

A complex intervention to reduce avoidable hospital admissions in nursing homes: a research programme including the BHiRCH-NH pilot cluster RCT

Murna Downs,^{1*} Alan Blighe,¹ Robin Carpenter,² Alexandra Feast,³ Katherine Froggatt,⁴ Sally Gordon,⁵ Rachael Hunter,² Liz Jones,¹ Natalia Lago,² Brendan McCormack,⁶ Louise Marston,² Shirley Nurock,⁷ Monica Panca,² Helen Permain,⁸ Catherine Powell,¹ Greta Rait,² Louise Robinson,⁹ Barbara Woodward-Carlton,⁷ John Wood,² John Young^{10,11} and Elizabeth Sampson^{3,12}

¹Centre for Applied Dementia Studies, University of Bradford, Bradford, UK

²Department of Primary Care and Population Health and Priment Clinical Trials Unit, University College London, London, UK

³Marie Curie Palliative Care Research Department, Division of Psychiatry, University College London, London, UK

⁴International Observatory on End of Life Care, Lancaster University, Lancaster, UK

⁵National Institute for Health Research Clinical Research Network Yorkshire and Humber, York Teaching Hospital NHS Foundation Trust, York, UK

⁶Division of Nursing and Division of Occupational Therapy and Arts Therapies, School of Health Sciences, Queen Margaret University, Edinburgh, UK

⁷Alzheimer's Society, London, UK

⁸Research Department, Harrogate and District NHS Foundation Trust, Harrogate, UK

⁹Institute for Ageing and Institute of Health & Society, Newcastle University, Newcastle upon Tyne, UK

¹⁰Academic Unit of Elderly Care and Rehabilitation, University of Leeds, Leeds, UK

¹¹Bradford Institute for Health Research, Bradford, UK

¹²Barnet Enfield and Haringey Mental Health Trust Liaison Psychiatry Team, North Middlesex University Hospital, London, UK

*Corresponding author m.downs@bradford.ac.uk

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Plain English summary

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Plain English summary

The aim of this study was to improve the quality of health care for nursing home residents and reduce avoidable hospital admissions. Based on previous research, and working with people with diverse expertise, we identified key actions for nursing home staff to take to prevent illnesses becoming so severe that hospitalisation is necessary, including:

- care assistants to record early changes in residents' health, prompted by family carers as necessary
- nurses to document their investigations about what might be causing the changes
- nurses to use a structured approach to reporting this information to primary care.

Nurses were best placed to facilitate the introduction of this complex and nuanced intervention into the context of their homes because of their expert knowledge of care practice and change management in nursing homes. This ensured local ownership of approaches to early detection, assessment and communication with primary care.

In a trial run, we supported nurse champions in two nursing homes to introduce these new procedures. We collected information about what helped or hindered the use of the procedures. The findings helped us to refine the tools and the way we collect information about their use and impact.

In the larger study, we collected information from 14 homes over 6 months; two homes dropped out, leaving 12 homes, of which five were asked to use the tools, and seven to continue as usual. Information about using the tools was gathered from staff and family carers using questionnaires and interviews, and information was also gathered from care record reviews.

We found few hospitalisations in the 12 homes and little use of the tools. Staff told us they were already recording this information, but in a different way. We saw no evidence of this. We concluded that staff did not need or want to use the tools. Therefore, a larger study of them is not warranted.

Assistance with recruitment, training, analysis and dissemination was provided through patient and public involvement.

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This report

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