

Discharge planning, nursing home placement, and the Internet

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Background: Effective discharge planning and well-coordinated case management related to nursing home (NH) placement are key services in acute-care hospitals.

Objectives: (1) identify the individuals and important factors involved in the discharge planning process; (2) describe the types/sources of information used by discharge planners to recommend specific nursing homes for patients and families; and (3) determine which methods are used to evaluate the quality of US nursing homes (NHs).

Methods: Descriptive study, with a convenience sample of 41 discharge planners and case managers from California acute-care hospitals.

Results: This study found that patients, families, friends, and physicians are all involved in the discharge planning process along with discharge planners and/or case managers. Discharge planners/case managers were generally concerned about NH bed availability, geographic location, and financial considerations. Although the discharge planners and case managers were able to articulate important indicators of quality in NHs, such information was not routinely considered during discharge planning activities.

Conclusions: Discharge planners and case managers need to play a more central role in the decision-making process related to the selection of a NH, especially because decisions are time-limited and can benefit from a well-planned discharge planning program that uses a variety of data on quality and costs. The widespread use of Internet-based information sources can be expanded to aid this process.

Effective and efficient discharge planning is an important component in hospitals' efforts to control the length of stay (LOS) and their rapidly increasing costs.^{1,2,3} Discharge planners and/or case managers, terms often used interchangeably by hospitals,^{4,5} have a mandated role in these efforts while also assuring appropriate and high-quality care following hospital

discharge.⁶ Complex post-discharge planning activities include assessing whether a patient should be discharged directly to home or to a nursing home or other facility either on a short-term or long-term basis.² Such planning often requires extensive efforts by discharge planners/case managers to assure the involvement of patients, family members and friends, physicians, and others in decision-making.⁷ Obviously, decisions involve personal as well as professional judgments about appropriate care, taking into account health insurance and financial considerations.

The advent of the acute-care prospective payment system and ever-shorter lengths of stays in acute-care hospitals have made the discharge planning process both more complicated and rapid because of what are known as "quicker and sicker" discharges.^{1,8} Because consumers, family members and friends, discharge planners/case managers, and physicians are generally obliged to make major decisions within a few days,¹ the role of discharge planners/case managers is especially important in providing information on post-acute and long-term care options to support decisions about post-discharge care. There are 3 primary aspects of information on post-acute and long-term care service options that are key to the decision-making process: (1) the availability and location of post-acute-care services; (2) the costs and insurance coverage; and (3) quality of care. Although these are key facets of the process, little is known about what information is generally made available to consumers and their family and friends by discharge planners/case managers.

Where patients are seeking nursing home (NH) care, the decision should involve the identification and selection of facilities that have available beds for the type of payer (Medicare, Medicaid, private insurance, private pay, or other), the service needs of the patient, the

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location of the facility, and other considerations. The quality of care in facilities has often not been a primary facet of the decision because of lack of available information on quality and the urgent timeframe for decision-making. However, the quality of NH care should be of concern to discharge planners/case managers because publications and reports provide empirical data that shows the large numbers of US nursing facilities with poor or substandard care.^{9,10,11}

The work of discharge planners/case managers in obtaining information on the availability, cost, and quality of post-acute and long-term care services has the potential to be dramatically changed with the advent of information available on the Internet.¹² The Pew Internet and American Life Project reported that nearly 63% of American adult respondents (equivalent to 126 million people) had access to the Internet.¹³ On average, some 66 million adults go online each day, and 66% reported they use the Internet to find health or medical information. In response to the growing demand for consumer information about long-term care, the federal government, a number of states, non-profit organizations, and several proprietary organizations have developed Internet Websites with information on nursing homes (NHs) and home health care agencies.¹⁴ This study sought to examine the extent to which discharge planners/case managers were taking advantage of Web-based information during the discharge planning and case management process for long-term care (LTC).

Specifically, this paper presents findings from a preliminary descriptive telephone survey of hospital discharge planners/case managers from California hospitals to understand how decisions are made to select a NH. The specific aims of this study were to: (1) identify the individuals, as well as the important factors, involved in the discharge planning process for patients transferred to NHs, (2) describe the types/sources of information, including Web-based tools, used by discharge planners to identify, recommend and/or select specific NHs for residents and families, and (3) determine which methods, if any, were used to evaluate the quality of care provided in specific NHs. Our findings are preceded by a brief discussion of nursing home quality, Web-based information sources, and a review of the discharge planning and case management literature, with an emphasis on professional roles and patient expectations and experiences.

