What was known before your paper was published?

The health of older people with more than one long-term condition (multimorbidity) can be difficult to manage. This is because they can have a range of problems, and frequent appointments with different care providers. Sometimes, what patients, care providers and healthcare systems do or don’t do can threaten patient safety. If patient safety is threatened, this may lead to a bad outcome for or harm a patient. This can happen, for example, if a diagnosis is delayed or an error is made with a medication.

Before this study, little was known about how and when patient safety is threatened for older people with multimorbidity, or how these patients experience and respond to such threats. As patients are the only people always involved in managing their health, they may be best placed to identify and address threats to their safety. Older people with multimorbidity may have more to gain than others from this type of involvement. However, there is limited evidence or guidance about how to support these patients to be involved in their healthcare.

What did you do?

We set out to develop a better understanding of how and when patient safety is threatened for older people with multimorbidity, and how these patients experience and respond to such threats.

We recruited 26 older people with multimorbidity from 5 General Practices. They agreed to take part in a longitudinal study where we would follow their healthcare journeys over a 2 year period. These patients were aged 66-87, had an average of 5 long-term conditions, and had been prescribed an average of 10 medications.

At the start of the study, we interviewed all participating patients about their health and experiences of healthcare. These interviews took place in the patients’ homes, and sometimes a spouse was present. The interviews were audio-recorded, and guided by a medical information form designed for the study. Researchers also made notes on these forms whilst talking with the patients. (continued)
For this paper, we read and re-read the researchers’ notes and written transcripts of the interviews. We looked for potential threats to patient safety, then organised the threats we identified into themes (categories). The themes were informed by what we already knew from our previous research. The aim of this analysis was to build a better understanding of how and when patient safety is threatened for older people with multimorbidity.

What did you find?

We discovered that patient safety could be threatened at any stage in a patient’s healthcare journey, including when they decide whether or not to contact a care provider, and when they are managing their health at home. Threats to safety were found in relation to: everyday management of health and treatment, access to and organisation of healthcare, and breakdowns in communication and relationships.

Poor communication led, at least in part, to many of the potential threats to patient safety we identified. For example, patients were uncertain about how best to manage their health when they received conflicting information from different care providers.

Older people with multimorbidity seemed to feel most unsafe when there were breakdowns in communication and relationships with their care providers. For example, when they had tried to express their needs but felt these had not been understood or believed, or that a care provider had responded to their problems in an inappropriate or insensitive way.

What insights/knowledge did you add?

In this study, we focused on the experience of threats to patient safety for older people with multimorbidity. Threats to patient safety were found to be closely connected to the challenges this group face as patients. Threats appeared to be magnified as these patients are managing multiple long-term conditions, and seeking and receiving care from various providers.

Patients’ experiences of healthcare had an impact on their behaviour and patient safety. For example, breakdowns in communication and relationships could lead to patients’ feeling a care provider is unapproachable, and stop or delay them from seeking healthcare.

Older people with multimorbidity appeared to be able to influence or reduce threats to patient safety in all areas except organisation of care. Our findings provide insights for how this patient group could be supported to be involved in the other areas of patient safety. For example, information on what to expect from healthcare and where and when threats to safety can arise, and tools to communicate needs and concerns, could help patients identify threats and speak up about safety.