Literature often defines the discharge process as a care process that aims to include safe transfer from home to hospital on the day of or prior to admission from home and back (Nordmark, Zingmark & Lindberg, 2016; Goodman, 2010; Nosbusch, Weiss & Bobay, 2011; Brent & Coffey, 2013; Zakzesky *et al.*, 2015). However, Rockwell (2010) claim that although hospital discharge involves working with patients for successful discharge, nowadays the support available is more oriented towards addressing the biomedical issues. Durocher and Gibson (2010), in their ethical analysis while conducting a case study approach, explain the discharge planning definition from two different viewpoints. They specify that from the patients' perspective, discharge planning aims to meet the older adult's desires, requirements and capabilities within their accessibilities whilst healthcare professionals' standpoints are frequently guided by patient safety (Durocher & Gibson, 2010).

***Impact and effectiveness of the discharge planning process***

Research consistently demonstrates that due to their frailty, many older people who have been hospitalised require appropriate discharge planning and rehabilitation so as to achieve their previous health status (Mistiaen & Poot 2008; Fox *et al.,* 2013). Providing a discharge plan requires multidisciplinary input and health professionals can contribute because they can assess and plan according to patient needs (Smith, Fields & Fernandez, 2010; Tomura *et al.*, 2011).

## Appendix 5 Origins of Action Research

The history of AR goes back to the early twentieth century and its use varied amongst different disciplines or movements, such as the women's organisations, green and conservation activism, disease prevention and by a range of professions including education, nursing and medicine (Kemmis, McTaggart & Nixon, 2014).

The origin of AR is debatable because some writers explain that it originated in the 1940s with Kurt Lewin, (Elliott, 1991; Masters, 1995; Meyer, 2000; Koshy, Koshy & Waterman, 2011) whereas McNiff and Whitehead (2011a) assert that AR originated from the work of John Collier in the 1930's who, at the time, was working as a commissioner for Indian affairs. Besides the uncertainty of its origins, Reason and Bradbury (2006) doubt the probability of providing one consistent history on AR whilst pointing out that its development was taken as far back as to Marxism through the theorising of Gramsci and the educationalist, Paulo Freire.

Furthermore, Lewin (1946) as cited in Kemmis, McTaggart and Nixon (2014), described AR in a cycle of steps including planning a change, implementing the plan into action, evaluating the action and re-planning based on what had happened. Lewin linked the idea of AR to the idea of doing experiments in practice rather than in the laboratory and initially, the idea of AR emerged from the assumption that the theory can be put in action (Reason & Bradbury, 2006) and can be examined on its practical effectiveness (Carr, 2006). Also, Lewin explained that to understand and change social practices, researchers have to include practitioners from the real social world in all phases of inquiry (McKernan, 1991 as cited in Masters, 1995). However, Kemmis, McTaggart and Nixon (2014) argue that, Lewin's view of AR was limited by the reflective spirals which provided too much importance to the individual steps and their repetition.

AR was developed to translate the findings of scientific research into practical action, however, it remained linked to the applied science notion of the relationship between social science and societal change implanted in the epistemological expectations of the positivistic culture that controlled American social disciplines in the 1940s (Carr, 2006). One critique about the development of AR is that despite being actively used,

AR never really advanced due to the fact that it became institutionalised in a way which nearly ensured that it could not meet the challenges for which it was originally created (Sanford, 1970 as cited in Carr, 1995). Thus, this failure was due to an increase in the separation of research and action, of theory from reality (Sanford, 1970 as cited in Carr & Kemmis, 1986). Furthermore, contemporary writers on AR have been critical of Lewin's work (Waterman *et al.,* 2001). Carr and Kemmis (1986) in Waterman *et al.* (2001) argued that Lewin's democracy and group decision-making were perceived as a method for obtaining collaboration rather than an important principle for social action. Similarly, Hart and Bond (1995) explained that Lewin's work was more influential in the industrial and organisational research even though there are few publications about the subject as he died before seeing the outcome of his planned AR experiments.

Thus, the second stage in the historical evolution of AR takes its initial point of interest from the aim to revise the educational and curriculum research in the early 1970s in the UK (Carr, 2006). Lewin's perception of AR in practice promoted the 'non-participant' researcher as facilitator, or the 'outsider,' which has been a characteristic since the mid-twentieth century. This was well preserved in AR and developed in social psychology, organisational development and research in Britain after Lewin collaborated with other researchers at the Tavistock Institute in London (Kemmis, McTaggart & Nixon, 2014).

## Appendix 6 Characteristics of Action Research

| Authors | Main characteristics of action research |
|---|---|
| **Hart & Bond (1995, p.37).** | *Is educative*<br>*Deals with individuals as members of social groups*<br>*Is problem focused, context specific and future oriented*<br>*Involves a change intervention*<br>*Aims at improvement and involvement*<br>*Involves a cyclical process in which research, action and evaluation are interlinked*<br>*Is founded on a research relationship in which those involved are participants in the change process.* |
| **Koch & Kralik (2006, p.28)** | *It is democratic, enabling the participation of all people*<br>*Equitable, acknowledging people's equally of worth*<br>*Liberating, providing freedom from oppressive, debilitating conditions*<br>*Life enhancing, enabling the expression of people's full human potential.* |
| **Reason & Bradbury (2006, p.2)** | *Knowledge in action*<br>*Practical issues*<br>*Participation and democracy,*<br>*Human flourishing and emergent developmental form.* |
| **McNiff & Whitehead (2011, p. 17)** | *Practise based and practice is understood as action and research*<br>*Is about improving practice (both action and research), creating knowledge, and generating living theories of practice*<br>*Focuses on improving learning and not behaviours*<br>*Emphasises the values base of practice*<br>*Is about research and knowledge creation, and is more than just professional practice*<br>*Is collaborative and focuses on the co-creation of knowledge of practices;*<br>*Involves interrogation, deconstruction and decentring*<br>*Demands higher-order questioning*<br>*Is intentionally political*<br>*Requires people to hold themselves accountable for what they are doing and accept responsibility for their own actions;*<br>*Can contribute to social and cultural transformation.* |

**Key characteristics of action research**

## Appendix 7 Reflective account on preparatory meetings

### BACKGROUND AND DESCRIPTION OF THE EXPERIENCE

It was in February 2011 when I profoundly thought about this research study. I started to notice an increase in the number of aged patients received in the operating theatres coming for a fixation of their fractured femur. I started to explore literature and I realized that this was a worldwide problem. Maltese statistical data indicates a rise in patients admitted to hospital with fracture femure having 330 cases in 2006 rising to 488 in the year 2010 (Hospital Activity Analysis, 2011). Hospital admissions due to falls in people aged 60 in Australia, Canada and United Kingdom vary from 1.6 to 3.0 per 10 000 population with the end result of them remaining in hospital for the rest of their lives due to age and frailty (WHO, 2007a).

At that time I was working as a deputy nursing officer with the anaesthesia department at the main operating theatres at a local hospital. I used to work as a nurse in charge of the anaesthetic nurses at another local hospital. Although I was a charge nurse, I also continued to work as an anaesthetic nurse, whereby communication with the patients peri-operatively was my priority. This project commenced with a meeting with my local supervisor where I discussed my aim of this study. My aim was to introduce change in the healthcare system; especially with the frail aged individual suffering from fracture femur. I used to notice patients coming for an operation (hip fracture) without being aware of what was going to happen to them. I used to wonder why they had signed the consent form for surgery if they were not aware? What information they had received? Had they understood the information given to them by the surgeons? Were they aware of the complications of surgery? Why most of the aged patients coming to theatre were unable to explain what operation they were going to go through? I started questioning what support these frail elderly patients would have following discharge from hospital. Do we have enough services in the community in Malta? Are aged patients and their in/formal carers aware of the services available?

The informal meeting with the local supervisor was concluded with the aim to organise an informal meeting with one of the nurses of the CommCare. Their role is to ensure that all individuals receive care in the community and act as a bridge between health

and social care services in the community. The informal meeting was at my local supervisor's office at the Faculty of Health Sciences. The meeting agenda was to discuss my dissertation proposal and the community services available in Malta. Also the informal meeting was about the role of CommCare and how it functions. The hierarchy of the CommCare was also discussed and it was suggested that we should discuss this study with the nursing officer of the CommCare.

At that moment in time, the deputy charge nurse of the CommCare was conducting her Masters of Health Science in Nursing studies and her dissertation was on the perceived discharge needs and challenges of Maltese housebound elderly individuals and their informal carers. The findings were discussed in detail and it was revealed that patients and relatives in Malta lack information upon discharge. In addition, she explained her experience on an Erasmus project in London whereby she had visited several trusts in the U.K. The need for supporting the aged patient following discharge was mainly emphasised. The meeting was concluded by planning a meeting with the nursing officer of the CommCare. Some literature and reference material such as outreach forms and notes taken by this nurse whilst she was on Erasmus experience were attained and saved for future reference.

After two weeks in February 2011, a formal meeting was set up with the nursing officer at the main office of the CommCare which used to be the X-ray department at a local hospital. I attended this meeting together with my local supervisor and we were shown around the building and were introduced with the other team members working with the CommCare. The nurses' role was explained and the type of documentation used was also identified.

I conducted a literature search about the role of the CommCare in Malta. Their role is to deliver care with an interdisciplinary approach which supports individuals to remain in the community therefore decreasing the need for institutional care.

The objectives of the CommCare are the following:

- To monitor community nursing and midwifery care.
- To coordinate services and manage care plans for patients on an individual basis.
- To maintain and continue to develop an interdisciplinary approach in case management whilst integrating both health and social aspects.
- To analyse data collected to address current needs and plan for future developments.

Individuals entitled for CommCare include:

- Those whose needs require that care is delivered within their own home
- Those whose independence would be at risk if they are not supported within the community
- Those who are unable to leave their home due to environment barriers.

The meeting commenced by primarily explaining the aim of this research study and the possibility that CommCare nurses would be part of this action research study. Thus the aim was the introduction of intermediate care led by the Community Liaison Nurse (CLN) to patients with fracture femur in Malta.

The cost-effectiveness of the introduction of intermediate care being led by the CLN needed to be examined as well. Follow up and support by community care nurses and multidisciplinary team approach was another aim of this research study.

The nursing officer of the CommCare explained the nurses' role in detail and their limitations such as the lack of human resources. In addition, it was revealed that a pilot study was being conducted by the CommCare nurses in a small village centrally located in Malta. The nursing officer expressed that she is keen to participate and she would like training with a University abroad. She requested courses for community nurses, for instance, on physical assessment and on Intermediate Care (IC). In addition, IC was a new concept in Malta. Besides all this, it was agreed that my local

supervisor would ask about the possibility of a training course for CommCare nurses or whether there is the availability of such courses at the University of Glamorgan. However, the participation of the CommCare nurses in this action research study required to have the approval of the Director of Primary Health Care. Thus it was concluded that another meeting should be scheduled with the Director of Primary Health Care, the nursing officer of CommCare, local supervisor and the researcher.

**AESTHETICS**

**What was I trying to achieve?**

I was trying to collect and get knowledge about the CommCare team and what resources are available in the community which can be introduced to patients with fracture femur following hospital discharge. I wanted to get all possible members and people on board and I wanted to make them aware of this action research study. My aim was to convince all stakeholders whom I needed permissions from to conduct the study. I wanted them to be convinced about the need to change practice and become aware of the advantages of the CLN. I got to know that apart from nurses, physiotherapist, social worker and an occupational therapist, the CommCare team is composed of personal carers and also administrative staff. My intentions were to know the objectives of the team and how it functions. Furthermore to begin with, I wanted to explore the services available since I was not fully aware of the CommCare services in Malta.

The services available are the following:

- CommCare assessment unit
- Kartanzjan (card issued to every individual upon the age of 60 and its holder obtain rebates and concessions upon presenting this card).
- Telecare services
- Day Centres (which helps to prevent social isolation, the feeling of loneliness and reduce the social isolation interaction difficulties which older persons tend to encounter). Day centres also aim to motivate aged individuals by encouraging them to participate in the planning of activities of day centres activities. Their aim is also to help aged persons to remain as independent and

socially integrated as possible. These are not available in all localities around Malta.

- Handyman services
- Incontinence service
- Meal on wheels
- Home help
- Night shelters
- Residential homes
- Social work services

**Why did I respond as I did?**

I responded willingly and excitedly because I believed in the benefits this research would have if conducted properly. I was looking forward for this project to occur because patients were being sent home without any information about the available services. Patients were and are still sent home without any support. I searched for information because I believed that I should have knowledge first. Knowledge informs practice and vice versa, since, there is the theory practice gap whereby both elements are requested for good quality care. I searched for information because I wanted everyone to reach an agreement and all individuals to be involved in the planning of this research since their input is valuable. Their input consisted of providing the CLN to follow patients with fracture femur for 3 months after discharge. I wanted the CommCare to be involved because they are the ones who assess and coordinate the care and services required by the patients upon discharge. I wanted them to be involved since they were established and were working quite well in Malta.