BACKGROUND

Quality of Care

The poor quality of care in some of the nation's NHs has been the focus of a number of Institute of Medicine reports^{9,15} and many federal reports.^{10,16,17} The public has a vested interest in knowing about the caliber of care in the nation's nursing homes because 1.6 million residents currently receive care in the country's 16,500

NHs.^{9,18} The changing demographic composition of the US population indicates that as many as 3 million residents will receive care in a formal LTC setting by 2030.^{9,19} Some residents receive short-term post-acute care, while others will live in nursing homes for the rest of their lives.¹⁸ The decline in nursing home occupancy rates during the 1990s gives residents a greater choice of facilities than in the past and should allow individuals to consider the quality of care in available facilities before they select a specific NH.¹¹

Internet Information

Internet-based information about the quality of care in nursing homes can help individuals, families, and friends make informed decisions about selecting a NH and can be used to monitor the quality of care in facilities over time.²⁰ The growing availability of Internet information about NHs has the potential for improving the selection and monitoring the quality of care provided by NH staff.¹²

Federal and State Nursing Home Websites. In 1999, the federal government (Centers for Medicare and Medicaid Services [CMS]) launched Nursing Home Compare, a free Website that presents information on all NHs in the United States (www.Medicare.gov/nhcompare/).²¹ The CMS Website provides comparison data for NHs certified to provide Medicare and Medicaid services and the information is provided in Spanish as well as English. The Website also provides information about facility characteristics, federal deficiencies and complaints, and staffing levels. Quality measures were added to the Website in the fall of 2002.²² The information is obviously in demand because the Website receives approximately 100,000 visits a month.²³ The federal Website uses administrative data from the On-Line Survey Certification and Reporting (OSCAR) system and resident assessment data collected by NH staff on the Minimum Data Set (MDS) forms.

In addition to the federal site, and as of June 2003, approximately 25 states had developed their own Websites related to nursing homes and long-term care.¹⁴ The level and complexity of information varied by Website: many link directly to the federal site or provided information that was comparable, several state Websites offered only rudimentary information while 5 sites provide users with access to a complex array of information including staffing levels and inspection/survey histories. A number of proprietary Websites have been developed; these often have user fees associated with them and many lack important empirical data (such as direct-care staffing levels, measures of resident acuity, or other quality-related measures) that should be considered before patients or families select a facility.¹⁴

California Nursing Home Search Website. In response to public concerns about NH quality of care and costs, California Nursing Home Search (CalNHS), a

free and comprehensive Website, was launched in October 2002 to provide objective information about NHs that can be used by consumers, providers and other stakeholders. Calnhs (www.calnhs.org) presents information from multiple state and federal data sources in an easy-to-use Website.²⁴ The Website includes objective ratings about 1,400 NHs in California on 10 key quality indicators and also provides detailed information on facilities, residents, staffing, complaints, deficiencies, financial indicators, and ownership. The Website also has important supplemental information on guidelines to NH care, resident rights, alternatives to NH care, research and policy topics, and links to other Websites that are not available on the federal Website. Overall, the CalNHS Website provides more comprehensive information in a format that is easier for consumers to understand and use than the federal Website. Since its launch, California Nursing Home Search has had about 17,500 visits per month in its first year, with a total of over 232,000 visits, and over 16 million hits on specific information on the Website.²⁵ Most visitors went to the site to search for specific facility information. Because this Website was also targeted to discharge planners/ case managers, this study was designed to examine whether and to what extent this group was using the Website in its discharge planning process.

