

**DISCHARGE DISPOSITION FACT SHEET**

DISPOSITION SITE	PATIENT CHARACTERISTICS	USUAL SOURCE OF PAYMENT	EXAMPLE	COMMENTS
Home without formal (paid) support services	Independent in ADL, self-limited acute illness; stable chronic disease; adequate informal (family) supports.	Self	Cellulitis; acute gastroenteritis; atrial arrhythmia.	Most older patients admitted to hospital from home return to independent living; greater family support often needed for a short time.
Home with formal support services	Recovering independence in ADL, or return to stable baseline; good informal supports; skilled nursing care or physical therapy needed.	Medicare, third party	New medications (e.g., insulin instructions); pressure ulcer; intravenous antibiotics; gastrostomy tube	Home care needs identified early in hospitalization through process of comprehensive discharge planning; skilled services covered by Medicare for finite time; “custodial” services not included; need to monitor for family caregiver strain or elder mistreatment
Subacute Care/ Skilled Nursing Unit	Dependence in ADL or ambulation preventing discharge to home; home supports adequate for chronic care, but not subacute; skilled nursing care or physical therapy needed; patient too impaired for rehabilitation hospital.	Medicare, third-party	Postoperative patients; intravenous antibiotics; heart failure and deconditioning.	Often a fine-line between patients going to rehabilitation hospital, subacute care unit, or home with formal support services; growth of subacute care is related to the greater severity of illness of hospitalized patients and increasing tendency to discharge patients “quicker and sicker”; Short-term (<2 months) placement is typical

Long-Term Care (Intermediate Care) Facility	Dependent in ADL; unable to return to independent living; ineligible for subacute or rehabilitative services; inadequate informal home supports (e.g., lives alone).	Self, Medicaid	Dementia; end-stage lung or heart disease	Most often needed when informal (family) supports are inadequate or the costs of home care are prohibitive.
Hospice (Palliative Care)	Patients with terminal illness (prognosis $\leq 6$ months).	Medicare, third-party	Metastatic cancer; terminal heart failure	Provides comfort measures in home (or inpatient unit). Palliative, not “curative” interventions covered; provided in hospital, home, or long-term care facility.
Rehabilitation Hospital	Categorical illness; likely improvement in ADL or ambulation; good home (informal) supports.	Medicare, third-party	Hip fracture; stroke	Eligible patients must be able to participate in physical therapy for $\geq 3$ hours per day and demonstrate potential for improvement in ADL/ambulation.

Reproduced from: *Discharge Disposition Fact Sheet* in: Palmer RM. Acute Hospital Care. Future Directions. In, Yoshikawa TT, Norman DC. Eds. Acute Emergencies and Critical Care of the Geriatric Patient. New York: Marcel Dekker, Inc., 2000. Palmer RM, Meldon SW. Acute Care. In: Principles of Geriatric Medicine and Gerontology, 5<sup>th</sup> edition, 2003. Eds. Hazzard WR et al. McGraw-Hill Pub. pp 157-168.