

What Impacts Older Adult Planning for Post-Hospitalization Discharge Needs?

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INTRODUCTION

Hospitalizations are a frequent cause of facility placement for older adults and adversely impact the ability to age-in-place (AIP). While the older adult is hospitalized, families/friends often consider skilled nursing facility placement, hiring caregivers, or becoming a caregiver themselves. We sought to identify what variables impact older adults' post-hospitalization planning.

METHODS

We surveyed a cohort of non-hospitalized patients age 65 and older who have had longitudinal assessment of their cognition, health literacy, and functional skills over the past 15 years. Participants complete a baseline survey, are exposed to PlanYourLifespan.org (PYL), a tool to help older adults plan for their post-hospitalization needs, and then complete surveys at one month and every 6 months thereafter. Surveys inquire about their post-discharge plans if they would ever be hospitalized, specifically rehabilitation/ caregiver preferences.

Multivariate logistic regression models were conducted, adjusting for baseline hospitalization decision-making, sex, race, age, number of chronic conditions, participant clinical study site, self-efficacy, living status, cognitive impairment, and PYL use across the 1, 6, and 12-month follow-up time-points..

RESULTS

293 subjects were enrolled (12-month retention rate 94.5%).

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

Figure 1. Factors associated with decision-making for post-hospitalization rehabilitation.