Discharge Planning and Case Management

Effective discharge planning/case management is considered a vital link in assuring the continuity of care between acute-care facilities and post-discharge care in the community or in formal LTC settings.^{6,26} There are many definitions and models for discharge planning and case management that are often combined roles in hospitals, using both nurses and social workers.^{4,5} Huber noted that risk management and coordination of care are 2 common functions of case management; these responsibilities were further differentiated into 6 core functions: assessment, planning, linking, monitoring, advocacy, and outreach activities.²⁷

Although the case management and discharge planning roles are often similar or overlapping, the discharge planning role, by definition, focuses more explicitly on interdisciplinary processes to facilitate or organize post-hospital plans of care.^{5,28} Tennier, for example, described the prototypical roles of discharge planners including: screening, assessment, counseling, arranging resources, and patient and family education.²⁸ In a study of hospital-based discharge planners, Holliman and colleagues identified 24 core tasks and 4 important skills: communication skills, training, knowledge of community resources, and social assessment skills.² The researchers also found that discharge planners needed greater knowledge of resources and training to evaluate the quality of available resources.²

The effectiveness of the discharge planning/case management processes has been evaluated using different outcomes measures such as: time to patient recovery, rates of acute-care readmission, and lengths of hospital stay.²⁸ Other measures include the: (1) efficiency of the discharge planning process, (2) timeliness of discharge planning, (3) stakeholder satisfaction, and (4) effective management of impediments to timely discharge.²⁹ The findings from a Cochrane review of 8 randomized and controlled studies indicates that discharge planning was not associated with improvements in patient health status, but was associated with higher levels of patient satisfaction, a reduction in length of stay, and a reduction in readmission rates.³⁰

Despite the importance of the discharge planning role, discharge planning and case management activities in hospitals may not be adequate.³¹ In a study of discharge planners and family/patient dyads (N = 40), who were interviewed 1 week after hospital discharge, discharge planners were found to have greatly overrated their influence and perceived adequacy of the information that they provided. Family caregivers, in contrast, felt that NH care/placement was not presented as a choice, but rather as a forced, time-limited option primarily designed to reduce LOS; caregivers also reported that planners were not particularly concerned with patient or family concerns and preferences.³¹ Family caregivers and patients believed that they had been given little or no information, were not meaningfully involved in the planning process, and were pressured, forced, badgered or bullied to opt for NH placement.³¹ A similar study of caregivers or primary contact persons for 25 NH residents found that sponsors had often been required to make decisions within a short time period, and those that felt they had an opportunity to plan felt more equipped to make decisions related to placement and were more satisfied with their decisions.¹² The authors suggested that the use of Web-based information sources can enhance public education and reduce stress associated with the selection of a LTC facility.¹²

A more recent study of discharge planning in a sample of 306 resident/caregiver dyads found that most residents/caregivers selected a NH quickly under pressure from hospital staff.¹ The study found that 78% of decisions occurred after a predisposing hospitalization, with little or no anticipatory planning prior to hospitalization, and after having visited only a few facilities (on average, caregivers visited 2.4 NHs before making a selection).¹ Castle concluded that the selection of a NH was largely governed by geography, or the proximity of the NH to significant others or to an acute-care hospital, and he determined that most respondents were unhappy with the facility selected.¹ Most respondents (54%) in the Castle study felt that family members/significant others were the most influential people in the decision-making process, but also reported that they had relied

on relatively limited data sources when selecting a facility.¹ Reputation, including quality, range of services and management characteristics were cited as important by approximately 11% of respondents.¹ The use of the Internet could greatly enhance the information access of consumers, family members and friends, as well as discharge planners and case managers.

METHODS

Sample

This was a descriptive study of discharge planners/case managers in California hospitals, who were involved in discharging patients to NHs. Acute-care hospitals were identified from a list of roughly 70 licensed general acute-care facilities in the San Francisco Bay Area and 109 in the Los Angeles area.³² In the Bay Area, staff in 40 facilities were contacted to participate in the study; in Los Angeles, 35 facilities were contacted. Discharge planners and/or case managers in 41 hospitals (55% of those contacted) agreed to participate (18 in Bay Area and 23 in Los Angeles).

Interviews

After the hospitals were identified, a call was made to the discharge planning or case management office where we asked to speak with the department director or their designee. These individuals were then asked to participate in a semi-structured telephone or in-person interview conducted by 1 of our 2 research assistants. During the 10–15 minute interviews, respondents were asked specific closed-ended questions about the discharge planning process in their facilities; the interview also included open-ended questions to obtain more extensive and facility-specific information related to discharge planning. Information was requested about the discharge planning process by asking questions that addressed the following topics: (1) the individuals involved in the discharge planning and the factors considered in decision-making process for patients who needed to be transferred to a NH, (2) the types of information, including Internet sources, that are used to recommend and/or select a specific NH, and (3) which methods, if any, were used to evaluate the quality of care provided in the NHs that the discharge planners recommended.

