Hospital Associated Disability: Is Hospital Admission Really the Safest Disposition for Our Elderly Patients?

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Are we helping our elderly patients who are "too unsafe for discharge" by keeping them in the hospital? Emergency medicine (EM) physicians know this dilemma all too well.

Imagine the 90-year-old patient who presents from home after a neighbor calls 911. The patient arrives via EMS and explains that her neighbor was worried by the amount of time she was spending in the house. She says that after some discussion with her neighbor and EMS, she agreed to come to the ED for a "checkup."

The patient in your emergency department is frail and disheveled. She is ambulatory with a cane and lives alone. You complete a work up and find only that her urinalysis is equivocal for a UTI. You're preparing to discharge the patient but worry, "is this frail and disheveled 90-year-old woman safe for discharge back to her home alone?"

As EM physicians we have limited exposure to the patient experience after patients are admitted — hospitals can be dangerous places for the elderly. Hospital associated disability (HAD) is defined as loss of ability to complete one of the basic ADLs needed to live independently without assistance: bathing, dressing, toileting, eating, or transferring. Almost one third of hospitalized older adults are discharged with a new major functional disability.[1] Nearly three in four elderly patients do not walk during their hospital stays.[2] Older patients are also highly susceptible to delirium and it tends to persist for longer in the elderly. After leaving the hospital, geriatric populations have a 60-fold increase in their risk of developing more permanent disabilities[3] and it is estimated only about one in three patients return to their pre-illness level of function.[4] These are things to seriously consider when deciding whether to recommend hospital admission for elderly patients.

Of course HAD cannot be eliminated, especially for elderly patients that are admitted for catastrophic events such as stroke or myocardial infarction. Inpatient programs like acute care for elders (ACE) units and early mobility initiatives have been shown to reduce HAD,[5] but perhaps as EM physicians, we can help prevent HAD by reducing "social" admissions.

When deciding disposition for your elderly patients, be sure to involve them in medical decision making. Physicians are known to be less likely to involve older patients in medical decision making when compared with younger patients.[6] If your patient has the ability to make an informed decision about whether or not they want to stay in the hospital, empower them to decide and create a plan that safely supports their decision. ●

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