I wanted to involve them to be part of this research study so that they could assess the needs of the patients whilst in hospital, which is something much desired. I wanted them to inform the patients about what services are available since this information giving was part of the objectives of the study. So that whilst patients know what services are available they can think around those services, so that hopefully they will remain at home.

**What were the consequences for the patient, others, and me?**

At the beginning the consequences were very positive and encouraging. Throughout the first meeting the CommCare nursing officer seemed very helpful and enthusiastic about the project. She was willing to be involved and was looking forward to the whole idea. Consequences for the patient were positive since the plan was that I would collect the information about the patient needs in regards to CommCare. Once an older patient with fracture femur is discharged I would inform CommCare to follow and coordinate the care in the community.

**How was this person feeling? (Or those persons?)**

Throughout these meetings I was feeling that I was moving forward in decision making because with the information obtained I could decide and plan this research proposal. Having a clearer understanding of other professionals' role, I felt satisfied because I was obtaining the right knowledge. I was feeling very good following these two meetings because the CommCare are the ones who coordinate community services and so they were very much needed to be on board in this project. In addition, the nursing officer of the CommCare was also looking positively towards this study since she was asking for further training and experience from abroad. However, I can recall expressing the dilemma about the shortage of staff. So the problem of human resources was highlighted from the first meeting with the CommCare.

**How did I know this?**

I managed to realize that CommCare were keen to be involved because they showed enthusiasm and they welcomed us in their premises. The fact that they showed us around and explained their role, seemed that they wanted to give a positive impression about their work. Moreover, the fact that in a month they arranged two meetings immediately it showed cooperation and they wanted to be part of this project. On the other hand, the problem of shortage of staff expressed by the nursing officer led me to doubt whether they wanted to be involved. I started to question whether they truly wanted to be involved or whether it was going to be impossible to get on board new nurses to work with CommCare to work on this project. In addition I thought that maybe the CommCare nursing officer had agreed to support this study since my local supervisor agreed to assist with the provision of specialized nurses training with an overseas university.

**PERSONAL**

**How did I feel in this situation?**

In the meetings I felt encouraged because I was contributing by asking questions like what do patients need to do to get CommCare services? What type of services do they provide? Do they work in a multidisciplinary approach? Are all members equal? Who is responsible of what? Are these services provided free of charge? Do they monitor their input? If yes, how do they monitor it? Do they use any tools for monitoring? Are they preventing or decreasing the institutionalisation rates? Are they preventing readmissions? Who is mostly benefiting from CommCare? I felt that I needed to know more about the services being offered by the CommCare. I was pleased with these meeting and I looked at them as successful since they offered advice and suggestions. To illustrate this, it was suggested that most of the problems encountered by them were amongst older patients around 80 years old who lost their spouse and they do not have any support from the family members.

**What internal factors were influencing me?**

The motivation towards enhancing the hospital stay, discharge process and follow up care of patients with fracture femur was influencing me. I wanted to improve nursing practice and community care by providing continuous support upon discharge up to 3months. Since there was no service upon discharge this motivated me to introduce the change. I was realising that care was fragmented and once an older patient with fracture femur was discharged s/he was left alone without any support. Another factor motivating me was that there are the experts in the field thus I wanted to listen and become familiar with their problems with patients within the community. I was also influenced and motivated by the benefits since I had the experience to work with an outreach team in Wales. This team prevented several hospital admissions by offering a multidisciplinary team approach to patient care at home. To illustrate this, an 80year old was being treated by intravenous antibiotics for cellulitis by a community nurse whereby hospital admission was prevented. Whilst administering the antibiotics the nurse was assessing the patient for any reactions to the drug she was also communicating with the patient and providing her with some company while she was there. Additionally, another motivating factor was whether CommCare in Malta was acting as a bridge between the Health and social care services in Malta. I was continuously questioning whether this integrated care really exists.

**ETHICS How did my actions match my beliefs?**

The questioning and the search for knowledge and expertise from the CommCare was required and beneficial. It matched my beliefs because I thought that proper planning is a must prior to an introduction of new practices. This was supported in literature by stating that researchers when selecting a topic need to reflect on different aspects and then plan the activities for change (Koshy, Koshy and Waterman, 2011). Also, the meetings were part of this research proposal so I had the expert advice. I believe in continuity of care and the CLN who was going to lease discharge planning of a patient with fracture femur from hospital stay until discharge matched my research aim.

**What factors made me act in incongruent ways?**

My thoughts about these meetings were that these meetings were very informative and very much needed for the planning phase of this study. The communication that existed during these two meetings was very clear. Moreover, I wanted their feedback and their expertise in this project. However, something which triggered me to think in a different way was that the nursing officer never promised the involvement. She seemed more interested in obtaining training for the nurses rather than in their involvement in this PhD study. So I did not comment on this issue because I thought that this could be due to the fact that she required permissions from her manager which was the Director of Primary Health Care. However I still question her input in this issue of the introduction of the CLN in this study. So I did not act differently since it was just a thought and thus I kept it to myself since I wanted to get everyone to collaborate and be involved.

**EMPIRIC What knowledge did or should have informed me?**

The knowledge I obtained and which helped me to perceive the importance of the role of the CLN was obtained from the literature and the Erasmus experience I obtained when I was in Wales. Literature from different countries suggest several advantages of intermediate care including, staff job satisfaction (Nancarrow *et al.*, 2007) supports discharge (Martin *et al.*, 2007) and avoids readmissions (Murphy & Logan, 2009). Furthermore, in an exploratory study to examine staff perceptions about their role in intermediate care, it was expressed that most of the staff were very satisfied in their job (Nancarrow, 2007). The researcher indicates that this satisfaction was attributed to intermediate care since it provides more autonomy than in other work settings such as

hospital and it allows professionals more time with the patients (Nancarrow, 2007). In addition, the community care provided in Wales was functioning very smoothly. Comparing Welsh community services with the local ones, it seemed that the one abroad had more difficulties such as distances. This can be due to the geographical size of the country. Since Malta is very small, patients can be reached quiet easily more than patients in Wales. To cross from the South part of Malta to the North it only takes around 45 minutes whereas in Wales it took the nurse an hour's drive to reach the patient in the same town.

**REFLEXIVITY How does this connect with previous experiences?**

The aim of these two meetings was different than others since it was a meeting with the aim to convince people to take an active part in a research study. One might also argue that in Malta we are not oriented towards participating in research studies especially with others. Students in Malta do research mostly individually and there are no opportunities with the health department for a full time researcher. Connecting this meeting with previous ones was very difficult because meetings have different agendas. However, this meeting was very important since it was very informative for future planning. It helped me to get to know more about the services available. This meeting also helped me to be more informed when meeting people in senior positions of the departments concerned.

**Could I handle this better in similar situations?**

Yes I could have handled these meetings better by focusing more on my agenda rather than others, since, the nursing officer was more oriented towards obtaining training for the nurses. However since I requested cooperation I should have persuaded the importance of IC by the introduction of the CLN by providing literature about the benefits of the CLN. I could have handled this better by forwarding a clear agenda about the topic of the meeting so that all members keep up with the meeting agenda.

**What would be the consequences of alternative actions for the patient? Others? Myself?**

There was no other alternative to the actions taken. I had to comply with their requests and I had to listen to their desires since it was a two way communication. It was a give and take situation. In addition the meeting was a must at that planning stage since I

could not plan without the important stakeholders on board. If the CommCare were not involved at that time, the lack of knowledge could have led me to take the wrong decisions. If these two meetings had not been conducted, I would not have had a clear picture of what CommCare comprises. Also these meeting revealed that the CommCare services are offered promptly and they visit the patient and assess their needs and provide services accordingly.

**How do I *now* feel about this experience?**

I feel that these meetings helped me to plan my research proposal. During the meetings we shared experiences and knowledge. We also discussed the problems of introducing a new service in Malta and the advantages of the introduction of the CLN were highlighted. I feel that this experience helped me to understand the importance of multiple roles. The important work which is being undertaken by the community nurses is sometimes not appreciated since their results or outcomes are not well known or published amongst the general public.

**Can I support myself and others better as a consequence?**

These meetings enhanced my decision making in this research project. It emphasised the importance of community care and continuity of care upon discharge in patients with fracture femur. The first meeting with the deputy charge nurse whilst discussing the findings of her research study supported the need for proper discharge planning and information giving upon discharge. These meetings helped in improving my planning skills and helped me to look enthusiastically forward. It also helped make possible considering the introduction of the CLN in Malta.

**Has this changed my ways of knowing**?

Surely these meetings have increased my knowledge about community services and about the elderly patients' needs. This also helped me to acknowledge others' professional problems encountered when introducing new services. This also helped to increase my knowing about the gap in discharge planning for patients with fracture femur in Malta as compared with the literature with the rest of the world. In conclusion this helped me to increase my knowledge regarding community care.

## Appendix 8A Patient information letter (Phase 1) in English

**PATIENT INFORMATION LETTER**

5th January 2012.

**Research Title:** ***Introducing change in the health care system in Malta: A community based approach to patients with fracture femur*.**

Dear Participant,

I am currently undertaking a Ph.D. in Nursing with the University of Glamorgan, Wales. I would like to invite you to take part in this research study. I will describe the study and go through this information sheet. If you agree to participate, you will be given a consent form to sign. As part of the above mentioned research study I am interested in exploring your perceptions across time about the introduction of a discharge planning team and intermediate care in Malta. This study will introduce the discharge planning team to enhance your discharge from hospital and the transition from hospital to your home. It will also introduce intermediate care which provides you with support after you have been discharged from hospital.

You are invited to participate in an interview after you have been discharged from the acute hospital and rehabilitation hospital. Participation is on a voluntary basis and you have the right to refuse to participate or to answer any of the questions asked and may withdraw from the interview at any time during the study without providing any explanation. This will not have any effect on you in any way or on the quality of care you will be receiving. If you withdraw from the study all the information will be destroyed, but the data collected up to your withdrawal will be used.

Your participation is of utmost importance in this research study as it will help to enhance the discharge process from admission until the first three months post discharge. Also, your participation is highly valued as it helps the healthcare system to evaluate the discharge process and clients' needs from admission to hospital until discharge and in the community. Interviews will be carried out at the place of your choice and at your convenience. As a participant, you would be invited to be interviewed two to three times; that is after discharged from the acute hospital and after discharged from the rehabilitation hospital or if you are at home. The researcher

will summarise the discharge process by the members of the health care team from the individual patient's hospital history. There is no envisaged harm if you decide to participate in this study. This study will be carried out guided by the Maltese Code of Ethics, Health Care Professions Act and the Data Protection Act.

The interviews will be audio tape recorded for better transcription. However should you not desire to be recorded, notes can be taken instead by the researcher. Confidentiality will be maintained and safeguarded throughout this research by using pseudonyms which will be known only to the researcher. A list identifying the participants to the research codes, data and interview transcripts will be held on a password protected computer accessed only by the researcher. Audio tapes are stored under lock and key and will be erased upon successful completion of this study. Data will be viewed by the research supervision team from the University of Glamorgan, Wales and University of Malta. Results of the study will be published and a copy of the findings will be given upon request made to the researcher. Participants will not be identified in any publication of the findings.

I will be very grateful should you agree to participate, as without your help this research study would not be possible. Should you have any questions or would like any additional information on the study, please do not hesitate to contact the researcher. If you remain unhappy about the response and wish to complain formally you may contact your Orthopaedic Consultant or local supervisor

I would like to thank you for your participation in this study.

Yours sincerely,

_____

The Researcher

## Appendix 8B Patients' information letter (Phase 1) in Maltese

**ITTRA TA' INFORMAZZJONI LILL-PAZJENT**

5 ta' Jannar 2012.

**Titlu tar-Riċerka: Introduzzjoni ta' bidla fis-sistema tal-kura tas-saħħa f'Malta: Approwċ komunitarju għall-pazjenti bi ksur fil-koxxa.**

Għażiż parteċipant/a,
Bħalissa qed nagħmel id-Dottorat fl-istudji tal-infermiera mal-Universita' ta' Glamorgan, f'Wales. Nixtieq nistiednek tieħu sehem f'dan l-istudju. Ir-riċerkatur ser jiddiskrivilek dan l-istudju u jgħinek tifhem sew l-ittra bl-informazzjoni kollha meħtieġa. Jekk tkun tixtieq li tieħu sehem f'dan l-istudju jkollok bżonn li tiffirma l-formola tal-kunsens. Parti minn din ir-riċerka tinkludi li r-riċerkatur jara x'taħseb inti dwar l-introduzzjoni ta' tim professjonali li jgħinek tmur id-dar u tkompli tingħata għajnuna intermedjarja.

Dan l-istudju ser janalizza l-proposta li jiddaħħal proċess ġdid fejn tim ta' professjonisti jippjana kif il-pazjent ikun illiċenzjat/a mill-isptar u jara li t-tranżizzjoni tal-pazjent/a mill-isptar għad-dar issir bl-aħjar mod. Dan it-tim jieħu ħsieb ukoll il-kura intermedjarja li toffri aktar sapport wara li l-pazjent ikun intbagħat lura d-dar mill-isptar.

