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

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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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