Interview Guide:
Disposition Decision-Making and Care Transitions of Older Adults

Date of interview: ____________________________
Time of interview: Beginning: _______________ End: _______________
Total duration of interview: _______________
Interviewers (circle initials):        PC          MS          PH          NW          RZ          other
Interviewee service: ____________________________
Interviewee role: ____________________________
Disposition decision-making: Fall / UTI (See Schedule)
Transition: ED -> Home / SNF / Hospital / Other

Thank you for being willing to be interviewed for this AHRQ-sponsored research project!

We are interested in designing a system of care that supports the safe journey of older adults, meaning adults over age 65, after ED presentation. We will focus on two aspects:

- The disposition decision-making process, how patient safety plays a role in this process, and what can be done to improve this process for older adults, and
- The actual transition from the ED to home, hospital or SNF, what factors play a role in the transition, what does that mean for patient safety, and what can be done to improve transitions for older adults.

Throughout this interview we encourage you to provide examples of cases you have faced. This will help us understand your thought process and how you make disposition decisions. When you talk about specific examples, please do not use any name or other identifiable information.

The interview will take about 45 minutes: 20 minutes for the disposition decision-making questions and 20 minutes for the questions about the transition.

Do you have any questions before we begin?
General questions

• How long have you worked as an Emergency Medicine physician excluding residency/ED [nurse/APP/staff]?

• How long have you worked at this ED?

1. Disposition decision-making questions

- We are interested in understanding – from your perspective – what is done for disposition decision-making for older adults from the ED to either their home, the hospital, or to a skilled nursing facility.
- We would like you to recall a memorable case of an elderly patient with a diagnosis of fall/UTI.
- Could you please summarize the case of this older adult and the way you made the decision about disposition for this patient?

- If you cannot think of a specific case, please think of disposition decision-making for older adults with fall/UTI in general, and tell me “what goes through your head” when you make the decision to discharge to home, SNF, or hospital admission.

• How did you make the decision for the disposition?

• What are the most important factor(s) in this process?
  o How does patient frailty and/or cognitive impairment impact the disposition decision? Did these play an important role for you?
  o How did results of tests, studies, and/or the physical exam influence your disposition decision?

• What factors play an important role in a safe disposition from the ED for older adults?

• What is the patient’s role in the disposition decision-making process?

• What makes the disposition decision-making process difficult?

• What makes it easy(er)?
• What system factors made it easy/difficult to make the decision?

• Do communication and coordination play an important role in the disposition decision-making process, or is it an individual decision?

• **For falls:**
  - What can be done to prevent patient safety issues such as multiple falls?
  - In the case that you were describing, did you do a fall risk assessment?
    - If yes, can you tell me more about it?
    - If no, can you tell me why? When is a fall risk assessment useful?
  - Did risk of venous thromboembolism influence your decision? If so, how? Does it always?
  - Did patient medications influence the disposition decision? If so, how?

• **For UTI:**
  - What can be done to prevent patient safety issues such as diagnostic errors from over-diagnosing or missed tests?
  - What can be done to prevent patient safety issues such as medication errors such as *inappropriate* antibiotics?
  - What can be done to prevent patient safety issues such as healthcare acquired infections due to *unnecessary* antibiotics
    - In the case that you were describing, to your knowledge, did a pharmacist perform a medication review?
      - If yes, can you tell me more about it
      - If not, can you tell me why it did not happen in this case?
• What could further be done to improve the disposition decision-making process?
  o What solutions do you think could help?
  o For example:
    ▪ Would standardization of the process help? Or is this not possible?
    ▪ Can health IT play a role?
    ▪ Would a checklist help?
    ▪ Would a visual aide for the patient be helpful?

• What can be done to prevent re-admissions to the ED for falls/UTIs by making changes to the disposition decision-making process?
2. Transition questions

- Now we want to talk about what happens after the disposition decision has been made.
- We are very interested in understanding – from your perspective – what is done for a transition of care between the ED to another hospital department, to a skilled nursing facility (SNF), or to the patient’s home (or assisted living) once the decision about disposition is made.
- Again let’s talk about an older patient entering the ED due to a fall/UTI. We can use the same patient that we used for the disposition decision-making process, if you want.

- Can you describe this transition and what you do in the transition?
- What can you tell me about communication and coordination in the transition process?
  - With whom do you communicate, in the ED and/or in the receiving unit?
  - Do you try and coordinate care, for example with the receiving physician (in hospital, primary care, or physician in SNF)
- What is the patient’s role in the transition?
- What technologies/tools are used in the transition (HealthLink/written documents)?
- What do you do with pending lab tests and images?
  - [UTI only] What do you do if the urine culture does not confirm the infection or the type of antibiotic prescribed after the patient has left the ED?
- What factors play an important role in a safe transition for older adults leaving the ED with a fall/UTI?
  - What are barriers to a safe transition?
  - What are facilitators?
- What can be done to improve the transition process?
  - What solutions could help the transition?
  - What system factors hinder transitions?
How could technologies (e.g., health IT) be used/improved to help the transition?
How could standardization of the process play a role?
Could checklists play a role?
Would a visual aide for the patient be helpful?

- What can be done during the transition to prevent re-admissions to the ED for falls/UTIs?

- From your perspective, what is a good transition?
  - What are the elements that are needed?
  - What system factors help with the transition?

- Is there anything else that we should think about with regard to disposition decision-making or transitions for older patients in the ED?

- Do you have any questions for us?

Thank you for your participation!

[hand interviewee NIH demographic sheet]