Inti mistieden/a li tieħu sehem f'din l-intervista wara li tkun ġejt illiċenzjat/a mill-isptar u anke wara li toħroġ mill-isptar ta' rijabilitazzjoni. Il-parteċipazzjoni tiegħek hi fuq bażi volontarja, u għandek id-dritt li ma tipparteċipax f'dan l-istudju jew ma tweġibx għall-mistoqsijiet kollha. Tista' tirtira minn dan l-istudju mingħajr ma tagħti ebda spjegazzjoni. Dan mhu ser ikollu l-ebda effett fuqek jew fuq il-kwalita` ta' kura li ser tirċievi. Jekk int tirtira minn dan l-istudju, l-informazzjoni kollha tinqered wara li t-tagħrif miġbur sa dakinhar li tirtira jkun użat.

Il-parteċipazzjoni tiegħek hija bżonjuża ħafna f'dan l-istudju għax tgħin biex jissaħħaħ il-proċess li jibda minn meta l-pazjent jidħol l-isptar sa tliet xhur wara li jkun ħareġ. Il-parteċipazzjoni tiegħek għandha valur għax tgħin lill-professjonisti tas-saħħa biex jevaljaw il-proċess ta' liċenzjar mill-isptar u jaraw il-bżonnijiet tal-klijenti bi ksur fil-

koxxa minn meta jidħlu l-isptar sa ma jintbagħtu lura d-dar fil-komunita`. L-intervista tista' ssir f'post fejn taħseb li hu l-aħjar għalik. Bħala participant/a int ser tkun mistieden biex tieħu sehem f'żewġ jew tliet intervisti. L-intervisti jistgħu jsiru kemm wara li tkun illiċenzjat/a mill-isptar kif ukoll meta tkun id-dar. Ir-riċerkatur ser tiġbor ukoll informazzjoni mill-istorja tal-pazjent dwar kif sar il-proċess ta' illiċenzjar li sar mit-tim ta' professjonisti tas-saħħa. Ma jidher li hemm l-ebda ħsara magħrufa għal saħħtek jekk inti tagħżel li tieħu sehem f'dan l-istudju. Dan l-istudju huwa ggwidat mill-Kodiċi tal-Etika Maltija, mill-Att dwar il-Professjonijiet tal-Kura tas-Saħħa u mill-Att dwar il-Protezzjoni tad-Data.

L-intervisti ser jiġu rrekordjat biex ikunu ta' għajnuna għal meta jiġu biex jinkitbu. Imma jekk int tippreferi li ma tkunx irrikordjat/a, ir-reċerkatur jista' jieħu noti bil-miktub. Il-kunfidenzjalita' tiegħek tiġi mħarsa tul l-istudju kollu billi jintużaw ismijiet fittizzji magħrufa mir-riċerkatur biss. L-identita' tal-parteċipanti f'dan l-istudju tinżamm protetta fuq il-kompjuter b'*password* li jkun jafha r-riċerkatur biss. L-intervisti rrikordjati jkunu merfugħa u magħluqa sew u wara li jispiċċa l-istudju jiġu mħassra kollha. Din l-informazzjoni jista' jkollu aċċess għaliha it-tim ta' superviżuri tar-riċerka kemm tal-Universita' ta' Glamorgan ta' Wales kif ukoll tal-Universita' ta' Malta. Ir-riżultati ta' dan l-istudju jistgħu jiġi ppublikati u kopja tagħhom tista' tingħata lilek jekk tkun tixtieqha.

Jien napprezza l-parteċipazzjoni tiegħek li mingħajrha dan l-istudju ma jkunx possibbli. Jekk għandek xi mistoqsijiet jew tixtieq iżżid xi kummenti oħra tiddejjaqx tikkuntattja lir-riċerkatur. Jekk għandek bżonn xi informazzjoni oħra tista' tiksibha mingħand il-Kunsulent tiegħek tal-Ortopedija jew mingħand is-superviżur Malti.

Nixtieq nirringrazzjak tal-parteċipazzjoni tiegħek f'dan l-istudju.
Dejjem tiegħek,
Ir-Ricerkatur

## Appendix 8C Patients' consent form (Phase 1) in English

**INFORMED CONSENT FORM FOR RESEARCH PARTICIPANTS (PATIENTS)**

5th January 2012.

Research Title: ***Introducing change in the health care system in Malta: A community based approach to patients with fracture femur.***

I (*Name*) _____ agree to participate in the above titled research project with the Faculty of Health, Sports and Science (University of Glamorgan) and Faculty of Health Sciences (University of Malta). The research project was explained to me, and I have read or others have read the participant information letter. I understand that agreeing to take part means that I am willing to:

- Participate in the discharge planning process for a period from admission until three months after being discharged from hospital,
- Be interviewed by the researcher and make myself available for further interviews,
- Give permission to be audiotaped,
- Enhance the discharge planning process and intermediate care for individuals with fracture femur.

☐ I confirm that I have read and understood the information letter,

☐ I confirm that the researcher or other (please specify) _____ have read and explained the information letter to me.

**Data protection**

I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published. The identifiable data will not be shared with any other organisation. I consent to the use of sections of the audiotapes in publications.

**Withdrawal from study**

I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without being penalised or disadvantaged in my care in any way.

Participant's Name_____

Participant's Signature_____Date _____

Researcher's Signature_____ Date _____

## Appendix 8D Patients' consent form (Phase 1) in Maltese

**FORMOLA TA' KUNSENS BIEX TIPPARTEĊIPA FI STUDJU (PAZJENT)**

5 ta' Jannar 2012.

**Titlu tar-Riċerka: Introduzzjoni ta' bidla fis-sistema tal-kura tas-saħħa f'Malta: Approwċ komunitarju għall-pazjenti bi ksur fil-koxxa.**

Jien (*isem*)_____naqbel li nieħu sehem f'dan l-istudju li ser isir mal-Fakulta tas-Saħħa, Sport u Xjenza fl-Universita' ta' Glamorgan, Wales u mal-Fakulta tas-Saħħa fl-Universita' ta' Malta. Dan l-istudju kien spjegat lili, u jien qrajt / ħaddieħor qrali l-ittra tal-informazzjoni. Jien nifhem li meta aċċettajt li nieħu sehem f'dan l-istudju jien lest/a li:

- nipparteċipa fil-proċess tal-ippjanar minn meta nidħol l-isptar sa tliet xhur wara li nkun ġejt illiċenzjat/a,
- inkun intervistat/a mir-riċerkatur ta' dan l-istudju, u nkun lest/a għal aktar intervisti 'l quddiem,
- nagħti permess li niġi rrekordjat/a,
- ngħin kif nista' fit-tisħiħ tal-proċess tal-ippjanar fl-illiċenzjar u fil-kura intermedjarja tal-individwu bi ksur fil-koxxa.

☐ Jiena nikkonferma li qrajt u fhimt l-ittra tal-informazzjoni,

☐ Nikkonferma li r-riċerkatur ta' dan l-istudju jew oħrajn (jekk jogħġbok speċifika min) _____ qraw u fissruli l-ittra tal-informazzjoni.

**Protezzjoni tad-data**

Nifhem li kull informazzjoni li nagħti hija kunfidenzjali, u li l-ebda informazzjoni li tista' twassal biex jiġi identifikat xi ħadd ma għandha tidher fl-ebda rapport ta' dan l-istudju jew tiġi mgħoddija lil xi ħadd ieħor. L-ebda identifikazzjoni personali mhija ser tiġi ppubblikata. L-identita' personali ma tiġix mogħtija lil ebda organizzazzjoni oħra. Nagħti l-kunsens tiegħi biex partijiet irrekordjati jkunu jistgħu jiġu ppubblikati.

**Irtirar mill-istudju**

Nifhem li qed nieħu sehem minn rajja, li nista' nagħżel li ma niħux sehem f'xi partijiet jew fil-proġett kollu, u li nista' nitlaq mill-proġett mingħajr ma niġi ppenalizzat/a jew żvantaġġjat/a fil-kura tiegħi.

Isem il-parteċipant:_____

Firma tal-parteċipant: _____ Data: _____

Firma tar-riċerkatur: _____Data:_____

## Appendix 9A Informal carers' information letter (Phase 1) in English

**PARTICIPANT INFORMATION LETTER INFORMAL CARER**

5th January 2012.

**Research Title:** ***Introducing change in the health care system in Malta: A community based approach to patients with fracture femur.***

Dear Participant,

I am currently undertaking a Ph.D. in Nursing with the University of Glamorgan, Wales. As part of the above mentioned study I will explore your perceptions over time about the introduction of the discharge planning team and intermediate care in Malta. This study will introduce the discharge planning team and intermediate care. This discharge plan will facilitate patients' transition from hospital to their home followed by intermediate care which will support them in the community.

You are being invited to participate in an interview during phase 1 of this study whilst you are taking care of the client at home. Participation is on a voluntary basis and one may refuse to participate or answer any of the questions asked or withdraw from the interview at any time during the study without providing any explanation and without any negative consequences. If you withdraw from the study all the information will be destroyed, but the data collected up to your withdrawal will be included in this study.

Your participation is of utmost importance as it will help to enhance the discharge process from admission until the first three months post discharge. Also, your participation is highly valued as it helps the healthcare system to evaluate the current discharge process and needs of clients with fracture femur across time. Interviews will be carried out at the place of your choice and at your convenience. As a carer you will be interviewed after client's discharged home. There is no envisaged harm if you decide to participate in this study. This study will abide by the Maltese Code of Ethics, the Health Care Professions Act and the Data Protection Act.

For better transcription the interviews will be audio tape recorded. However, should you not desire to be recorded, notes can be taken instead by the researcher. Confidentiality will be maintained and safeguarded throughout this research whereby your names will be replaced by pseudonyms which will be known only to the researcher. The list of codes and participants' data and the transcripts will be held on a password protected computer accessed only by the researcher. Audio tapes are stored under lock and key and will be erased upon successful completion of this study. Data will be viewed by the research supervision team from the University of Glamorgan, Wales and the local supervisor from the University of Malta. Results of the study will be published and a copy of the findings will be given to you upon request. Participants will not be identified in any publication of the findings.

I will be very grateful if you agree to participate, as without your help this action research study would not be possible. Should you have any queries or would like additional information on the study, please do not hesitate to contact the researcher or the local supervisor

I would like to thank you for your participation.
Yours sincerely,

_____

The Researcher

## Appendix 9B Informal carers' information letter (Phase 1) in Maltese

**ITTRA TA' INFORMAZZJONI LILL-PARTĊIPANTI (QRABA)**

5 ta' Jannar 2012.

**Titlu tar-Riċerka: Introduzzjoni ta' bidla fis-sistema tal-kura tas-saħħa f'Malta: Approwċ komunitarju għall-pazjenti bi ksur fil-koxxa.**

Għażiż participant/a,
Bħalissa qed nagħmel id-Dottorat fl-Istudji tal-Infermiera mal-Universita' ta' Glamorgan, f'Wales. Bħala parti mill-istudji tiegħi, huwa li nara kif taħsibha inti dwar l-introduzzjoni ta' tim li jgħin il-pazjenti fl-illiċenzjar tiegħu u l-kura intermedjarja f'Malta. Dan il-proċess għandu l-għan jfassal pjan biex jgħin lill-pazjenti fl-illiċenzjar tagħhom mill-isptar għad-dar. Jinkludi ukoll il-kura intermedjarja li tagħti aktar sapport lill-pazjenti meta jintbagħtu d-dar fil-komunita`.

Inti mistieden/a li tieħu sehem fl-ewwel fażi ta' dan l-istudju permezz ta' intervista waqt li tkun qed tgħin lill-pazjent/a fid-dar. Il-parteċipazzjoni tiegħek hi fuq bażi volontarja, u għalhekk għandek id-dritt li ma twiġibx għal xi mistoqsijiet jew anke li tirtira minn dan l-istudju mingħajr ma tagħti ebda spjegazzjoni. Dan mhux ser ikollu l-ebda effett fuqek. Jekk int tirtira minn dan l-istudju l-informazzjoni kollha tinqered, wara li t-tagħrif miġbur sa dakinhar ikun użat.

Il-parteċipazzjoni tiegħek hija bżonjuża ħafna f'dan l-istudju għax tgħin biex jimxi 'l quddiem il-proċess minn meta l-pazjent/a jidħol l-isptar sa tliet xhur wara li jkun illiċenzjat mill-isptar. Il-parteċipazzjoni tiegħek għandha valur ukoll għax tgħin lill-professjonisti tas-saħħa jevaljaw dan il-porċess u l-bżonnijiet tal-klijenti bi ksur fil-koxxa minn meta jidħlu l-isptar sakemm jintbagħtu lura d-dar. L-intervista tista' ssir f'post li hu l-aħjar għalik. Bħala ħabib u / jew qarib tal-pazjent inti ser tkun intervistat/a wara li l-pazjent ikun irritorna d-dar. Ma jidher li hemm ebda ħsara jekk int tieħu sehem f'dan l-istudju. Dan l-istudju huwa ggwidat mill-Kodiċi tal-Etika Maltija, mill-Att dwar il-Professjonijiet tal-Kura tas-Saħħa u mill-Att dwar il-Protezzjoni tad-Data.

