

Capsule Commentary on Burke et al., Evaluating the Quality of Patient Decision-making Regarding Post-acute Care

Lauren S. Penney, PhD^{1,2}

¹South Texas Veterans Health Care System, San Antonio, USA; ²University of Texas Health San Antonio, San Antonio, USA.

J Gen Intern Med 33(5):747

DOI: 10.1007/s11606-018-4359-0

© Society of General Internal Medicine (outside the USA) 2018

This qualitative study by Burke et al.¹ describes the degree to which people are enabled to make high-quality, post-acute care (PAC) decisions. They conducted interviews with hospitalized older adult patients ($n = 32$) and their caregivers ($n = 22$), while the individual was in the hospital waiting for placement or after they were placed in a skilled nursing facility. Transcripts were analyzed inductively for themes, which were then deductively grouped under broad concepts from the Ottawa Decision-Support Framework (ODSF).

Their work joins research and policy discussions about how, when, and where to transition patients out of the hospital, while avoiding unnecessary costs and ensuring appropriate level of care and accountability.^{2, 3} While some studies have focused on how clinicians make decisions about PAC,⁴ this paper fills a gap by focusing on the factors which influenced the decision-making processes of patients and their families. In discussing how to mediate the challenges participants shared, the authors state that providing patients with information is insufficient. Frequently, we think we empower patients by giving them information and “choice” (e.g., Medicare’s Nursing Home Compare); however, this neglects how patients and families are often circumscribed in their ability to make sense of and meaningfully act on information provided, particularly in uncertain and changing circumstances, and limited resources.⁵

Published online February 26, 2018

One limitation is that although patients and caregivers were interviewed at different time points (in hospital or in a PAC facility), the differing time points were not discussed or considered in the analysis. The work is strengthened by the authors’ use of the ODSF as a conceptual framework for evaluating post-acute care decision-making and consideration of the perspectives of patients and caregivers.

As the authors note, their findings have direct clinical implications. They usefully suggest conversations about PAC be modeled off “goals of care” discussions, wherein patient and family values, goals, and preferred roles in decision-making are highlighted in order to tailor transition of care discussions.

Corresponding Author: Lauren S. Penney, PhD; South Texas Veterans Health Care System, San Antonio, USA (e-mail: Lauren.Penney@va.gov).

REFERENCES

1. **Burke RE, Jones J, Lawrence E, Ladebue A, Ayele R, Leonard C, et al.** Evaluating the quality of patient decision-making regarding post-acute care. *J Gen Intern Med.* <https://doi.org/10.1007/s11606-017-4298-1>
2. **Ackerly DC, Grabowski DC.** Post-Acute Care Reform — Beyond the ACA. *N Engl J Med.* 2014;370:689–91.
3. **Burke RE, Juarez-Colunga E, Levy C, Prochazka AV, Coleman EA, Ginde AA.** Rise of Post-Acute Care Facilities as a Discharge Destination of US Hospitalizations. *JAMA Intern Med.* 2015;175:295.
4. **Bowles KH, Holmes JH, Ratcliffe SJ, Liberatore M, Nydick R, Naylor MD.** Factors Identified by Experts to Support Decision Making for Post Acute Referral. *Nurs Res.* 2009;58:115–22.
5. **Raffaetà R, Nichter M.** Negotiating care in uncertain settings and looking beneath the surface of health governance projects. *Anthropol Action.* 2015;22:1–6.