Analysis

Detailed notes were taken from the interviews for each question. These notes were coded into categories, by question, for each respondent. The responses were divided into 3 groups that were related to each study question. A descriptive analysis was conducted first to identify the general categories of responses for each question. Then, the number of respondents was identified for each category of responses for each question. Specific responses were then examined for patterns and for representative descriptions or unusual responses. A

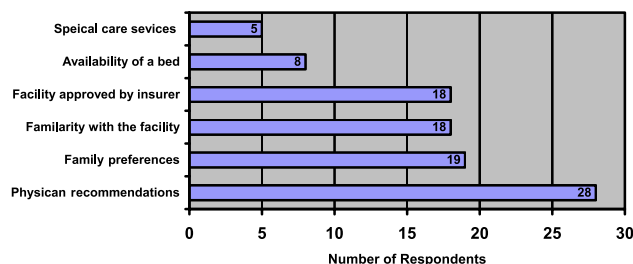


Figure 1. Factors that Discharge Planners consider when selecting/recommending a nursing home (N = 41).¹

descriptive presentation of the analysis was developed to summarize the findings to address the 3 research questions, including the: (1) individuals and important factors involved in the discharge process, (2) types and sources of information used, and (3) methods used to evaluate NH quality.

FINDINGS

Stakeholders and Important Factors

Figure 1 depicts the factors that were important in determining which NHs were considered and/or selected for placement of acute-care patients. Discharge planners/case managers reported they were primarily concerned about bed availability, geographic location, and financial considerations in making referral and placement decisions. The time pressures and the need for quick access to available NH beds were foremost considerations.

Most respondents identified patients, physicians and their professional peers as key stakeholders in the decision-making process related to discharge planning and NH selection. Nineteen (46% of the sample) respondents reported that patient and/or family preference was the deciding factor in facility selection; 7 of these respondents noted that family preference in terms of the geographic location and proximity of the NH to family members was important.

Physicians were cited as playing a key role in the discharge planning process and facility selection process by 21 of the 41 respondents, or 51% of the sample. Fourteen respondents, 34% of the sample, indicated that established physician relationships with specific nursing homes, as either a NH director and/or provider, were important factors in the recommendation and selection of a facility. Seven other respondents indicated that physicians who lacked formal association with a particular NH had also given discharge planners and/or families' directions or information, which was then used to select a specific nursing facility.

Networks of professional or peer relationships were cited as important ways that discharge planners identified NHs. Pre-existing and sometimes long-standing relationships between an acute-care facility, individual

¹Some respondents reported using more than one factor.

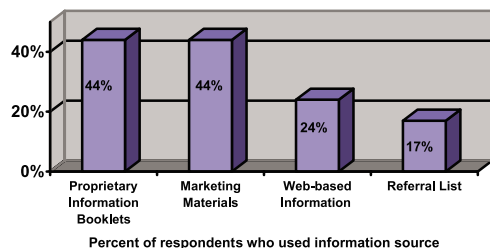


Figure 2. Information sources used by Discharge Planners to identify nursing homes.¹

discharge planners and nursing homes was cited by 18 (or 44%) of the 41 respondents as an important factor in decision-making and referral recommendations for NHs. Not surprisingly, nursing homes that had been approved by health maintenance organizations (HMOs) or private insurers were identified as an important and, in some cases, the determining factor by 18 respondents, or 44% of the sample. This was especially important for post-acute short-term NH admissions for Medicare patients, where an HMO or private insurer was paying for the care, rather than the Medicaid program, individual patients, or family members.

Five of the discharge planners indicated that a facility's ability to care for a resident with special needs was a key factor in selecting a NH. In contrast, 8 respondents noted that the availability of open beds and a facility's willingness to quickly accept transfer of a resident were decisive factors in facility selection, while concerns about quality and staffing were less important.