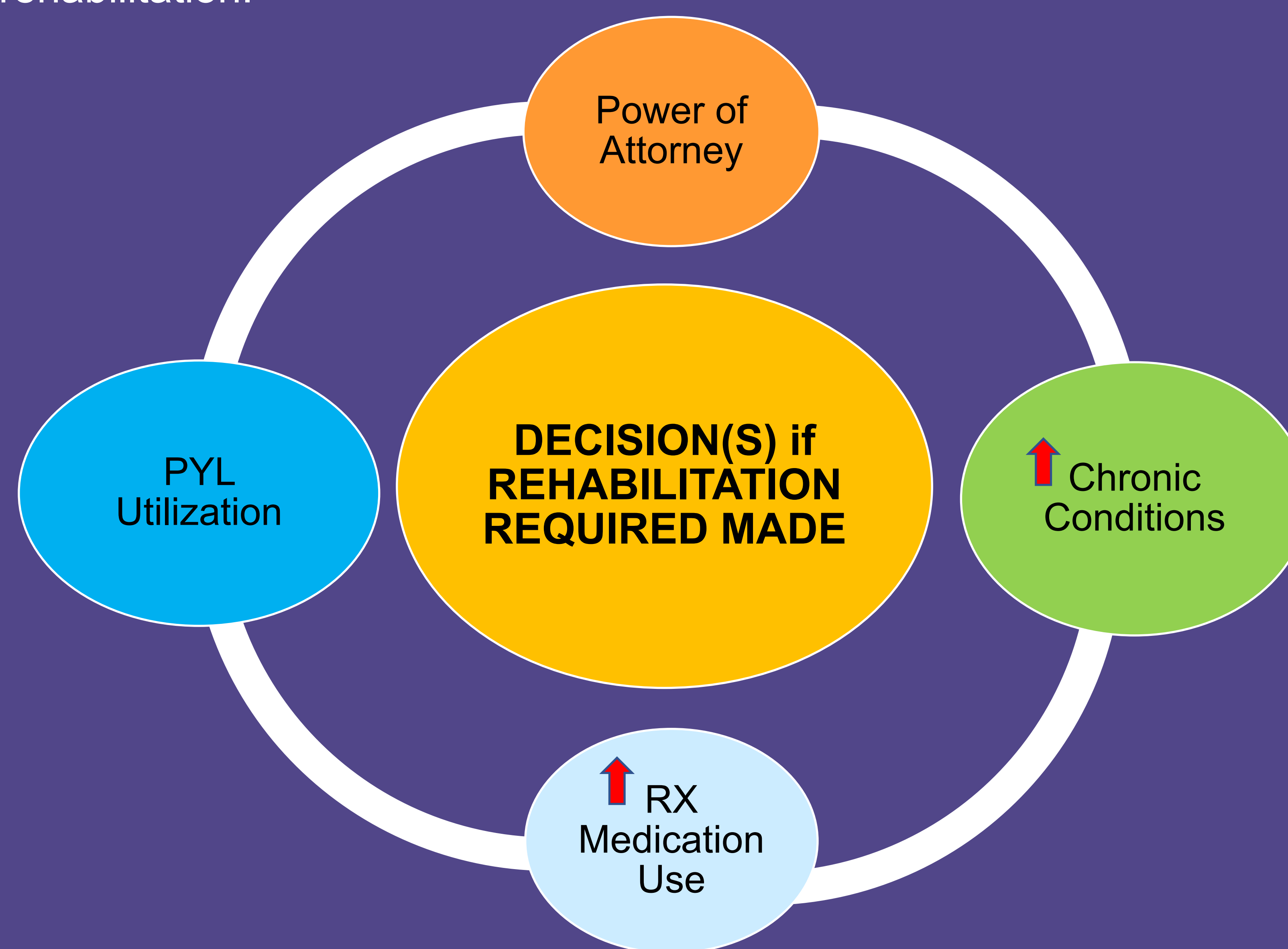
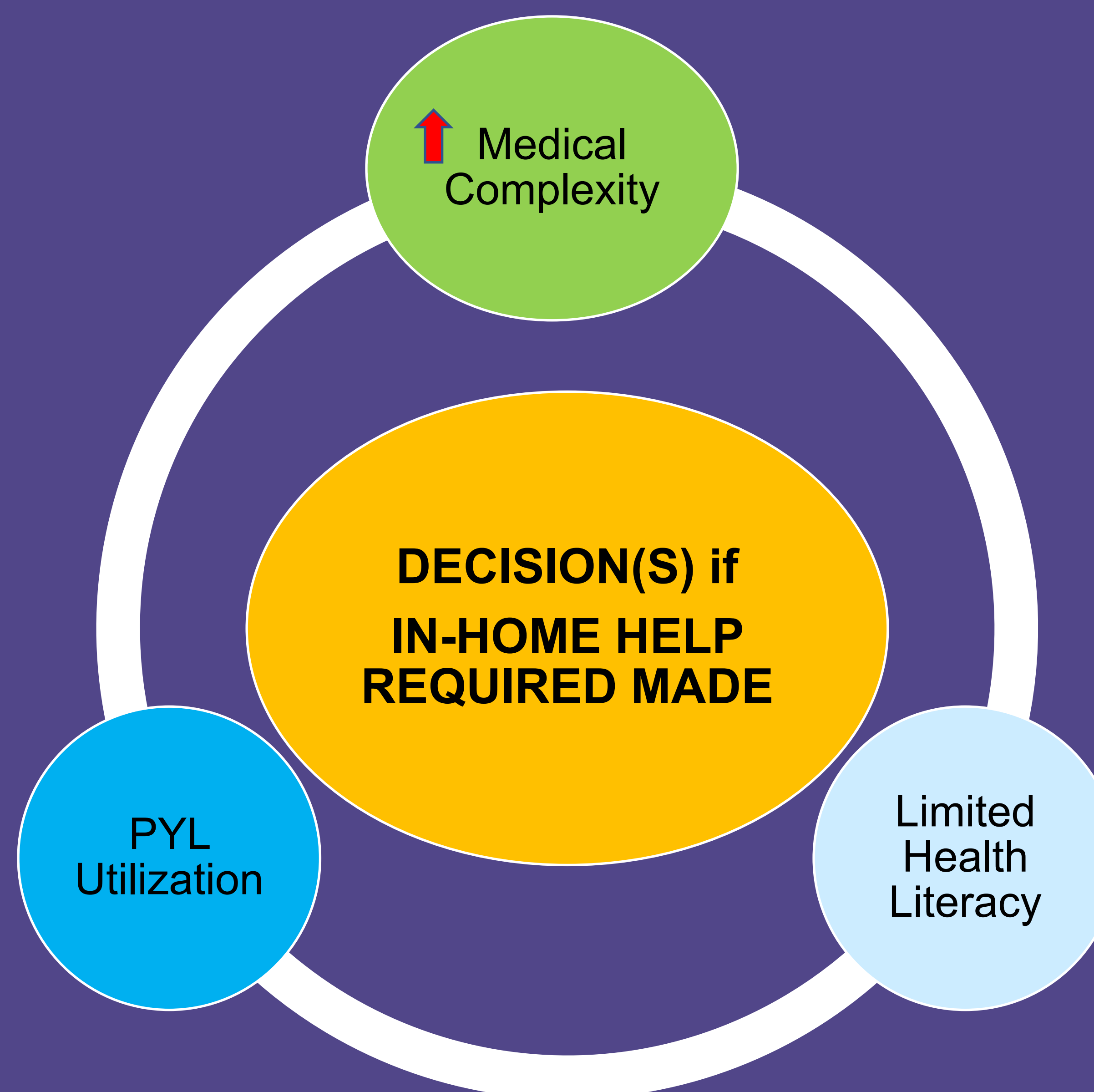