L-intervisti ser jiġu rrikordjati biex ikunu ta' għajnuna għal meta jiġu biex jinkitbu. Imma jekk int tippreferi li ma tkunx irrikordjat/a, ir-riċerkatur jista' jieħu noti bil-miktub. Il-kunfidenzjalità tiġi mħarsa matul l-istudju kollu billi jintużaw ismijiet fittizji magħrufa mir-riċerkatur biss. L-identità tal-parteċipanti f'dan l-istudju tinżamm protetta fuq il-kompjuter b'użu ta' 'password' li tkun tafha ir-riċerkatur biss. L-intervisti rrikordjati li jittieħdu u l-informazzjoni kollha jkunu merfugħa u magħluqa sew u wara li jispiċċa dan l-istudju jiġu mħassra kollha. Anke xi kitba oħra relata tinżamm fil-kompjuter bil-'password' li jkun jafha r-riċerkatur biss. Din l-informazzjoni jista' jkollu aċċess għaliha it-tim ta' superviżuri tar-riċerka kemm tal-Universita' ta' Glamorgan, Wales kif ukoll tal-Universita' ta' Malta. Ir-riżultat ta' dan l-istudju jiġi ppubblikat u kopja tiegħu tista' tingħata lilek jekk int tkun tixtieqha. Il-parteċipanti ma jiġux identifikati fl-ebda publikazzjoni tar-riżultati.

Jien napprezza ħafna jekk inti tipparteċipa għax mingħajr l-għajnuna tiegħek dan l-istudju ma jkunx possibbli. Jekk għandek xi mistoqsijiet jew tixtieq iżżid xi informazzjoni oħra tiddejjaqx tikkuntattja lir-riċerkatur. Jekk għandek bżonn xi informazzjoni oħra tista' tiksibha mis-superviżur Malti.

Nixtieq nerġa' nirringrazzjak mill-ġdid tal-għajnuna u l-koperazzjoni tiegħek f'dan l-istudju.
Dejjem tiegħek,

_____

Ir-Ricerkatur

## Appendix 9C Informal carers' consent form (Phase 1) in English

**CONSENT FORM FOR INFORMAL CARERS**

5th January 2012.

**Research Title:** ***Introducing change in the health care system in Malta: A community based approach to patients with fracture femur.***

I (*Name*)_____ agree to participate in the above titled research project with the Faculty of Health, Sports and Science (University of Glamorgan) and Faculty of Health Sciences (University of Malta). The research project was explained to me, and I have read or others have read the participant information letter. I understand that agreeing to take part means that I am willing to:

- Be interviewed by the researcher and make myself available for further interviews,
- Give permission to be audiotaped,
- Give information to enhance the discharge planning process and intermediate care for individuals with fracture femur.

☐ I confirm that I have read and understood the information letter,

☐ I confirm that the researcher or other (please specify) _____ have read and explained the information letter to me.

**Data protection**

I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published. The identifiable data will not be shared with any other organisation. I consent to the use of sections of the audiotapes in publications.

**Withdrawal from study**

I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without being penalised or disadvantaged in any way.

Participant's Name:_____

Participant's Signature:_____Date: _____

Researcher's Signature:_____Date: _____

## Appendix 9D Informal carers' consent form (Phase 1) in Maltese

**FORMOLA TA' KUNSENS BIEX TIPPARTEĊIPA FI STUDJU (QRABA)**

5 ta' Jannar 2012.

**Titlu tar-Riċerka: Introduzzjoni ta' bidla fis-sistema tal-kura tas-saħħa f'Malta: Approwċ komunitarju għall-pazjenti bi ksur fil-koxxa.**

Jien (*isem*)_____naqbel li nieħu sehem f'dan l-istudju li ser isir mal-Fakulta tas-Saħħa, Sport u Xjenza fl-Universita' ta' Glamorgan, Wales u mal-Fakulta tas-Saħħa fl-Universita' ta' Malta. Dan l-istudju kien spjegat lili, u jien qrajt / ħaddieħor qrali l-ittra tal-informazzjoni. Jien nifhem li meta aċċettajt li nieħu sehem f'dan l-istudju jien lest/a li:

- inkun intervistat/a mir-riċerkatur ta' dan l-istudju, u nkun lest/a għal aktar intervisti 'l quddiem,
- nagħti permess li niġi rrekordjat/a,
- ngħin kif nista' fit-tisħiħ tal-proċess tal-ippjanar fl-illiċenzjar u fil-kura intermedjarja tal-individwu bi ksur fil-koxxa.

☐ Jiena nikkonferma li qrajt u fhimt l-ittra tal-informazzjoni,

☐ Nikkonferma li r-riċerkatur ta' dan l-istudju jew oħrajn (jekk jogħġbok speċifika min) _____ qraw u fissruli l-ittra tal-informazzjoni.

**Protezzjoni tad-data**

Nifhem li kull informazzjoni li nagħti hija kunfidenzjali, u li l-ebda informazzjoni li tista' twassal biex jiġi identifikat xi ħadd ma għandha tidher fl-ebda rapport ta' dan l-istudju jew tiġi mgħoddija lil xi ħadd ieħor. L-ebda identifikazzjoni personali mhija ser tiġi ppubblikata. L-identita' personali ma tiġix mogħtija lil ebda organizzazzjoni oħra. Nagħti l-kunsens tiegħi biex partijiet irrekordjati jkunu jistgħu jiġu ppubblikati.

**Irtirar mill-istudju**

Nifhem li qed nieħu sehem minn rajja, li nista' nagħżel li ma niħux sehem f'xi partijiet jew fil-proġett kollu, u li nista' nitlaq mill-proġett mingħajr ma niġi ppenalizzat/a jew iżvantaġġjat/a b'xi mod.

Isem il-parteċipant: _____

Firma tal-parteċipant: _____ Data:_____

Firma tar-riċerkatur: _____ Data: _____

## Appendix 10A: HCPs' information letter (Phase 1) in English

**INFORMATION LETTER HCPS**

5th January 2012.

**Research Title:** ***Introducing change in the health care system in Malta: A community based approach to patients with fracture femur.***

Dear Participant,

I am currently undertaking a Ph.D. in Nursing with the University of Glamorgan, Wales. I will explore your perceptions over time about the introduction of the discharge planning team and intermediate care in Malta. This study will introduce the discharge planning team and intermediate care. This discharge plan will facilitate patients' transition from hospital to their home followed by intermediate care which will support them in the community.

You are being invited to participate in an interview during phase 1 of this study. Participation is on a voluntary basis and one may refuse to participate, or answer any of the questions asked or withdraw from the interview at any time during the study without providing any explanation and without any negative consequences. If you withdraw from the study all the information will be destroyed, but the data collected up to your withdrawal will be included in this study.

Your participation is of utmost importance as it will help to enhance the discharge process from admission until the first three months post discharge. Also, your participation is highly valued as it helps the healthcare system to evaluate the current discharge process and needs of clients with fracture femur across time. Interviews will be carried out at the place of your choice and at your convenience. As a healthcare professional you will be interviewed after the patient is discharged from your ward. Also, on the day of discharge of patient to home / transfer to rehabilitation hospital, the researcher will observe the discharge process in order to identify the current model of discharge. There is no envisaged harm if you decide to participate in this study. This study will abide by the Maltese Code of Ethics, the Health Care Professions Act and the Data Protection Act.

For better transcription the interviews will be audio tape recorded. However, should you not desire to be recorded, notes can be taken instead by the researcher. Confidentiality will be maintained and safeguarded throughout this research whereby your names will be replaced by pseudonyms which will be known only to the researcher. The list of codes and participants' data and the transcripts will be held on a password protected computer accessed only by the researcher. Audio tapes are stored under lock and key and will be erased upon successful completion of this study. Data will be viewed by the research supervision team from the University of Glamorgan, Wales and the local supervisor from the University of Malta. Results of the study will be published and a copy of the findings will be given to you upon request. Participants will not be identified in any publication of the findings.

I will be very grateful if you agree to participate, as without your help this action research study would not be possible. Should you have any queries or would like additional information on the study, please do not hesitate to contact the researcher or the local supervisor.

I would like to thank you for your participation.
Yours sincerely,

_____

The Researcher

## Appendix 10B: HCPs' information letter (Phase 1) in Maltese

**ITTRA TA' INFORMAZZJONI LILL-PARTIĊIPANTI**

5 ta' Jannar 2012.

**Titlu tar-Riċerka: Introduzzjoni ta' bidla fis-sistema tal-kura tas-saħħa f'Malta: Approwċ komunitarju għall-pazjenti bi ksur fil-koxxa.**

Għażiż participant/a,

Bħalissa qed nagħmel id-Dottorat fl-Istudji tal-Infermiera mal-Universita' ta' Glamorgan, f'Wales. Bħala parti mill-istudji tiegħi, huwa li nara kif taħsibha inti dwar l-introduzzjoni ta' tim li jgħin il-pazjenti fl-illiċenzjar tiegħu u l-kura intermedjarja f'Malta. Dan il-proċess għandu l-għan jfassal pjan biex jgħin lill-pazjenti fl-illiċenzjar tagħhom mill-isptar għad-dar. Jinkludi ukoll il-kura intermedjarja li tagħti aktar sapport lill-pazjent meta jintbagħat id-dar fil-komunita`.

Inti mistieden/a li tieħu sehem fl-ewwel fażi ta' dan l-istudju permezz ta' intervista waqt li tkun qed tagħti kura lill-pazjent. Il-parteċipazzjoni tiegħek hi fuq bażi volontarja, u għalhekk għandek id-dritt li ma twiġibx għal xi mistoqsijiet jew anke li tirtira minn dan l-istudju mingħajr ma tagħti ebda spjegazzjoni. Dan mhux ser ikollu l-ebda effett fuqek jew fuq l-impjieg tiegħek. Jekk int tirtira minn dan l-istudju l-informazzjoni kollha tinqered, wara li t-tagħrif miġbur sa dakinhar ikun użat.

Il-parteċipazzjoni tiegħek hija bżonjuża ħafna f'dan l-istudju għax tgħin biex jimxi 'l quddiem il-proċess minn meta l-pazjent jidħol l-isptar sa tliet xhur wara li jkun illiċenzjat mill-isptar. Il-parteċipazzjoni tiegħek għandha valur ukoll għax tgħin lill-professjonisti tas-saħħa jevaljaw dan il-porċess u l-bżonnijiet tal-klijenti bi ksur fil-koxxa minn meta jidħlu l-isptar sakemm jintbagħtu lura d-dar. L-intervista tista' ssir f'post li hu l-aħjar għalik. Bħala ħaddiem fis-settur tas-saħħa int ser tkun intervistat/a wara li l-pazjent ikun telaq mis-sala. Meta l-pazjent jiġi lliċenzjat id-dar jew l-isptar ta' riabilitazzjoni, r-riċerkatur ukoll ser tosserva l-proċess kif issir l-illiċenzjar fil-preżent. Ma jidher li hemm ebda ħsara jekk int tieħu sehem f'dan l-istudju. Dan l-istudju huwa ggwidat mill-Kodiċi tal-Etika Maltija, mill-Att dwar il-Professjonijiet tal-Kura tas-Saħħa u mill-Att dwar il-Protezzjoni tad-Data.

L-intervisti ser jiġu rrikordjati biex ikunu ta' għajnuna għal meta jiġu biex jinkitbu. Imma jekk int tippreferi li ma tkunx irrikordjat/a, ir-riċerkatur jista' jieħu noti bil-

miktub. Il-kunfidenzjalità tiġi mħarsa matul l-istudju kollu billi jintużaw ismijiet fittizji magħrufa mir-riċerkatur biss. L-identità tal-parteċipanti f'dan l-istudju tinżamm protetta fuq il-kompjuter b'użu ta' 'password' li tkun tafha ir-riċerkatur biss. L-intervisti rrikordjati li jittieħdu u l-informazzjoni kollha jkunu merfugħa u magħluqa sew u wara li jispiċċa dan l-istudju jiġu mħassra kollha. Anke xi kitba oħra relata tinżamm fil-kompjuter bil-'password' li jkun jafha r-riċerkatur biss. Din l-informazzjoni jista' jkollu aċċess għaliha it-tim ta' superviżuri tar-riċerka kemm tal-Universita' ta' Glamorgan, Wales kif ukoll tal-Universita' ta' Malta. Ir-riżultat ta' dan l-istudju jiġi ppubblikat u kopja tiegħu tista' tingħata lilek jekk int tkun tixtieqha. Il-parteċipanti ma jiġux identifikati fl-ebda publikazzjoni tar-riżultati.

