

L.P.L. Low. *Contributions of technology for elders and families in discharge planning: Reviewing modes of information delivery. Gerontechnology 2010;9(2):304;*

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Purpose Computerized technology in health care has advanced to enable consumers to access resourceful knowledge and improve patient outcomes. Specific to discharge planning and following episodes of moderate/serious illnesses for hospitalized elders, families and their elders find themselves having to make decisions about health care decisions and choices of discharge locations; that is, return to their own home with supportive community services or residential care homes. This decision is fraught with difficulties and can be a daunting and stressful time. Often families are unsure about the alternative choices available to them to keep the elders safely at home, especially when discharge decisions are hurriedly made based on scarce information. This paper presents a review of the discharge process and modes of delivering information to hospitalized older people and their families, with a view to identifying the contributions of technology in discharge planning and informing the development of an interactive e-Learning Information Package (eLIP) to enable consumers to make the 'best' placement decisions on discharge. **Method** Keywords below were used to retrieve literatures from Medline, CINAHL, PsychInfo and Sociofile electronic databases. Literatures were also hand-searched. **Results & Discussion** Overall findings support the scope to improve the way discharge planning procedures were undertaken in order to ensure a smoother, safer, and more secure transitions to different care settings in the community¹. Continuing problems inherent in the transfer of information and communication between the patients/families and healthcare professionals still existed (e.g. unable to get information on time, forgetting information received at the hospital and insufficient notice of discharge)². Consequently, uninformed placement decisions were made with inadequate information when time was constrained. Studies revealed the need to support the families to work closely with their elders to make decisions that ensure positive discharge experiences^{3,4}. Such stressful experiences could be alleviated when the interventions enabled elders and families to feel supported prior to making the post-discharge placement decision⁵. Non-computing discharge schemes ranged from specialist healthcare personnel-directed discharge planning and home follow-up protocol⁶, support-the-carer-scheme immediately following discharge, pre-discharge home visits⁷ and discharge/information packs⁸. Although evidence supports the advantages of implementing computing technologies among community-dwelling elders and integrating clinical information systems to improve health care practices, the review found that the use of technology to equip elders/families with timely, relevant, and appropriate information to make the 'best' post-charge placement decision for their elder is rather limited. This knowledge gap paves the way to develop technological research to help ease the transition from hospital to home. By collaborating with all the stakeholders involved in the elders' discharge, one forthcoming initiative is to develop an accurate electronically-aided information package (e.g. website, learning aids, and take-home resources) to structure and help people to make placement decisions. In this way, eLIP aims to be structures, easily accessible, user-friendly and interactive and will carefully consider the elders/families decision preferences for discharge placements.

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