Types of Information Used

Referral lists. Figure 2 depicts the common types of information used by discharge planners to identify NHs. Seven respondents, 17% of the sample, relied on some type of referral list to identify NHs. Four discharge planners at public hospitals used county-approved facilities, although county lists included only the facility name and address and lacked quality data and other potentially helpful data. One of these respondents reported that county lists were developed and updated based on survey information. Staff in 3 acute-care facilities had developed their own list of approved facilities based on reputation and past experience of discharge planners with NHs.

Nursing home marketing. Respondents from 18 (44%) of the facilities reported that they were periodically contacted by representatives from various LTC facilities in their geographic areas who marketed available services and attempted to establish referral relationships between their NHs and individual acute-care hospitals to assure a consistent stream of patient referrals. For example, 9 respondents received informal visits from a NH administrator and 5 had attended formal inservices organized by NH operators to ac-

quaint discharge planners with the services available in a specific facility. Two respondents reported that NH staff had provided gift certificates or complimentary food to case managers. A respondent from one county facility mentioned that discharge planners were forbidden to accept such enticements.

Internet resources. Only 10 out of 41 respondents (24% of our sample) reported that case managers or discharge planners used Web-based sources to obtain information related to NHs. Twelve of 41 respondents indicated that they would like to have access to Web-based quality data if such data were available; only 3 respondents reported they had used available Internet Websites to evaluate NH quality. Three other respondents specifically mentioned that they were unaware of Web-based quality information.

Of the 10 respondents who used the Internet, 5 respondents were familiar with the CalNHS Website, the California site; one of these reported using the Website frequently, while 4 others reported occasional use. Seven respondents had encouraged family members to use Internet resources to research information on NHs, although 2 of these informants did not use such resources themselves. One of these 2 respondents had referred families to Nursing Home Compare, the federal Website, to review information on nursing homes, but the respondents had avoided using the site because it "lacked sufficient detail" about NH quality. Another respondent was aware of the federal Website, but had declined to use the site because she had developed her own list of ranked facilities.

Three respondents used proprietary Internet sites (ie, those with a subscription fee) to identify facilities with available beds. These respondents did not search for quality information, but were interested in expediting transfer of patients from the acute-care hospital to a NH. Another 3 respondents reported subscribing to proprietary Websites from organizations like the Extended Care Network (www.extendedcare.com), which provided very limited information on NHs, such as the number of beds available in a particular facility.

Startlingly, 18 of the 41 (44%) respondents indicated that material in the new Lifestyles book was used to identify facilities; this material is also available on the organization's Website (www.newlifestyles.com). This data source is extremely limited and often includes only a facilities name and address. Moreover, the source does not include measures of quality, nor does it provide data on staffing levels, outcomes, or past surveys that would allow consumers to compare NHs.

Barriers to Internet use. There appeared to be a number of barriers to the use of the Internet. Four respondents indicated that Internet access was restricted to department directors and not available to case managers or discharge planners who were working at the patient-care level. One informant (who was unfamiliar with Web-based data sources related to quality) com-

¹Some respondents reported using more than one source.

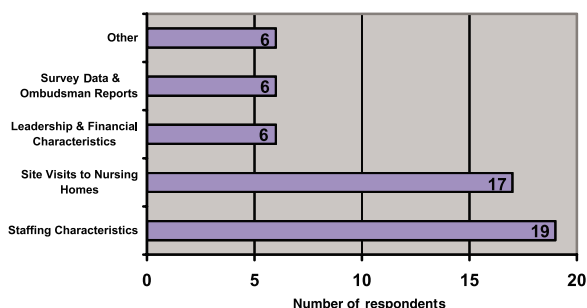


Figure 3. Information sources used by Discharge Planners to evaluate quality (N = 41).¹

mented that even if such data were available, it would not be used by case managers because they lack the time and/or authority to make independent decisions for NH placement. Two respondents were employed by acute-care hospitals that lacked Internet access because their employer had not installed computers or other information technology systems.

Quality Indicators and Methods Used to Evaluate Quality of Care

Decisions about referrals were generally not made on the basis of quality of care, although respondents reported that a number of factors, depicted in Figure 3, were important. Respondents did, however, identify measures that are believed to have an important influence on quality of care in NHs, including: staffing level, quality of facility leadership, staff training, rates of turnover, and compensation levels of NH employees.

