

Predictors of Decision-Making and Planning for Post-Hospitalization in Older Adults

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INTRODUCTION

Hospitalized older adults are often asked to make immediate decisions about their post-hospitalization care, such as outpatient rehabilitation, before they are discharged. For older adult patients who may not understand their options, caregivers or surrogates often make these decisions for them, even if these decisions may not align with the patients' preferences.

We sought to identify the association with older adults' post-hospitalization decision-making and predictors involving age-related changes (e.g., cognition, health literacy, chronic conditions) and social influences (e.g., lives alone).

METHODS

We surveyed participants of a longitudinal clinical trial who are concurrently enrolled in the LitCog research study, a cohort of adults age 65 and older who have had longitudinal assessment of their cognition, health literacy, and functional skills over the past 15 years.

Participants were provided the PlanYourLifespan.org (PYL) website at baseline, which facilitates post-hospitalization decision-making and planning for other aspects of aging-in-place (AIP). Six-months after baseline, participants shared their actions around AIP decision-making, specifically post-hospitalization rehabilitation and caregiver preferences, and their use of PYL. Multivariate logistic regression models were conducted.

RESULTS

The mean age at baseline was 73.0 years, 72.7% of the sample was female, and 40.4% were non-white. Of the 293 subjects who completed a baseline interview, 284 (96.9%) completed a 1-month interview, 262 (89.4%) completed a 6-month interview.

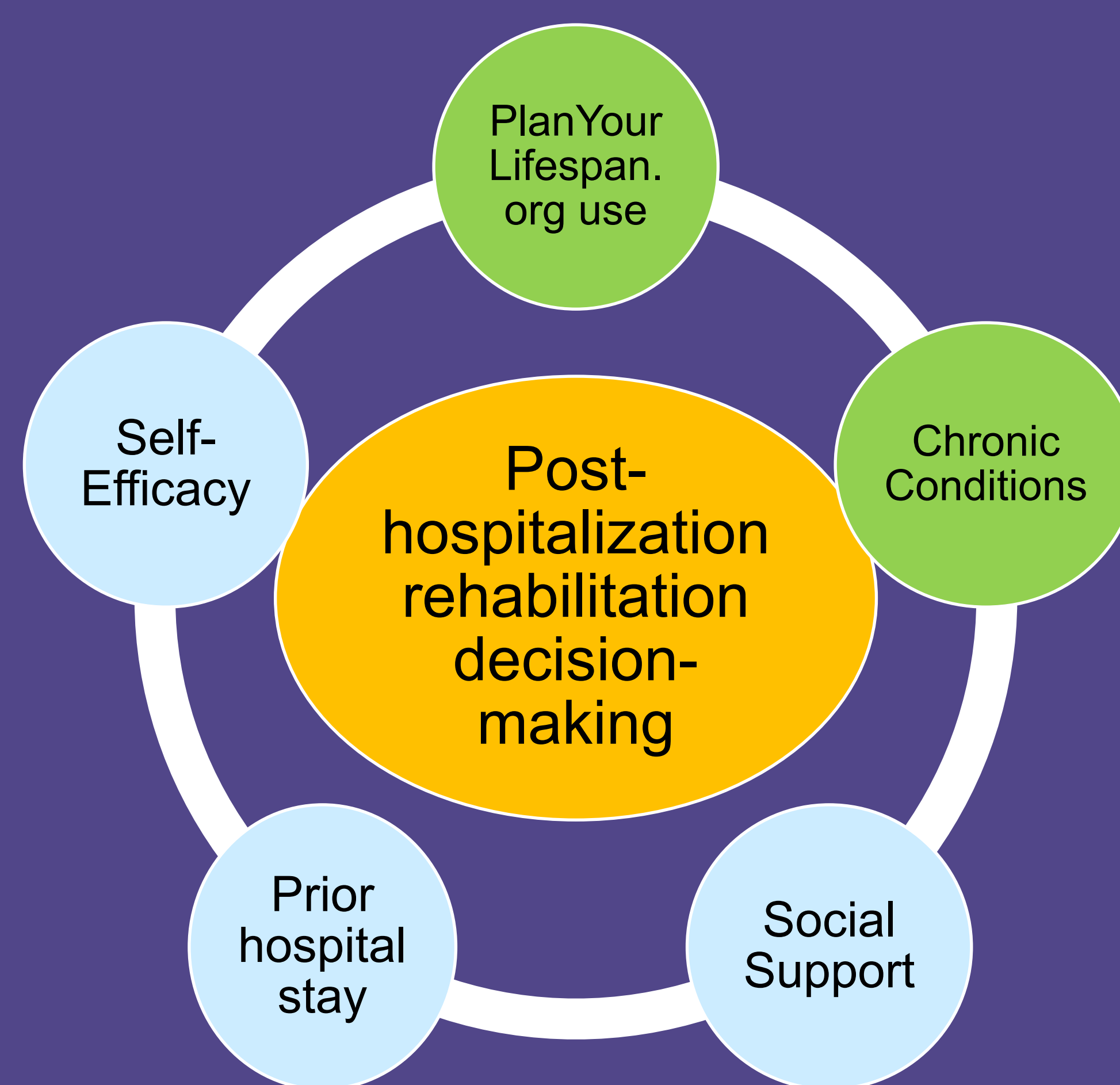
Table 1. Participant characteristics, 6-month follow-up (N=262)

