In the article *Effects of an Enhanced Discharge Planning Intervention for Hospitalized Older Adults: A Randomized Trial* (Altfeld et al., 2012), the authors tried to identify the needs of older adult patients after they are discharged from the hospital. Moreover, they investigated how implementing the Enhanced Discharge Planning Program (EDPP) would affect stress, health care utilization, readmissions, and mortality in older adult patients after hospital discharge.

There has been evidence that complex care transitions, experienced by older adult patients who are recently discharged by the hospital, can lead to re-hospitalization within the 30 days of initial discharge. The Transitional Care Model, the Care Transitions Intervention, and the Project RED are transitional care intervention models that have gained empirical support in demonstrating their effectiveness in improving health outcomes and reducing hospital readmissions for older adults. The EDPP is designed to enhance the effectiveness of transitional care interventions. This study allows investigators to understand the effects of EDPP more fully.

In the present study, the authors found that there is no significant difference between the intervention group and the usual care group in readmissions, and in patient or caregiver stress. Also, the intervention group patients were shown to be more likely to schedule and have physician visits than the usual care group. Aside from comparing between the intervention group and the usual care group. The authors found that the intervention group participants experienced significant barriers to care, and most patients did not report problems until after discharge.

The authors outlined three major limitations in their study, however, there seems to be a few more that will be discussed later. First of all, the authors discussed that not all of their participants signed the inform consent form. I agree with the authors that this is a limitation, not only because it affected how they analyzed the study, it also took away participants’ deserved rights in the study. Second, the investigators did not include any patients who did not speak
English, which would limit the generalizability of their findings. Third, the investigators were not sure about how the use of proxy respondents affected the outcomes.

There are some other limitations that I found on this article. First, the investigators did well in gathering a lot of information, however, they did not show any information about participants’ gender. I think it is very important for them include gender in their demographics, because aging affects the health of male and female differentially. Failure to control for gender might be able to explain why the authors could not find a significant effect in readmissions between groups. Second, the authors did not include clear hypotheses in their article, even though they stated their objectives in the beginning, objectives are not the same as hypotheses. Without clear hypotheses, it is more difficult for readers to understand what kind of questions are the authors trying to answer. Due to the exploratory nature of this article, it might be the reason why the authors did not include clear hypotheses. Last, baseline survey was only given to the intervention group because the authors wanted to preserve research integrity and prevent data contamination. However, I do not think giving the baseline survey to the usual care group would have any harmful effects on the study, because the baseline survey is not a part of the invention. By collecting baseline information from usual care group, it could allow baseline comparisons between groups and more advanced statistical analyses.

Based on the limitations that the authors and I have noticed, I would first address those limitations if I were to replicate this study. I would also include another group for comparison, so there will be an intervention group, a placebo group, and a usual care group. By including the placebo group, patients in the placebo group should learn that they are also “chosen” for some kind of intervention, it would make sure that significant intervention effect is not caused by participants’ psychological reactions toward being in the intervention group.
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