Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.

Using a patient held record for home based palliative care patients: A case study research project

A thesis presented in partial fulfilment of the requirements for the degree of

Master of Philosophy in Nursing

at Massey University, Manawatu, New Zealand.

Denise White

2012

Abstract

A paper based patient held record (PHR) was introduced by the study region's district nursing service and hospice palliative care co-ordinators to promote continuity of care for home based palliative patients. The inquiry has employed a case study research approach to gain greater understanding of the use, challenges and impact of this initiative from those who had or used the PHR. Through the use of semi-structured interviews and focus groups, patients, lay carers, and clinicians from the main groups providing community palliative services were asked about their views and experiences in relation to use of the PHR.

The research suggests a PHR can bring a positive impact for palliative patients and their lay carers, particularly where used for sharing information with the patient and family, and between clinicians and services. When used for this purpose the PHR can assist clinicians to collaborate and co-ordinate care and to promote patient centred and empowering care. However, the findings also reveal that lack of engagement by clinicians with the PHR can lead to frustration and disappointment, particularly for those most connected to and invested in its use, carrying the potential to disrupt both therapeutic and professional relationships.

The study revealed conflicting goals regarding the purpose of the PHR. Most clinician's appeared to focus their use of it on promoting efficiency, primarily in the direction of value for the clinician and service. In contrast, most lay participants viewed their PHR as a tool to assist self-care and improve their chances to experience continuity. The results reveal that some well embedded ideologies, routines and rituals currently operating within the health sector have the power to constrain or restrain partnership and innovation. However, the position of the patient and family in their home appears to offer a degree of counteraction of power and agency which some patients and family had employed to influence and co-construct the use and function of their PHR with their home visiting clinicians.

Acknowledgements

First and foremost, I wish to acknowledge and thank the participants who gave their time and shared their stories for this study, and without whom this project would not have been possible. I have gained greater understanding from you all and it is my hope that my interpretation of your views and experiences can bring value to the experiences of future palliative patients. I also extend my appreciation to the participating organisations for their assistance and support in the ethics application, recruitment and data collection processes.

A special thanks to Dr Lesley Batten, my supervisor for the initial stages of this research project and to Dr Jean Gilmour, my supervisor for its final stages. Thank you for your advice and encouragement, but most importantly, thank you for providing me with such clear guidance and dispelling the myth that research is mystical and beyond my reach. This project would not have been completed without you.

I would also like to acknowledge my good fortune to have experienced the vision and role modelling of superb nurse leaders including Christine Cumming, Chiquita Hansen, Sue Wood, Professor Jenny Carryer, and Jan Dewar - all of whom have motivated and encouraged me to ask questions, seek and apply knowledge, pursue quality, and advocate for patient and family centred care. My thanks to you for the lessons you have taught me. I also acknowledge and thank my team and colleagues at the DHB and my friends and family for their support, care and encouragement.

To my husband Chris, who has helped me in so many ways, and on every step of this long journey to complete this Master qualification. Thank you for your dependability, steadfastness, commitment and patience, and of course, thank you for all the practical help which has made this thesis a 'team effort' - I dedicate it to you and our girls, Lisa and Ainsley.

And finally, but above all, I thank and praise my Father in heaven who promises me I can do all things through Christ who strengthens me, and then goes on to make it so.

