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?
    - How does patient frailty and/or cognitive impairment impact the disposition decision? Did these play an important role for you?
    - 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?
    - What solutions do you think could help?
    - 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]