Variable	Total Sample
Age, M (SD)	73.0 (5.0)
Sex, %	
Female	72.6
Race %	
Black	28.6
White	60.7
Other	10.7
Education, %	
HS or less	14.3
Some College	18.9
College Graduate	21.4
Graduate Degree	45.4
Income, %	
< \$10,000	4.8
\$10,000-\$24,999	13.3
\$25,000-49,999	25.1
>= \$50,000	56.8
Marital Status, %	
Married	47.1
Unmarried/Widowed	52.9
Total # Comorbidities, M (SD)	2.3 (1.5)
Living Alone, %	
Yes	41.6
Cognitive Impairment, %	
No impairment	76.5
MCI or Dementia	23.5
Employment Status, %	
Working for Pay	29.2
Retired/Unemployed	70.8
Utilized PYL Website, %	
Yes	32.3

What impacts older adult decision-making about their future post-hospitalization rehabilitation needs?

We are conducting a longitudinal study (month 6 of 36 months; retention rate 89.4%) of 293 older adults who received at baseline, PlanYourLifespan.org, a free, RCT proven effective tool, that helps older adults make Aging-in-Place/Long Term Care (AIP-LTC) decisions.

- Using PYL in the following 6 months as well as having more chronic conditions, adequate social support, prior hospitalization, and adequate self-efficacy positively impacted older adult post-hospital decision making.
- Understanding the factors that impact AIP-LTC decision making is important in targeting and helping older adults prepare for their future post-hospitalization needs.



RESULTS, CONT.

In multivariable analyses at 6-months post baseline, when asked if they had made decisions about post-hospital rehabilitation preferences in the event they were hospitalized in the future, subjects who had made decisions were more likely to:

- Have a **higher number of chronic conditions** (OR= 1.34, 95% CI: 1.09-1.65, p=0.005)
- Be **hospitalized** in the past 6 months (OR=2.08 , 95% CI: 0.92, 4.69)
- Receive **sufficient social support** at 6-month interview (OR=3.72 , 95% CI:1.28, 10.87)
- Exhibit **adequate self-efficacy** at 6-month interview (OR=1.04 , 95% CI:1.00, 1.08)

DISCUSSION

PlanYourLifespan.org has previously proven to help older adults with AIP-LTC decision making, including post-hospitalization rehabilitation preferences. After being provided this resource, older adults who additionally used it over the 6-month follow-up, as well as those with more chronic conditions, prior hospitalization, sufficient social support, and adequate self-efficacy were more likely to have made decisions around their post-hospitalization rehabilitation preferences.

Increased decision-making by those with a greater chronic disease burden could be explained by hospitalization and rehabilitation needs within the 6-month follow-up period. This could have perhaps led to an increased familiarity with options; further analysis is needed to adjust for prior experiences.

Adequate self-efficacy and social support may reflect the drive to make your own plans and a need to plan not only for oneself but also for loved ones who will potentially be assisting in the future in the event of a hospitalization. Therefore, those with stronger social support may have a higher likelihood of identifying someone to take on the role as their caregiver as they age.

The increase in decision-making observed with those reporting use of PYL further demonstrates the utility of this free, publicly available resource in helping older adults with post-hospitalization planning and decision-making. Further follow-up will inform the on-going effects of PYL on other AIP decision-making behaviors.

FINANCIAL DISCLOSURE

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