Table of Contents

Chapter One – Introduction to the Study	1
Introduction	1
Background to the study	1
Aim of the study and research approach	3
Overview of chapters	3
Conclusion	4
Chapter two – The case study context	5
Introduction	5
The clinical record, the extended health team and the sharing of clinical information	5
Continuity of Care	7
Palliative care	8
Challenges for continuity within palliative care	9
Palliative care in New Zealand	12
The local model of palliative care	12
The patient held record concept	15
Conclusion	16
Chapter three – Studies exploring patient held record use	18
Introduction	18
Theoretical views regarding the use of a patient held record	18
Potential benefits	18
Concerns and potential risks	19
Studies investigating the impact of using of a paper based patient held record	20
Patient and lay carer perspectives	21
Health care professionals' perspectives	26
Differing views of the function and purpose of the patient held record	
Rationale for the research	30
Conclusion	30
Chapter Four – The research approach	32
Introduction	32
Research aim and approach	32
Case study research	32
Theoretical stance underpinning the research framework	34
Constructivism and constructionism	35
Interpretivism	35
Researcher Positioning	36
Research method and design	37
The conceptual structure of the study	39
Participant recruitment	42
Data collection and validation	45
Data analysis	46
Rigor	47
Ethical considerations	48
Conclusion	51
Chapter Five - Patient and lay carer findings	53
Introduction	53
Theme One: Using the patient held record	53
Participant's use of their patient held record	53
Health care professionals use of their (the patient's) patient held record	57

Theme two: Participants' perspectives regarding their patient held record	
Expectations	58
Perceived impacts	
Theme three: Factors influencing engagement with their patient held record	65
Promoting use of their patient held record	65
Conventions associated with health care delivery	66
Experiences within their health care journey	68
Conclusion	
Chapter Six - Health care professional participant findings	71
Introduction	71
Theme one: Using the patient held record	71
Promoting co-ordinated care	
Supporting assessment and care management	
Addressing communication challenges	
Theme two: Drivers, barriers, challenges for use	
Challenging health care professionals' conventions of care	
"It needs to be simpler to use"	
Writing for the patient's view - "a public document" - the risk of giving patient's the	
notes	
Currency of the information in the patient held record	
Divergent perspectives and expectations of the value and function of the patient h	
record	
Patient and lay carer promotion of the patient held record	
Theme three: Perceived / experienced impact of the patient held record	
Fostering patient led interaction	
Dichotomous impact on professional relationships	
Promoting reassurance and relief - fostering a greater sense of empowerment and	
autonomy for the patient/lay carer	
Conclusion	
Chapter Seven - Discussion and recommendations	100
Introduction	
Limitations of the findings	
Linkages between the two data sets	101
Influences on the use and perceived function of the patient held record	102
Impacts associated with the patient held record	119
Summary of the research and recommendations	122
Conclusion	124
References	126
Appendices	141
Appendix 1 Focus group interview schedule	141
Appendix 2 Semi-structured interview schedule	142
Appendix 3 Initial letter from Regional Ethics Committee	143
Appendix 4 Follow-up letter from Regional Ethics Committee	144
Appendix 5 Health care professional letter of invitation and response form	146
Appendix 6 Patient letter of invitation and response form	149
Appendix 7 Patient participant consent form	152
Appendix 8 Patient participant consent for release of transcript	153
Appendix 9 Health care professional participant consent form	154
Appendix 10 Letter accompanying summary of focus group discussion for attendee	

Table of Figures

Figure 1 Literature search and articles selected	22
Figure 2 Graphic of the inquiry's case study research design and method	43
Figure 3 Example of an early thematic analysis model	47
Figure 4 Patient and lay carer participant themes and subthemes	54
Figure 5 Health care professional participant themes and subthemes	72
Figure 6 Combined health care professional, patient, and lay carer themes1	01
Table of Tables	
Table 1 Key issues and topical information questions	39
Table 2 Summary of participant groups and mode of data collection	40
Table 3 Number of health care professional participants sought and that contributed data	44
Table 4 Number of lay participants sought and that contributed data	45

List of Abbreviations

CSFGD Cancer services focus group doctor
CSFGN Cancer services focus group nurse

CSR Case study research

DNFG District nurse focus group
DNS District nurse service

FG Focus group

GP General practitioner

GPFG General practitioners focus group

HCP Heath care professional HFGD Hospice focus group

HFGD Hospice focus group doctor

HFGNC Hospice focus group nurse community
HFGNI Hospice focus group nurse inpatient

NZ New Zealand

PCC Palliative care co-ordinator PHO Primary health organisation

PHR Patient held record