

Public Abstract

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Title:Hospital Discharge Destination Decisions: Exploring Congruence in Frail Elders, Their Family, And Health Care Teams' Decisions

This study used a mixed method design to explore congruence about the discharge destination decision of hospitalized frail older adults, their family members, and health care team members (HCTM). There was no common pattern of preferred level of participation (LOP) in discharge destination decisions, either among individuals, or in the triad. Congruence in the discharge destination occurred in the triad regardless of whether or not individual participants obtained their preferred LOP. There was more congruence with discharge destination decisions (a) in those triads that demonstrated ongoing communication with one another, (b) in which there was not a perceived safety issue for the older adult, (c) when post hospital care was not medically complex, and (d) when the older adults were returning to an environment of their choice. HCTMs often avoided discussing permanent nursing home admission by suggesting temporary placement in skilled nursing facilities. HCTMs concerns for "safety," meant physical safety, medication safety, and confidence in the older adult or caregivers' ability to manage at home. If any of these basic tenets of safety were compromised it was likely that a hotline call by HCTMs to the State Division of Senior Services for potential self neglect would be made. Clinical implications include improving communication with the patient about their care and condition by using methods that will make the HCTM more accessible to the patient such as: (a) walking bedside report, and (b) making routine multidisciplinary rounds at the patients' bedside, and (c) development of a capacity assessment.