Jien napprezza ħafna jekk inti tipparteċipa għax mingħajr l-għajnuna tiegħek dan l-istudju ma jkunx possibbli. Jekk għandek xi mistoqsijiet jew tixtieq iżżid xi informazzjoni oħra tiddejjaqx tikkuntattja lir-riċerkatur. Jekk għandek bżonn xi informazzjoni oħra tista' tiksibha mis-superviżur Malti.

Nixtieq nerġa' nirringrazzjak mill-ġdid tal-għajnuna u l-koperazzjoni tiegħek f'dan l-istudju.

Dejjem tiegħek,
Ir-Ricerkatur

## Appendix 10C HCPs' consent form (Phase 1) in English

**CONSENT FORM FOR HEALTH CARE PROFESSIONALS**

5th January 2012.

**Research Title:** ***Introducing change in the health care system in Malta: A community based approach to patients with fracture femur.***

I (*Name*) _____ agree to participate in the above titled research project with the Faculty of Health, Sports and Science (University of Glamorgan) and Faculty of Health Sciences (University of Malta). The research project was explained to me, and I have read the participant information letter. I understand that agreeing to take part means that I am willing to:

- Be interviewed by the researcher and make myself available for further interviews,
- Give permission to be audiotaped,
- Give information to enhance the discharge planning process and intermediate care for individuals with fracture femur.

☐ I confirm that I have read and understood the information letter,

☐ I confirm that the researcher have explained the information letter to me.

**Data protection**

I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published. The identifiable data will not be shared with any other organisation. I consent to the use of sections of the audiotapes in publications.

**Withdrawal from study**

I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without being penalised or disadvantaged in any way.

Participant' Name: _____

Participant's Signature: _____

Date: _____

Researcher's Signature: _____

Date: _____

## Appendix 10D HCPs' consent form (Phase 1) in Maltese

**MALTESE VERSION: FORMOLA TA' KUNSENS BIEX TIPPARTEĊIPA FI STUDJU (PROFESSJONISTI)**

5 ta' Jannar 2012.

**Titlu tar-Riċerka: Introduzzjoni ta' bidla fis-sistema tal-kura tas-saħħa f'Malta: Approwċ komunitarju għall-pazjenti bi ksur fil-koxxa.**

Jien (*isem*)_____naqbel li nieħu sehem f'dan l-istudju li ser isir mal-Fakulta tas-Saħħa, Sport u Xjenza fl-Universita' ta' Glamorgan, Wales. Dan l-istudju kien spjegat lili, u jien qrajt l-ittra tal-informazzjoni. Jien nifhem li meta aċċettajt li nieħu sehem f'dan l-istudju jien lest/a li:

- inkun intervistat/a mir-riċerkatur ta' dan l-istudju, u nkun lest/a għal aktar intervisti 'l quddiem,
- nagħti permess li niġi rrekordjat/a,
- nagħti informazzjoni biex ngħin kif nista' fit-tisħiħ tal-proċess tal-ippjanar fl-illiċenzjar u fil-kura intermedjarja tal-individwu bi ksur fil-koxxa.

☐ Jiena nikkonferma li qrajt u fhimt l-ittra tal-informazzjoni,

☐ Nikkonferma li r-riċerkatur ta' dan l-istudju spjegatli l-ittra tal-informazzjoni.

**Protezzjoni tad-data**

Nifhem li kull informazzjoni li nagħti hija kunfidenzjali, u li l-ebda informazzjoni li tista' twassal biex jiġi identifikat xi ħadd ma għandha tidher fl-ebda rapport ta' dan l-istudju jew tiġi mgħoddija lil xi ħadd ieħor. L-ebda identifikazzjoni personali mhija ser tiġi ppubblikata. L-identita' personali ma tiġix mogħtija lil ebda organizzazzjoni oħra. Nagħti l-kunsens tiegħi biex partijiet irrekordjati jkunu jistgħu jiġu ppubblikati.

**Irtirar mill-istudju**

Nifhem li qed nieħu sehem minn rajja, li nista' nagħżel li ma niħux sehem f'xi partijiet jew fil-proġett kollu, u li nista' nitlaq mill-proġett mingħajr ma niġi ppenalizzat/a jew żvantaġġjat/a b'xi mod.

Isem il-parteċipant: _____

Firma tal-parteċipant: _____

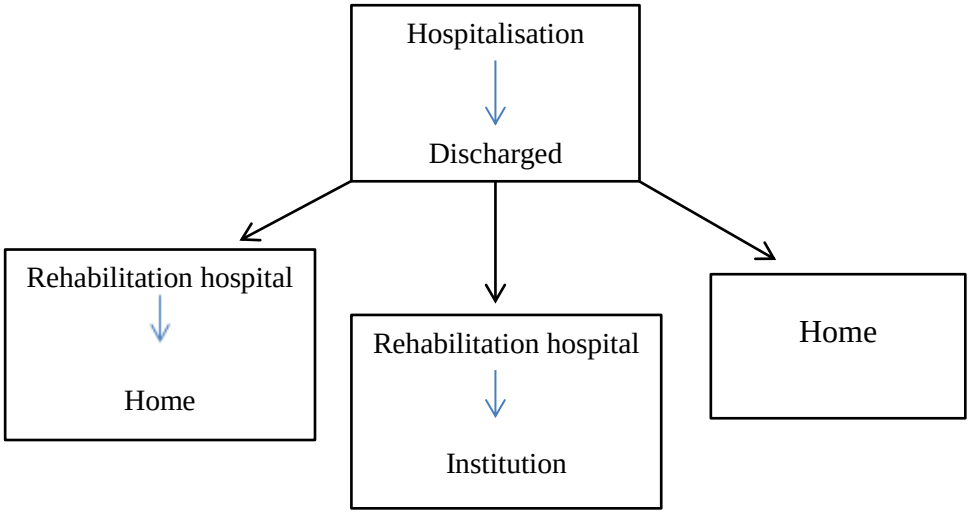
Data: _____

Firma tar-riċerkatur: _____

Data: _____

## Appendix 11A Patients' interview guide (Phase 1 Part 1) in English

An explanation of the discharge pathway




INTERVIEW SCHEDULE FOR PATIENTS **AFTER DISCHARGE FROM THE ACUTE HOSPITAL**

**FIRST INTERVIEW WITH THE PATIENT**

PRE FRACTURE HEALTH STATUS

1. How was your mobility before you sustained this fracture? Please explain.
    - Walking outside home, shopping and attending church or social activities.
    - Activities of daily living including grooming, cooking, doing housework, bathing, elimination, eating and drinking, rest and sleep.
    - Mobility: going up the stairs, walking alone, walking with help, using wheel chair.

2. What was the cause of your injury? Please explain.
3. How did you feel on admission and on being told of your #F which needed surgery?

HOSPITAL EXPERIENCE

4. How long did you wait for surgery? How did you feel?
    - Positive / negative during this waiting period (uncertainties).

5a. How was your pain managed / controlled in hospital?
    - Consider pain relief medications and other alternative therapy.

5b. Do you think you received adequate pain relief?

6. How was your experience in hospital? Regarding
    - Physical care (including perioperative care).
    - Psychological care and support.
    - Social aspects of care.
    - Spiritual care.

7. What information have you received on admission and whilst you were in hospital?

- Treatment options.
- About your care plan regarding your #F.
- On surgery and type of anaesthesia (preoperative information).
- Discharge plan and progress.
- Rehabilitation plan/programme.

8a. How did the health care professionals (HCPs) communicate with you and how are you interacting with the HCPs? Could you give me an example?

- Time availability for conversation with the HCPs
- Factors enhancing / hindering communication

8b. How was your satisfaction with the communication you had with the HCPs in hospital?

On a scale from 1 to 10, where 1 means you are 'very dissatisfied' and 10 means you are 'very satisfied'.

1 2 3 4 5 6 7 8 9 10

Very dissatisfied Very Satisfied

HOSPITAL DISCHARGE AND PLANNING

9. How were you included in your care? Please explain.

- Decision making in care plans.
- Any decisions made about discharge from hospital.
- Expected date of transfer from ward to rehabilitation hospital or home.

10. What do you think are your needs following your discharge from hospital?

11. Are there any other comments which you would like to add or discuss?

DEMOGRAPHIC DATA:

GENDER: ☐ MALE ☐ FEMALE

Status:

☐ Married

☐ Single

☐ Widow / Widower

☐ Other_____.

Age:

☐ 65 - 70 years. ☐ 71 - 75 years.

☐ 76 - 80 years. ☐ 81 – 85 years.

☐ 86 – 90 years. ☐ 91 – 95 years.

☐ 95+ years.

Date of incident (# of the femur) _____

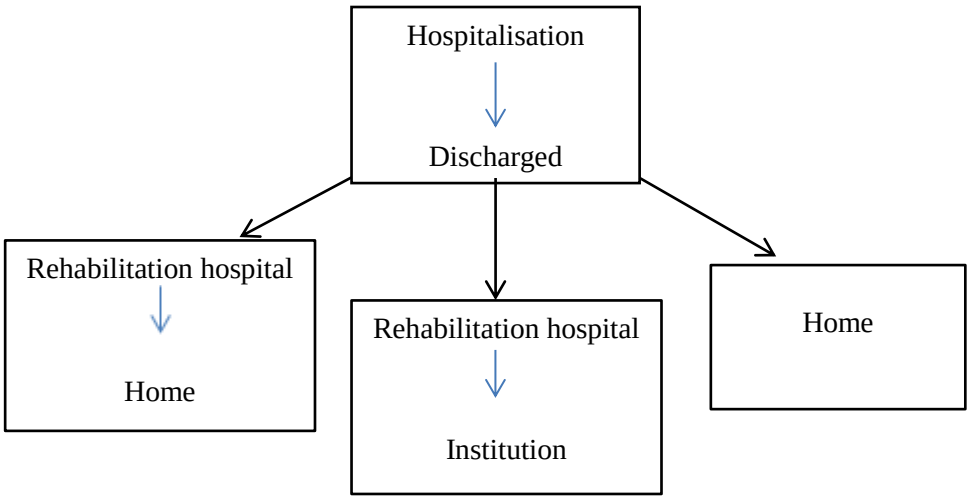
Date of transfer from an acute hospital to rehabilitation hospital _____

or

Date of transfer from the acute hospital to home_____

## Appendix 11B Patients' interview guide (Phase 1 Part 1) in Maltese

Spjegazzjoni tal-illiċenzjar




INTERVISTA MAĦSUBA GĦALL-PAZJENTI WARA LI JIĠU LLIĊENZJATI MILL-ISPTAR ĠENERALI.

L-EWWEL INTERVISTA MAL-PAZJENT/A

IL-ĦAJJA QABEL IL-KSUR

1. Kif kienet il-mobilità tiegħek qabel ma sofrejt il-ksur? Jekk jogħġbok agħti spjegazzjoni.
   - Mixi barra d-dar, xiri, attendenza l-knisja jew xi attività soċjali
   - Attivitajiet ta' kuljum li jinkludu kif tieħu ħsieb lilek innifsek, tisjir, tindif tad-dar, tieħu banju, ippurgar, ikel u xorb, mistrieħ u rqad.
   - Mobilità, titla' t-taraġ, timxi waħdek, timxi bl-għajnuna ta' xi ħadd, tuża s-siġġu tar-roti.

2. X'kienet il-kawża tal-ksur tiegħek? Agħti spjegazzjoni.

3. Kif ħassejtek meta daħħluk l-isptar u qalulek li kellek ksur f'sieqek u li għandek bżonn ta' operazzjoni?

ESPERJENZA FL-ISPTAR

4. Kemm kellek iddum tistenna biex operawk?
   - Pożitiv / Negattiv waqt li kont tistenna (inċertezzi)

5a. Kif ikkontrollawlek l-uġigħ fl-isptar?

- Ikkonsidra mediċina għall-uġigħ u terapija alternattiva.

5b. Taħseb li tawk mediċina biżżejjed biex inaqqsulek l-uġigħ?

6. Kif kienet l-esperjenza tiegħek fl-isptar? Rigward:

- Il-kura fiżika (tinkludi kura qabel l-operazzjoni).
- Il-kura psikoloġika u s-sapport.
- L-aspetti soċjali tal-kura.
- Il-kura spiritwali.

7. X'informazzjoni tawk meta dħalt l-isptar u kemm domt hemm?

- dwar it-trattamenti.
- rigward il-pjan ta' kura ta' ksur fis-sieq.
- dwar l-operazzjoni u l-loppju (informazzjoni ta' qabel l-operazzjoni).
- il-pjan għal meta jilliċenzjawk u l-progress ta' wara.
- il-pjan ta' riabilitazzjoni.

8a. Kif il-professjonisti tas-saħħa kkomunikaw miegħek u int magħhom? Tista' tagħti xi eżempji?

- Kellek ħin biżżejjed biex titkellem mal-professjonisti tas-saħħa.
- X'fatturi li jżidu jew inaqqsu l-komunikazzjoni

8b. Il-komunikazzjoni li kellek mal-professjonisti tas-saħħa kienet sodisfaċenti?