When asked to identify important indicators of quality, staffing levels and staff competency were cited by 13 (31%) of the respondents as important measures of quality of care. Three respondents felt that leadership ability and commitment to quality care by the director of nursing were key factors that influenced quality. Six respondents indicated that staff tenure and low turnover rates were important measures of quality, although none of the respondents indicated how they assessed this factor. Lastly, 3 of the respondents reported that adequate compensation and benefit packages were factors that influenced quality, but they did not cite any systematic methods to identify differences in the value of such packages between different facilities.

Participants were queried about the procedures that they used to evaluate quality of care in LTC facilities. Seventeen (41%) of the respondents indicated that either they or someone from their department had visited some or all of the LTC facilities to which they referred patients; three of these respondents had completed both announced and unannounced visits to assure that they had received a “complete picture” of the care provided in a specific NH; others had either scheduled appointments beforehand or had been invited to visit

facilities by NH staff. One respondent described such visits as a standard part of the orientation process for all new case managers and discharge planners. Three respondents indicated that during site visits, they had evaluated facilities by assessing cleanliness, general ambience, relationships between workers and residents, odors, menu items, staffing ratios, “open door” policies, and evidence of family involvement and active patient councils. One respondent reported that hospital administrators expressly forbade discharge planners in her facility from visiting NHs, although she believed such visits were important and she specifically mentioned that discharge planners could use such data to evaluate quality.

Fifteen respondents, 37% of the sample, indicated that they had stopped referring patients to specific NHs. Three had stopped because a facility had received an unfavorable evaluation from the California Department of Health Services (DHS) and were subsequently removed from the list of county-approved NHs. One respondent had halted referrals when facilities had recurring administrative problems. Another reported stopping referrals when quality of care was deemed unacceptable, but also mentioned that patients were still referred to poor NHs as a “last resort” (eg, if a bed was not available elsewhere). Two respondents noted that the decision to stop referrals was rare and was based on physician directives, including requests from physicians who were practicing in the problematic facility. Other decisions to stop referrals were based on patient complaints.

Two respondents indicated that they routinely examined ombudsman reports to evaluate the quality care in LTC facilities that they had recommended. This strategy was used to identify nursing homes that were investigated by representatives from the county’s ombudsman programs. Four respondents indicated that they evaluated survey data from DHS to comparatively assess the quality of care in the states’ LTC facilities. Three respondents suggested that if a facility were licensed, then they assumed that the quality of care was adequate.

Two respondents from a large, not-for-profit, HMO indicated that they evaluated the quality of care in LTC facilities by examining the results from an ongoing credentialing program that their organization had developed to systematically evaluate the care provided in NHs. Four respondents indicated that they had relied on family members to evaluate quality by encouraging families to visit facilities before placement of a relative. Four respondents indicated that they informally surveyed family members and residents after placement in a NH, or following a pre-admission visit by the patient’s family to a nursing facility.

Seven respondents indicated that they did not need further information about the quality of care in nursing homes, and another respondent mentioned that if reli-

¹Some respondents used more than one strategy.

able quality information were available, she would not be able to use it because of lack of time.

DISCUSSION

This study found that many factors were important in determining which nursing homes were considered and/or selected for placement of acute-care patients. Physician relationships with specific NHs, as either a director and/or provider, were important in many decisions. In other situations, HMOs or private insurers had contractual agreements with specific facilities that constrained consumer choice. Discharge planners and case managers relied heavily on professional relationships with facilities or on word-of-mouth to facilitate patient placements. Moreover, some respondents described the, perhaps, questionable marketing practices used by NHs to solicit referrals. Without other sources of information, respondents may be vulnerable to using this type of information in making decisions, as described in previous work.¹ The extent to which these factors dominated the final decision-making process could not be determined, but these areas need to be examined to understand their impact on the referral and decision-making processes.

Most hospital discharge planners and case managers relied on referral lists developed by the hospitals or on NH marketing materials for information about nursing homes. Only 24% of respondents were using data from Internet sources. In spite of the broad range of Internet information available to discharge planners/case managers, this study did not find convincing evidence of the use of this type of information for nursing home referrals and decision-making. The use of Web-based tools, particularly in the setting of short times for selection, may be a very valuable source to help identify NHs that offer services and quality that are congruent with resident and family expectations. There were, however, clear barriers to using Internet services in terms of the lack of access to technology and the Internet by discharge planners, the lack of knowledge about available information, and the limited role that some discharge planners/case managers assumed in discharge planning that, in some cases, was limited to providing the names and addresses of facilities in a given region.

