Reducing unplanned hospital admissions from care homes: a systematic review

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Plain language summary

Older people living in care homes often have complex health problems such as dementia and frailty, and they may need to be taken to hospital at short notice. This can lead to them being admitted for further tests and treatment. We know that some of these unplanned hospital admissions might be avoided if health and social care services worked together to meet residents’ needs.

We looked for published research on methods (interventions) used in health and social care to reduce these admissions. Interventions could be carried out by care home staff, general practitioners, nurses, paramedics or other specialists individually or in teams. We asked which interventions have been evaluated, how strong is the evidence that they work and how acceptable they are to care home residents, family carers and staff. We also looked for information on how easy or difficult they are to implement and whether they represent good value for money.

We included 124 research studies (30 from the UK). We found that integrated care programmes linking care homes with general practitioners and community services can be effective but need time and support (such as extra money and specialist staff) to implement them. Quality improvement programmes and training to improve staff skills may also reduce admissions. For care home residents nearing the end of life, advance care planning and palliative care can ensure that wishes are followed and avoid potentially burdensome admissions to hospital. Hospital-based teams providing ‘outreach’ services to care homes have been evaluated in Australia and could be suitable for UK research. We found limited evidence on interventions involving paramedics and on ‘value for money’.

We found many barriers to implementing new services in the UK, particularly staff shortages and high staff turnover, together with care homes closing down or changing ownership. Successful interventions have often been based on existing services and relationships.
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