Fuq l-iskala minn 1 sa 10, fejn 1 ifisser li m'inti sodisfatt/a xejn u 10 jfisser li int sodisfatt/a ħafna.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|

Ma jien sodisfatt/a xejn Sodisfatt/a ħafna

L-IPPJANAR GĦAL-LIĊENZJAR MILL-ISPTAR

9. Kemm inkludewk fil-kura li tawk? Jekk jogħġbok fisser.

- Fid-deċiżjonijiet meħuda fil-pjan tal-kura tiegħek.
- F'kull deċiżjoni li itieħdet biex tiġi lliċenzjat/a mill-isptar.

- Fuq id-data ta’ meta jsir it-trasferiment mis-sala għall-isptar tar-riabilitazzjoni jew għad-dar.

10. X’taħseb li ser ikunu l-bżonnijiet tiegħek wara li tkun illiċenzjat/a mill-isptar?

11. Hemm xi kummenti oħra li tixtieq iżżid jew tiddiskuti miegħi?

DATA DEMOGRAFIKA:

SESS: ☐ RAĠEL ☐ MARA

Stat:

☐ Miżżewweġ/a
☐ Ġuvni / Xebba
☐ Armel / a
☐ Oħrajn_____.

Età:

☐ 65 - 70 età. ☐ 71 - 75 età.

☐ 76 - 80 età. ☐ 81 – 85 età.

☐ 86 – 90 età. ☐ 91 – 95 età.

☐ 95+ età.

Data meta sofrejt il-ksur: _____

Data meta ġejt ittrasferit/a mill-Isptar centrali għall-isptar ta’ riabilitazzjoni:

_____

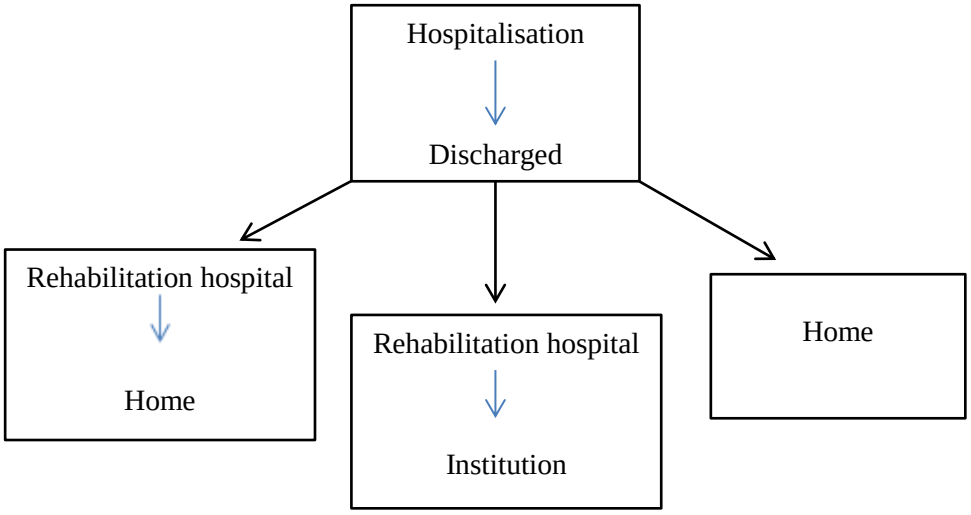
*jew*

Data meta ġejt ittrasferit/a mill-Isptar centrali għad-dar:

_____

## Appendix 12A Patients' interview guide (Phase 1 Part 2) in English

An explanation of the discharge pathway




**SECOND INTERVIEW**

If an older person is discharged to the rehabilitation hospital and then home / institution, interview schedule will include part A and part B.

If an older person is discharged home from the acute hospital only part B will be considered.

PART A: INTERVIEW SCHEDULE FOR PATIENTS **TRANSFERRED TO THE REHABILITATION HOSPITAL AND THEN DISCHARGED HOME.**

ADMISSION TO THE REHABILITATION HOSPITAL OR INSTITUTION

1. How was your experience following your transfer from hospital to the rehabilitation hospital?

- Experience from hospital to rehabilitation hospital.
- Experience from rehabilitation to home or
- Experience from rehabilitation to an institution.

2a. When you were admitted to the rehabilitation hospital, how were your problems / needs addressed by the HCPs?

- Discussed with you.
- Discussed with in/formal carer.
- Discussed in case conference[1] with the patient

[1] Case conference meetings are only held in the rehabilitation hospital.

- Discussed in case conference with the MDT

2b. What did you understand during the discussion?

3a. How did the HCPs communicate with you and how did you interacted with the HCPs in the rehabilitation hospital?

- Time availability for conversation with the HCPs
- Factors enhancing / hindering communication.

3b. How much are you satisfied with this communication?

On a scale from 1 to 10, where 1 means you are **'very dissatisfied'** and 10 means you are '**very satisfied'**

1 2 3 4 5 6 7 8 9 10

**Very dissatisfied** **Very Satisfied**

4a. What was your experience regarding information during your rehabilitation process?

About:

- Your rehabilitation plan/programme.
- Community services.
- Exercises and treatment.
- Follow up appointments.

4b. How were you involved in decision making regarding your care and rehabilitation process? Please give examples.

PART B: DISCHARGED HOME OR TO AN INSTITUTION

5. What were your needs following your discharge from hospital in order to cope with the ADL?

- ADL including grooming, bathing, elimination, eating and drinking, rest and sleep.
- Pain relief and assistance with exercises.

- Mobility – walking aids, walking with help, walking independently, going up the stairs.
- Walking outside / indoors home, shopping, cooking, doing housework and attending church or social activities.
- Psychological – acceptance, adaptation.
- Social support – stressors, unable to attend social activities.
- Spiritual needs – finding meaning and purpose in life, assistance by religious persons.

6. What kind of support are you having now?

- At home by spouse or children.
- By relatives such as cousins, brothers or sisters.
- By neighbours or friends.
- From parish or local council day care centres.

6b. What kind of follow-up care are you having from the rehabilitation hospital? Please explain.

7. What factors contributed towards your discharge home or transfer to the rehabilitation hospital or to an institution?

8. What problems of needs are you having after your discharge from the rehabilitation hospital?

- How are you planning to address these needs/problems?
- How are you planning to cope at home or institution?

9. How do you consider your health at present in comparison to that prior to your fracture?

KNOWLEDGE ON COMMUNITY SERVICES

10. What kind of services do you think you can use in the community to help you return to your pre-fracture health status?

- Community nurses –Malta Memorial District Nursing Association (MMDNA).
- Commcare, Meals on wheels, Telecare, Respite care and night shelter support.
- Physiotherapy, Occupational therapy, social worker and other members of the MDT.

11a. Is your GP aware of your fall?

11b. If yes, who told your GP about it?

- Your next of kin / yourself.
- The acute hospital through a discharge letter.
- The rehabilitation hospital through a letter or other communication means (please specify).

11c. Do you know how you can prevent another fall? If you were to give an advice to an older person what do you suggest in order to prevent a fall?

PERCEPTIONS ABOUT INTERMEDIATE CARE

12. What do you understand by the term *intermediate care*?

13. What do you think about being visited by HCPs at home? Please explain.

14. Are there any other comments which you would like to add or discuss?

DEMOGRAPHIC DATA:

GENDER: ☐ MALE ☐ FEMALE

Status: ☐ Married

☐ Single

☐ Widow / Widower

☐ Other_____.

Age:

☐ 65 - 70 years. ☐ 71 - 75 years.

☐ 76 - 80 years. ☐ 81 – 85 years.

☐ 86 – 90 years. ☐ 91 – 95 years

☐ 95 + years.

Living conditions: ☐ Living alone.

☐ Living with others.

Please specify_____

Residence

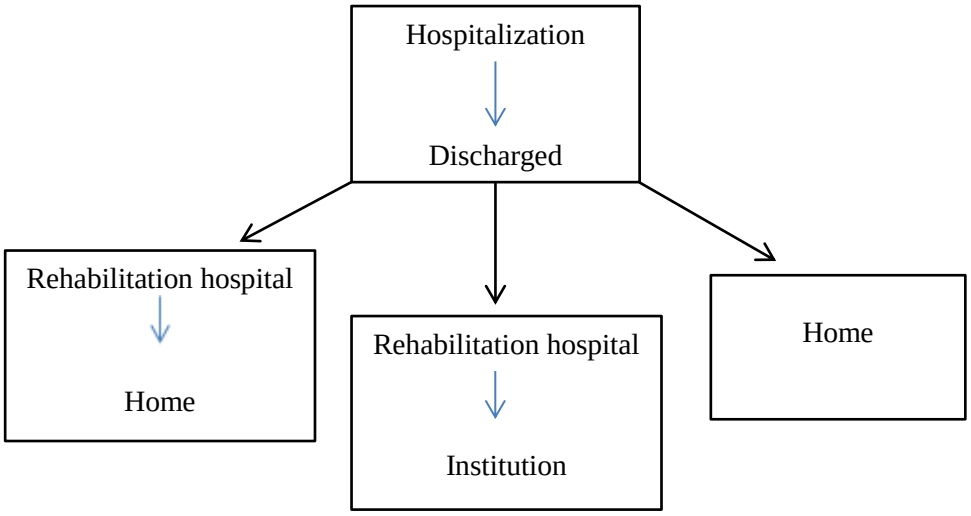
☐ Stairs ☐ Ground floor ☐ Both ☐ Lift

- Who is taking care of you at the moment?

Date of discharge home from the rehabilitation hospital_____

## Appendix 12B Patients' interview guide (Phase 1 Part 2) in Maltese

Spjegazzjoni tal-illiċenzjar




**IT-TIENI INTERVISTA**

Jekk pazjent/a jiġi lliċenzjat għall-isptar tar-riabilitazzjoni u wara għad-dar / għall-istituzzjoni, l-intervista skedata tinkludi l-ewwel u t-tieni parti.

Jekk anzjan jiġi lliċenzjat dirett għad-dar mill-isptar ġenerali tiġi kunsidrata t-tieni parti.

PARTI A: INTERVISTA SKEDATA GĦALL-PAZJENTI TRASFERITI GĦALL-ISPTAR TA' RIABILITAZZJONI U WARA JINTBAGĦAT ID-DAR.

DĦUL FI-ISPTAR TAR- RIABILITAZZJONI JEW ISTITUZZJONI

1. X'kienet l-esperjenza tiegħek meta ttrasferewk mill-isptar ġenerali għall-isptar ta' riabilitazzjoni?

    - Esperjenza minn sptar ġenerali għal sptar ta' riabilitazzjoni.
    - Esperjenza minn sptar ta' riabilitazzjoni għad-dar.
    - Esperjenza minn sptar ta' riabilitazzjoni għal ġo istituzzjoni.

2a. B'liema mod il-professjonisti tas-saħħa ttrattaw il-bżonnijiet u l-problemi tiegħek, meta daħluk fl-isptar ta' riabilitazzjoni?

    - Iddiskutew miegħek.
    - Iddiskutew ma' min ser jieħu ħsiebek formalment / informalment.
    - Iddiskutew fil-'*case conference*' miegħek.
    - Iddiskutew fil-'*case conference*' mal-grupp multidixxiplinari.

2b. X'fhimt waqt id-diskussjoni?

3a. Kif ikkomunikaw miegħek il-professjonisti tas-saħħa fl-isptar tar-riabilitazzjoni, u int kif ġibt ruħek magħhom?

- Kien hemm disponibbilita' ta' ħin biex titkellem mall-professjonisti tas-saħħa.
- Fatturi li jżiedu / jnaqqsu l-komunikazzjoni.

3b. Il-komunikazzjoni li kellek mal-professjonisti tas-saħħa kemm kienet sodisfaċenti?

Fuq skala minn 1 sa 10, fejn 1 ifisser li m'inti sodisfatt xejn u 10 jfisser li int sodisfatt ħafna.

1 2 3 4 5 6 7 8 9 10

Ma jien sodisfatt/a xejn — Sodisfatt/a ħafna

4a. X'kienet l-esperjenza tiegħek dwar l-informazzjoni li ngħatajt fuq il-proċess ta' riabilitazzjoni?

- Il-pjan / programm ta' riabilitazzjoni.
- Is-servizzi fil-komunita'.
- L-eżerċizzju u t-trattamenti.
- L-appuntamenti għal wara li tkun illiċenzjat.

4b. Kif kont involut/a fid-deċiżjonijiet li ttieħdu fuq il-kura u r-riabilitazzjoni tiegħek? Jekk jogħġbok agħti eżempji.

PARTI B: IL-LIĊENZJAR GĦAD-DAR JEW GĦAL ĠO ISTITUZZJONI.

5. X'kienu l-bżonnijiet tiegħek wara li ġejt illiċenzjat mill-isptar biex tkompli mal-attivitajiet ta'kuljum?

- Attivitajiet ta' kuljum jinkludu kif tieħu ħsieb tiegħek innifsek, il-ħasil, ippurgar, l-ikel u x-xorb, il-mistrieħ u l-irqad.
- Kif ittaffi l-uġigħ u l-għajnuna bl-eżerċizzji.
- Mobilità, użu ta' bsaten biex timxi, timxi bl-għajnuna ta' ħaddieħor, timxi waħdek, titla' t-taraġ.