Figure 2. Factors associated with decision-making for post-hospitalization in-home care.



RESULTS, CONT.

Table 1. Sociodemographic Characteristics (By Time Point)

Variable	Baseline N=293	1 Month N=287	6 Month N=285	12 Month N=277
Age, M (SD)	73.5 (5.0)	73.6 (5.0)	73.9 (5.0)	74.3 (5.1)
Sex, %				
Male	27.3	27.5	27.5	27.1
Female	72.7	72.5	72.5	72.9
Race %				
Black	29.1	28.7	28.6	29.5
White	59.6	59.8	60.4	59.3
Other	11.3	11.5	11.0	11.2
Education, %				
HS or less	14.7	14.7	14.5	13.8
Some College	18.5	18.5	18.7	19.0
College Graduate	21.9	22.4	21.9	21.3
Graduate Degree	44.9	44.4	44.9	45.9
Income, %				
< \$10,000	4.6	4.7	4.7	4.2
\$10,000-\$24,999	13.9	13.8	13.5	13.5
\$25,000-49,999	24.9	24.3	24.8	25.8
>= \$50,000	56.6	57.3	56.9	56.5
Employment Status, %				
Working for Pay	28.3	27.9	28.9	29.7
Retired/Unemployed	71.7	72.1	71.1	70.3
Marital Status, %				
Married	47.3	47.2	47.0	45.9
Unmarried/Widowed	52.7	52.8	53.0	54.1

When asked about plans made if hospitalized in future and required post-discharge rehabilitation, subjects were more likely to have made plans if they had increased chronic conditions (OR 1.23;p<0.05,1.02-1.47), increased medications (OR 1.15;p<0.01,1.07-1.25), power of attorney (OR 1.84 ;p<0.05,1.01-3.38), and used PYL (OR 2.61;p<0.01,1.45-4.72) (**Figure 1**)

When asked about plans made if hospitalized in future and required help in the home, subjects were more likely to have made plans if they had higher medical complexity (OR 1.13 [p<0.05, 1.03-1.24]), limited health literacy (OR 3.13 [p<0.05, 1.25-7.81]), and used the PYL website (OR 1.72 [P<0.05, 1.00-2.93]) (**Figure 2**)

DISCUSSION

Older adults with higher medical complexity and those with limited health literacy were more likely to plan for their post-hospital discharge needs. PYL was shown to be effective in helping older adults plan for their post-hospital discharge needs.

FINANCIAL DISCLOSURE

This study is funded through National Institutes of Health's National Institute on Aging, Grant Number R01A05877 (PI: Lindquist) . Dr. Lindquist is also supported, in part, by the R01AG068421 and Northwestern Pepper Center P30AG059988.

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