Discharge planners/case managers were generally concerned about NH bed availability, geographic location, and financial considerations, and decisions about referrals were generally not made on the basis of quality indicators. Although the discharge planners/case managers were able to articulate important indicators of quality in nursing homes, such information was not routinely considered during discharge planning activities. Discharge planners/case managers did not tend to use objective sources of quality data; instead, they relied primarily on word-of-mouth referrals or their own knowledge of facilities rather than using quality

data derived from government sources. These findings are also consistent with those by Castle, who found that the choice of NHs was seldom based on quality.¹

The lack of knowledge about available information on quality was also a key barrier identified in this study. At least 2 respondents had the mistaken understanding that if a facility were licensed, then the quality of care was adequate. Given that only 2% of Medicare and/or Medicaid facilities in California were deficiency-free and that quality varies widely across facilities, this was a serious and potentially hazardous assumption.^{9,10,11,17}

FUTURE STUDIES

Previous studies have raised questions about the extent that patients, families, and friends are involved in the discharge-planning process and have been critical of the processes used.^{1,31,33,34} This study found that patients, families, friends, and physicians are generally all involved in the discharge planning process along with discharge planners and case managers. The study, however, was not able to determine the extent to which patients, families, and friends felt they had been involved adequately and were able to make their own decisions regarding nursing home placement. Ideally, planning for post-acute and long-term care services would be patient-centered and based on the needs, values, and expectations of the individual patients/residents.⁷ Continued studies should be undertaken that could examine the actual discharge-planning process and the extent to which patients, their families, and friends make informed decisions about NH placement.

Well-coordinated discharge planning and case management processes are key components of an efficient and cost-effective health care delivery system. These should include the use of resources such as informative website data that can be used to identify NHs that provide an optimal array of services and assure environmental characteristics that optimize resident outcomes, sense of meaning, and purpose. Internet-based information can provide case managers with access to objective data on: clinical-decision making information, tools for data analysis, longitudinal perspectives of data/trends, and ongoing evaluations of the effectiveness of care.³⁵ Standardizing discharge planning processes is one way to improve the access to and availability of information.³⁶

Informed discharge planners and case managers need to play a more central role in the decision-making process, especially because decisions are time-limited and can benefit from a well-planned discharge-planning program that uses a variety of data on quality and costs. Castle suggested that professional guidance might be able to improve sponsors' sense of competence and help allay stress by sheltering them from information overload, by suggesting ways to prioritize searching tasks, and by providing interpretations and concise distillation of complex information.¹ Extant literature

indicates that even relatively little assistance from professionals can help to prepare sponsors, alleviate stress, and augment feelings of competence. While introducing families and sponsors to sophisticated Websites can allow the consumer to be informed, this cannot happen without guidance to help with interpretation of complex material such as the implications of staffing levels and discussion of the features of complaints and deficiencies.

Potthoff and colleagues noted that discharge planners spend considerable time on assessing patient's financial resources and identifying feasible discharge options.⁸ Combining these data, in the context of a planned admission to nursing homes, with information on NH quality, staffing levels, facility histories, patient outcomes, and other information can contribute to greater patient satisfaction with LTC decisions. Few can argue with the concept that in order to make informed decisions related to the selection of a NH, consumers should first have full access to key sources of information to increase knowledge and to support informed choices, both of which are associated with increased consumer satisfaction.⁷ The use of structured Website data can expedite placement of acute-care patients by more precisely identifying homes that meet the expected physical and psychosocial patient needs while still selecting facilities that have favorable environments with better outcomes and appropriate levels of staffing. Poor communication problems and a lack of coordination around the discharge process is an area of dissatisfaction among surveyed patients, which could be reduced or eliminated.

A key and influential role of effective acute-care discharge planners/case managers should be to provide help with the selection of appropriate, high-quality, post-acute-care services. In order to accomplish this, discharge planners need to use their specialized training, skills, and expertise to better inform patients and families by helping them to interpret complex data, resolve differences, and accommodate preferences.⁸ The use of a comprehensive Website can help to achieve this goal.

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