**Challenges of Transition Health Care for the Elderly**

**LITERATURE REVIEW**

The transition care to patients possess numerous challenges across all ages. Even if the patient is young, strong and in stable conditions, the process of transitioning them creates changes in their condition. The movement of a patient from one place to the other, home to medical facility or from one facility to the other exposes the patient to a certain degree of illness. Even the young people with chronic diseases feel the effects of transitioning from one medical process to the other (Zurynski & Elliott, 2013). With their great ambitions for the future, the young people suffer greatly realizing that they are inhibited to actualizing these dreams. Just like the young people worry about their ambitions and dreams of the future during healthcare transition, the transition of healthcare affects the health of the elderly even greater than in the case of the young. Comparatively, the young patients with chronic medical conditions suffer more adverse psychological effects while the elderly patients suffer both physiological and psychosocial effects in transitional healthcare services.

There are numerous challenges of medical care transition on the elderly patients with diverse illnesses and medical backgrounds. The elderly patients have history of chronic illnesses and medical conditions that are often affected by the transition from one facility to the other. The elderly patients transitioned from the hospital to skilled home health care often experience suboptimal transition. The kind of services that their bodies had accustomed to while in the hospital condition are no longer provided in the home settings. The elderly patients, being that their bodies adjust slowly to changes in medical conditions, often experience the challenges of slow adaptation to the medical services provided at the home levels. The elderly patients often respond slowly to the changes in service provision and their bodies operate at the same metabolism as when they were in the hospitals. The slowed frequencies of medical services and attentions to the sick may cause them poor health conditions. The transitioning of health care services from the hospitals to the home-based care systems, expose the elderly patients to conditions which deteriorate their health within the shortest period during the transition.

Care transitions for the elderly patients expose these patients to complex health conditions that cause rehospitalization. In most instances, the changing of treatment environment and condition for the elderly patients reduce their chances of recuperation. The disruptive movements of the aged patients expose them to severe challenges that often lead to reduced immunity. The elderly being with chronic health conditions frequently experience changes in their health conditions following slight movements and changes in medical service provision processes during the transition. The processes taking place in the aged people during their recovery periods are often easily tampered with by the slight movements, changes in environment and social set ups. During care transitions, the elderly patients’ recuperation processes and medical conditions are easily interrupted and this cause slowed recovery and threatened chances of survival.

Whenever an elderly patient is transitioned from the ICU to the recovery facilities of wards, their medical conditions are often affected and causes adversities to the patients. The cases where a patient leaves the intensive care unit without prior communication between the ICU based nurse and the nurse at the wards where their patient is to be admitted, then the aged patient’s survival is at stake. The conditions of the aged patient need to be explained to the new nurse or medical expert that will take over. The information flow will reveal to the new nurse the conditions that require certain actions during the patient’s stay. In this case the aged patients who often require assistance to undertake activities of daily living, may lack the necessary help due to the lack of information sharing between the two positions. If the nurses or any person taking care of the aged patient after being discharged or in another facility lack the vital information about the patient, then there are high chances that the patient will be rehospitalized after the transition.

There are limited chances that the older patients will receive advanced and efficient care during or after transition. During and after transition, the patients require proper medical care at home. The challenge is that most of the elderly patients are never in a position to receive proper medical attention in transition. The nurses tend to focus on the newly admitted patients who may demand even higher scales of service compared to those who are already in the transition period. The communication between the home nursing leaders, in the case that the patients are transitioned from hospitals to their homes, remain a hindrance to the effective and adequate service provision to the elderly patients. The home care givers require such vital information about the aged patient to help adhere to the prescriptions that the doctors and nurses indicated. With the new faces working close to the patient to ensure that the best services are rendered to the elderly patient, the patient may refuse to cooperate with either the care givers, parents or home nursing leaders. The patients may feel scared of the new faces and this could be worse in the situation that those nurses who devoted their time to take care of the patients do not visit frequently to assure the patients that these people are legally being with them. The care transition exhibits the challenge of skepticism among the patients who may still be troubled or worried about the new environment that they interact with the strange looking individuals. The elderly patients may become reserved and fail to share crucial information with the care givers and the home based nurses.

The care transition involving moving an elderly patient from the ICU to another department of facility exposes the elderly patients to injuries and adversities that affect their wellbeing. In many instances, the aged patients often sustain injuries and minor pains in areas where operations were recently undertaken or from the chronic conditions that they suffer consequently. The aged patients survive injuries in the spine and other parts of the body due to the recently undertaken medical operations. The fragility of the elderly patients’ bodies and tissues exposes them to more injuries whenever they are exposed to care transition activities. The changes in the environment expose the body to challenges of adaptation after the transition which may prove to be uncontainable in the ultimate time. The challenges of care transition in the elderly patients are enormous and should be considered before making transition care decision for a patient. The medical experts, practitioners, medical doctors and nurses often do not consider the possible challenges of care transition for the elderly patients. The elderly patients should be examined by medical experts to consider the transition care they frequently undergo unsuccessfully.

**References**

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