- Timxi barra fit-triq, mixi fid-dar, xiri, tisjir, tindif tad-dar, attendenza l-knisja u attivitajiet soċjali.
- Psikoloġikament – aċċettazzjoni, adattament.
- Sapport soċjali – affarijiet li jġibu ansjetà, li ma tistax tieħu sehem f'attivitajiet soċjali.
- Bżonnijiet spiritwali – issib tifsira u skop tal-ħajja, għajnuna minn persuni reliġjużi.

6. X'tip ta sapport għandek bħal issa?

- fid-dar mill-mara u t-tfal.
- Mill-qraba tiegħek bħal kuġini u aħwa.
- Mill-ġirien u mill-ħbieb.
- Mill-parroċċa u ċentri ta' matul il-jum organizzati mill-kunsill lokali.

6b. X'tip ta' kura qed tieħu mill-isptar tar-riabilitazzjoni? Agħti eżempji.

7. X'fatturi għenuk biex ġejt mibghut/a id-dar jew trasferit għall-isptar tar-riabilitazzjoni jew istituzzjoni?

8. Xi bżonnijiet għandek issa wara li kont illiċenzjat mill-isptar tar-riabilitazzjoni?

- Kif qed tippjana biex tiffaċċja dawn il-bżonnijiet / problemi?
- Kif qed tippjana biex tkampa fid-dar jew fl-istituzzjoni?

9. Kif tikkonsidra saħħtek issa, meta tqabbillha ma qabel ma sofrejt il-ksur?

GHARFIEN TAS-SERVIZZI FIL-KOMUNITA'

10. Liema servizzi taħseb li tista' tuża' fil-komunita' biex terġa' tħossok f'saħħtek kif kont qabel ma sofrejt il-ksur?

- Infermiera fil-komunita (MMDNA)
- *'Commcare', 'meals on wheels', 'telecare', 'respite care'* u ċentri ta' kenn matul il-lejl.
- Fiżjoterapija, *'occupational therapy',* '*social worker'* u membri oħra tal-grupp multidixxipplinari.

11a. It-tabib tiegħek jaf li waqajt?

11b. Jekk iva, min qallu?

- Xi qarib / qraba tiegħek jew inti stess?
- L-isptar ġenerali permezz ta' ittra meta liċenzjawk
- L-isptar tar-riabilitazzjoni permezz ta' ittra jew xi mezz ieħor ta' komunikazzjoni (spjega)

11c. Taf kif għandek tevita xi waqa' oħra? Jekk ikollok tagħti parir lil xi anzjan ieħor, x'tissuġġerilu biex jevita milli jaqa'?

PERCEPTIONS ABOUT INTERMEDIATE CARE

12. X' taħseb li t-terminu 'kura intermedjarja' jiġbor fih?

13. X'taħseb fuq il-professjonisti tas-saħħa li jiġu jżuruk id-dar? Jekk jogħġbok spjega.

14. Tixtieq iżżid xi ħaġa oħra li forsi ma ddiskutejnihiex f'din l-intervista?

DATA DEMOGRAFIKA:

SESS: ☐ RAĠEL ☐ MARA

Stat: ☐ Miżżewġ / a

☐ Xebba / Ġuvni

☐ Armel / a

☐ Oħrajn_____.

Età :

☐ 65 – 70 sena. ☐ 71 - 75 sena.

☐ 76 - 80 sena. ☐ 81 – 85 sena.

☐ 86 – 90 sena. ☐ 91 – 95 sena

☐ 95 + sena.

Kundizzjonijiet tal-għajxien: ☐ Tgħix waħdek.

☐ Tgħix ma’ ħaddieħor.

Jekk jogħġbok speċifika:_____

Residenza:

Fid-dar tiegħek hemm:

☐ Taraġ ☐ Sular t’isfel ☐ It-tnejn ☐ Il-lift

- Min qiegħed jieħu ħsiebek bħalissa?

  _____

  _____

  _____

Data ta’ meta ġejt illiċenzjat/a mill-isptar tar-

riabilitazzjoni_____.

## Appendix 13A Informal carers' interview guide (Phase 1) in English

### INTERVIEW SCHEDULE WITH IN/FORMAL CARERS

*Phase 1: prior discharge from acute hospital / rehabilitation hospital*

HOSPITAL EXPERIENCE

1. Tell me all about your experience when you got to know about the #F of (patient name) who needs hospital admission and surgery. Why?

2. What information were you given about?
   - Diagnosis and care.
   - Patient progress.

3. How were you involved in decision making regarding the care and the rehabilitation process of (patient name)?

HOSPITAL DISCHARGE

4. What information did you receive about the discharge of (patient name)?
   - Information: mobility (exercises).
   - Information: assistance with the ADL.
   - Advice on treatment and pain relief methods.
   - Information on discharge planning.
   - Follow up appointments.
   - Advice about availability of community services.

5. What factors do you think may enhance or hinder the health care professionals' role in the discharge process?

6. What do you think are the needs of your patient on his/her return home from hospital?
   - Help from other family members.
   - Needs with the ADL.
   - Psychological support (emotions, feeling of loneliness).
   - Social needs – going for social activities.
   - Spiritual needs.
   - Other factors.

7. What modifications in the house do you think are needed in preparation for the discharge of the client?
   - House alterations.
   - Job changes or working hours per week.
   - Financial problems.

- Changes in social life.
- Changes in role in society / family / groups.

*Phase 2: After discharge home*

8a. How are you managing to take care of (patient name) after discharge home?

- Needs.
- Stressors.
- Coping strategies.

8b. How will you manage to provide care to your older person after his/her discharge from the hospital?

- Problems.
- Coping with these problems.
- Addressing needs of client (patient name).

9. What was the impact of the #F of the older person?

- Personal life.
- Family.
- Career.

PERCEPTIONS ABOUT INTERMEDIATE CARE

10. Which community services would you use to help your older person to achieve his/her pre-fracture health status?
11. What do you think the term *intermediate care* incorporate?
12. What other services would you recommend to the health care system in Malta in order to help you/client cope with your situation?

DEMOGRAPHIC DATA: Name of patient (code) _____

1. GENDER: ☐ MALE ☐ FEMALE

2. Status:

☐ Married

☐ Single

☐ Widow / Widower

☐ Other _____.

3. Age:

☐ < 30 years. ☐ 31 - 40 years.

☐ 41 - 50 years. ☐ 51 – 60 years.

☐ 61 – 70 years. ☐ 71 – 80 years.

☐ 81+ years.

4. Your relationship with the client:_____

5. How close do you live to the client?

☐ Same house ☐ Same Village ☐ Same Road

☐ Other_____.

6. How much time do you approximately dedicate to the client on a daily basis?

## Appendix 13B Informal carers' interview guide (Phase 1) in Maltese

**INTERVISTA MAĦSUBA GĦAL MIN JIEĦU ĦSIEB IL-PAZJENT ID-DAR**

*l-ewwel fażi: qabel l-illiċenzjar mill-isptar ċentrali / mill-isptar tar-riabilitazzjoni.*

ESPERJENZA TAL-ISPTAR

1. Għidli dwar l-esperjenza tiegħek meta sirt taf li (isem il-pazjent[2]) kiser siequ u li kellu bżonn jiddaħħal l-isptar biex jiġi operat?

2. X'informazzjoni tawk dwaru / dwarha?

   - id-dijanjosi u l-kura
   - il-progress tal-pazjent

3. Kif kont involut/a fid deċiżżoni rigward il-kura fil-proċess tar-riabilitazzjoni ta' (isem il-pazjent)?

L-ILLIĊENZJAR MILL-ISPTAR

4. X'informazzjoni ngħatajt dwar il-liċenzjar ta' (isem il-pazjent)?

   - Informazzjoni fuq il-mobilità u l-eżerċizzju fiżiku.
   - Informazzjoni fuq l-assistenza mal-ADL.
   - Pariri fuq trattamenti ta' kif ittaffi l-uġigħ
   - Informazzjoni ta' kif ġie ppjanat il-liċenzjament tal-pazjent
   - Informazzjoni dwar l-appuntamenti għal wara li l-pazjent jiġi lliċenzjat
   - Pariri fuq is-servizzi li jeżistu fil-komunità

5. Liema fatturi taħseb li jistgħu jnaqqsu jew iżidu r-rwol tal-ħaddiema professjonisti tas-saħħa fil-proċess ta' kif jiġi lliċenzjat il-pazjent?

[2] Bil-kelma pazjent ikun qiegħed jiġi riferut kemm għal pazjent maskili u kif ukoll feminili.

6. X'taħseb li huma l-bżonnijiet tal-pazjent/a tiegħek meta jirritornaw id-dar mill-isptar?

- Il-bżonn ta' għajnuna minn membri oħra tal-familja.
- Il-bzonnijiet marbutin mal-ħajja ta' kuljum (ADL).
- Is-sapport Psikoloġiku (emozzjonijiet, li tħossok waħdek).
- Il-bżonnijiet Soċjali – li tmur għal attivitajiet soċjali.
- Il-bżonnijiet Spiritwali.

7. Liema tibdiliet taħseb li huma meħtieġa li jsiru qabel il-klijent jiġi lliċenzjat biex imur id-dar?

- Tibdil strutturali fid-dar.
- Tibdil fl-impjieg jew tnaqqis fis-sigħat tax-xogħol fil-ġimgħa.
- Problemi finanzjarji.
- Bidla fil-ħajja soċjali.
- Bidla fir-rwol fis-soċjeta' / familja / gruppi.

*It-tieni fażi: wara li l-pazjent jintbagħat id-dar*

8a. Kif qed jirnexxilek tirranġa tieħu ħsieb lil (isem tal-pazjent) wara li ġie lliċenzjat mill-isptar?

- Il-bżonnijiet tiegħu.
- Affarijiet li jġibu l-ansjetà.
- Strateġiji biex tkampa.

8b. Kif tista' tieħu ħsieb l-anzjan/a wara li tiġi lliċenzjata mill-isptar?

- Fil-Problemi tagħha / tiegħu.
- Kif taffaċċja dawn il-problemi.
- Kif tieħu ħsieb il-bżonnijiet tal-klijent (isem il-pazjent)

9. X'kien l-impatt fuq il-pazjent/a b'siequ/ha miksura?

- Fil-ħajja personali.
- Fil-familja.
- Fil-karriera.

PERĊEZZJONIJIET FUQ IL-KURA INTERMEDJARJA

10. Liema servizz fil-komunità tista' tuża' biex tgħin lill-persuna anzjana terġa' tikseb il-livell ta' ħajja li kellha qabel ma kisret sieqha?
11. X' taħseb li t-terminu 'kura intermedjarja' jiġbor fih?
12. Liema servizzi oħra tirrikkmanda li jiżdiedu mas-servizzi tas-saħħa f'Malta biex tgħin lilek innifsek / lill-klijent f'din is-sitwazzjoni?

DATA DEMOGRAFIKA: Isem il-pazjent (code)_____

1. Sess: ☐ Raġel ☐ Mara

2. Stat:

☐ Miżżewġ /a ☐ Armel / Armla

☐ Persuna waħdek / waħidha ☐ Oħrajn_____

3. Eta':

☐ < 30 sena. ☐ 31 – 40sena.

☐ 41 - 50 sena. ☐ 51 – 60 sena.

☐ 61 – 70 sena. ☐ 71 – 80 sena.

☐ 81+ sena.

4. Ir-relazzjoni tiegħek mal-pazjent: _____

5. Kemm toqgħod viċin il-pazjent?

☐ Fl-istess dar. ☐ Fl-istess triq. ☐ Fl-istess raħal / belt.

☐ Xi mkien ieħor_____.

6. Kemm tiddedika ħin, bejn wieħed u ieħor, għall-klijent tiegħek matul il-ġurnata?

## Appendix 14A HCPs' interview guide (Phase 1) in English

**INTERVIEW SCHEDULE FOR HEALTH CARE PROFESSIONALS**

Includes all HCPs in the acute hospital, rehabilitation hospital and CommCare.

PROFESSIONALS' ROLE

1. What is your role in the care of an older patient with # F in the ward? Can you explain your involvement in this care?
2. How do you define your role in the admission and discharge process for an older patient with # F to meet the needs?

    - Physical.
    - Psycho-social aspects.
    - Spiritual needs.
    - Other factors.

3. How do you consider the involvement of the patient and in/formal carers in decision making in the patient care and in the discharge process?

4. What factors do you think may influence your communication with the patient? Could you give me an example please?
    - Enhancers / inhibitors.

MULTIDISCIPLINARY ROLE

5. Do you exchange information with other health care professionals about the patient? Can you clarify?

    - Exchange of information and type of information.
    - Information on needs and progress of the patient.
    - Factors associated with the breakdown of communication between the acute hospital and the rehabilitation hospital or Commcare.

6a. What do you think about building / coordinating a MDT from the current HCPs to discuss patient care and progress in preparation of a discharge plan?

6b. What other professions do you think should be involved in the discharge of a patient with fracture femur*?* Please explain.

6c. Who should update the team on the patient's progress? Please explain.

DISCHARGE PLANNING

7a. How do you consider the discharge process in your ward at present? Could you give some examples?

7b. What is your role or involvement in discharging a patient with #F?

8a. Which are your priorities when discharging a patient with #F?

- Time for communication.
- Providing information on services available.
- Communication with the rehabilitation hospital to transfer information about the patient on discharge.
- Contacting the in/formal carer/s about the older person's discharge.
- Information on follow up appointments.
- Education on pain relief measures.

8b. How would you like the discharge planning process to happen? What are the problems and barriers to your priorities?

- Problem solving.

9a. What information about the patient do you provide on discharge to:

- The rehabilitation hospital.
- The patient.
- In/formal carers.
- The general practitioner.

9b. What information do you think the patient would require to support transition from the acute care to the rehabilitation hospital / home?

9c. What type of feedback do you receive once a patient is discharged from:

- The patient / carers.
- The rehabilitation hospital.

10. Where are patients with #F discharged to and how is information exchanged between the patient and the HCPs?

11a. Which services can help the patient with #F in the community to regain their pre fracture health status?

11b. What would be the needs of patients with #F?

- Independence.
- Prevention of institutionalisation.

PERCEPTIONS ABOUT INTERMEDIATE CARE

12. What do you think the term *intermediate care* incorporate?

13. What do you think about health care professionals' reaching out at home?

- Visits prior discharge from the acute hospital (if discharged straight to home from the acute hospital).
- Visits prior discharge from the rehabilitation hospital (if discharged home from the rehabilitation hospital).
- After discharge home from hospital in the community.

14. Would you like to add anything else or raise any issues which were not discussed during this interview?

DEMOGRAPHIC DATA:

GENDER: ☐ MALE ☐ FEMALE

Profession

☐ Staff Nurse

☐ Doctor

☐ Surgeon

☐ Consultant

☐ Physiotherapist

☐ Social worker

☐ Occupational therapist

☐ Other_____.

Working Experience:

☐ < than 10 years. ☐ 11 – 20 years.

☐ 21 – 30 years. ☐ 31 - 40 years.

☐ 41-50 years. ☐ 51 – 60 years.

## Appendix 14B HCPs' interview guide (Phase 1) in Maltese

**INTERVISTA MALL-PROFESSJONISTI FID-DIPARTIMENT TAS-SAĦĦA**

Jinkludi professjonisti kollha li jaħdmu fl-isptar Ġenerali, l-isptar tar-Riabilitazzjoni u l-kura fil-kommnità.

IR-RWOL TAL-PROFESSJONISTI

1. X'inhu r-rwol tiegħek fil-kura tal-pazjent anzjan bi ksur fil-koxxa fis-sala fejn taħdem? Tista' tispjega l-involviment tiegħek f'din il-kura?

2. Kif tistà tiddeskrivi r-rwol tiegħek biex jiġu sodisfatti l-bżonnijiet ta' pazjent anzjan li jkun jeħtieġ kura minħabba ksur fil-koxxa minn meta jiddaħħal fis-sala sakemm ikun illiċenzjat?

    - Fiżiku.
    - Aspett Psikiku-soċjali.
    - Aspett Spiritwali.
    - Fatturi oħra.

3. Kif tikkonsidra l-involviment kemm tal-pazjent u kif ukoll ta' min jieħu ħsiebu b'mod in/formali, fid-deċiżjonijiet li jridu jittieħdu fil-kura tal-istess pazjent sakemm jiġi lliċenzjat?

4. X'fatturi taħseb jistgħu jinfluwenzaw il-komunikazzjoni tiegħek mal-pazjent? Tista' tagħti xi eżempju jekk jogħġbok?
    - Fatturi li jsaħħu / jfixklu.

**IR-RWOL MULTIDIXXIPLINARJU**

5. Int taqsam informazzjoni dwar il-pazjent ma' professjonisti oħra tas-saħħa? Tista' tikkjarifika?

- Il-Bdil ta' informazzjoni.
- X'tip ta' informazzjoni.
- L-informazzjoni dwar bżonnijiet u progress tal-pazjent.
- Il-fatturi marbutin mal-qtugħ tal-komunikazzjoni bejn l-isptar ġenerali, l-isptar tar-riabilitazzjoni u l-kura fil-komunità.

6a. X'taħseb dwar il-kordinazzjoni bejn il-grupp multidixxiplinarju u l-professjonisti tal-isptar biex jiddiskutu l-kura u l-progress tal-pazjent biex jitħejja pjan ta' liċenzjar għall-pazjent?

6b. Liema professjonisti oħra taħseb li għandhom ikunu involuti biex pazjent bi ksur f'siequ jiġi lliċenzjat? Jekk jogħġbok agħti spjegazzjoni.

6c. Min taħseb li għandu jżomm aġġornat lill-grupp li jsegwi l-progress tal-pazjent? Jekk jogħġbok agħti spjegazzjoni.

**PJAN GHAL-LIĊENZJAR**

7a. X'jidhirlek mill-proċess ta' kif jiġu lliċenzjati l-pazjenti fis-sala tiegħek? Tista' tagħti xi eżempji?

7b. X'inhu r-rwol jew l-involviment tiegħek fl-illiċenzjar ta' pazjent/a bi ksur fil-koxxa?

8. Liema huma l-prijoritajiet tiegħek meta pazjent bi ksur f'siequ jkun lest biex jiġi lliċenzjat?

- Ħin għall-komunikazzjoni.
- Tipprovdi informazzjoni fuq xi servizzi li hawn fil-komunità.
- Komunikazzjoni mal-isptar tar-riabilitazzjoni biex tagħti informazzjoni dwar il-pazjent li ser jiġi lliċenzjat.
- Tikkomunika ma' min ser jieħu ħsieb l-anzjan meta jkun illiċenzjat mill-isptar.

- Informazzjoni dwar xi appuntamenti li ser ikollu bżonn wara li jiġi lliċenzjat.
- Edukazzjoni fuq metodi ta' kif wieħed jista' jtaffi l-uġigħ.

8b. Kif tixtieq li jseħħ il-proċess tal-illiċenzjar? X'inhuma l-problemi u l-affarijiet li jtellfu l-prijoritajiet tiegħek?

Soluzzjonijiet għall-problemi.

9a. X'informazzjoni qed tipprovdi dwar il-pazjent meta jiġi lliċenzjat:

- Lill-isptar tar-riabilitazzjoni.
- LiIl-pazjent.
- Lil min jieħu ħsiebu b'mof formali/informali.

9b. X'informazzjoni taħseb li l-pazjent għandu bżonn biex tgħinu fil-bidla li jkollu jgħaddi minnha mill-isptar ġenerali għall-isptar ta' riabilitazzjoni jew għad-dar?

9c. X'tip ta' '*feedback*' tirċievi meta l-pazjent jiġi lliċenzjat?

- Mill-pazjent jew minn min jieħu ħsiebu / ha.
- Mill-isptar tar-riabilitazzjoni.

10. Fejn jintbagħtu pazjenti bi ksur fil-koxxa wara li jiġu lliċenzjat fejn jintbagħat, u xi bdil ta' informazzjoni teżisti bejn il-pazjent u l-professjonisti tas-saħħa?

11a. Liema servizzi fil-komunita' jistgħu jgħinu lill-pazjent jerġa' jieħu saħħtu kif kien qabel ma sofra l-ksur?

11b. X'taħseb li jkunu l-bżonnijiet tal-pazjent bi ksur f'koxtu?

- L-indipendenza tiegħu / tagħha.
- Il-prevenzjoni milli jmur ġo istituzzjoni

PERĊEZZJONIJIET FUQ IL-KURA INTERMEDJARJA

12. X' taħseb li t-terminu 'kura intermedjarja' jiġbor fih?

13. X'taħseb dwar meta il-professjonisti tas-saħħa għandhom iżuru l-pazjenti fi djarhom?
    - Żjarat qabel mal-pazjent jiġi lliċenzjat mill-isptar ġenerli (jekk il-pazjent jintbagħat lura direttament id-dar mill-isptar ġenerali).
    - Żjarat qabel mal-pazjent jiġi lliċenzjat mill-isptar għall-riabilitazzjoni (jekk il-pazjent jintbagħat lura direttament id-dar mill-isptar għall-riabilitazzjoni).
    - Zjarat li l-pazjent jintbagħat lura d-dar fil-komunità.
14. Tixtieq iżżid xi ħaġa oħra li forsi ma ddiskutejnihiex f'din l-intervista?

DATA DEMOGRAFIKA:

Sess: ☐ Raġel ☐ Mara

Professjoni:

☐ Infermier/a

☐ Tabib/a

☐ Kirurgu

☐ Konsulent

☐ Fizjoterapista

☐ Social worker

☐ Occupational therapist

☐ Oħrajn_____.

Esperjenza fix-xogħol:

☐ inqas minn 10 snin. ☐ 11 – 20 sena.

☐ 21 – 30 sena. ☐ 31 – 40sena.

☐ 41- 50 sena. ☐ 51 – 60 sena.

## Appendix 15 Reflective thoughts on Phase 2 of the PAR Cycle

I had started this phase (THINK) by discussing individually through informal communication with a Participatory Action Group (PAG) composed of two patients and their ICs, a geriatrician, an orthopaedic surgeon, a nurse, a physiotherapist, an occupational therapist, a medical illustrator practitioner, the orthopaedic PDN and myself. This group was established for Phase 2 to think and discuss the way forward for phase three. Although it was concluded that patients desired more information on the care pathway, other key issues were discussed and were grouped together below.

Although the key discussion was focused on the need for more information participants discussed lack of involvement in decision-making and communication issues. During this phase HCPs talked about person-centred support for individual patients and their families and not the one size fits all approach. Most discussed that there was a need to get the basics right first and relatives should be signposted about the available resources prior discharge. Consequently, people should be asked about their need and should be continuously involved throughout the process to achieve the best outcome. It revealed that this could be achieved by continuous information and communication. On the other hand, patients in this phase stated that they should take the initiative to involve themselves. My reflections following the discussion with these patients, were that I realised that rightly so patients and informal carers are self-agents of their care. This was also discussed with an OT who argues that some patients do not do their utmost to regain their independence.

The patients in the PAG talked about their satisfaction with care but they discussed problems with communication which were related mainly to either the hospital system or to the HCPs'. The two patients and their ICs talked about the importance of prevention of falls in the risk population as well as optimising bone health. They also talked about the support they needed following discharge. Hence, this directed me to question what type of community support we are promoting and whether we are talking to our patients about this support. The focus should be on what went wrong within the community, increase further public education and make use of natural resources by marketing the resources so that people make use of it. The patients and their ICs should be asked what they want and should be continuously involved.

Patients and their ICs also talked about simple things which were annoying them whilst for the nurses these were trivial. For instance, patients talked about how some HCPs do not explain in detail new medications the patient was started on and what are their side-effects. This showed what is simple for the HCPs about be perceived as problematic by the patients and their ICs. On the other hand, the nurse and the doctor reiterated that some ICs immediately on admission decide and affirm that the patient is for long term care without letting patients discuss their future.

Some recommendations by individual members were that there should be more teamwork between primary and secondary care to identify those who are at high risk of falls and fractures and the implementation of evidence based measures shown to reduce fall risk. Another issue discussed during this PAG was the importance of the medical management in the acute phase in improving the outcome and the rehabilitation stage. HCPs stated that although the physical part is vital, one cannot leave the psychological aspect since it is important in regaining independence. Participants in this PAG group also talked about the importance of involving ICs in the discharge planning process. They identified the need for early discharge planning and the importance of discharge planning from admission.

In conclusion, some personal reflections highlighted the motivation towards enhancing the care pathway of patients with fracture femur influenced me. As I wanted to improve nursing practice, eliminate rituals and be able to give more information to patients and their ICs. I wanted the patients to be satisfied with the hospital experience and care given. Another factor motivating me was that I wanted to diminish the stress caused by the haphazard transfer to the rehabilitation hospital. I wanted to make the discharge process more organised.

Also, my key aim was that I wanted the multidisciplinary team to make the older patient's hospital experience less stressful and more informative. I wanted the older patients admitted to my hospital to find somebody to communicate with, who understands their physical and psychosocial needs and who is their advocate. Being their advocate this means that when they are unaware of what's happening, we have a multidisciplinary team there to help them and to guide them. We also continuously encouraged them that over time it is possible for them to regain their pre-fracture functional status.

My desire was for older patients with fracture femur to be able to decide what they want, where they want to go after being discharged from hospital and that they have every right to decide on their own life. I wanted a multidisciplinary team to work collaboratively for the benefit of the patient. Furthermore, I aimed to have a united team where each team member values the others' role. So the key motivating factor was the change I wanted in practice leading towards good quality care and holistic care for the frail older patients undergoing major surgery.