

Criteria to determine appropriateness of hospital admission in nursing home residents with dementia: a systematic review

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Background

- Residents of Long-Term Care Facilities (LTCF) are often transferred to hospital
 - 15 to 25% LTC residents are transferred to hospital in a given 6 months period (Gruneir et al; Intrator et al)
- Risk/benefit of transfers not always favorable
- 50% of residents have dementia (Rhoades et al)

Background

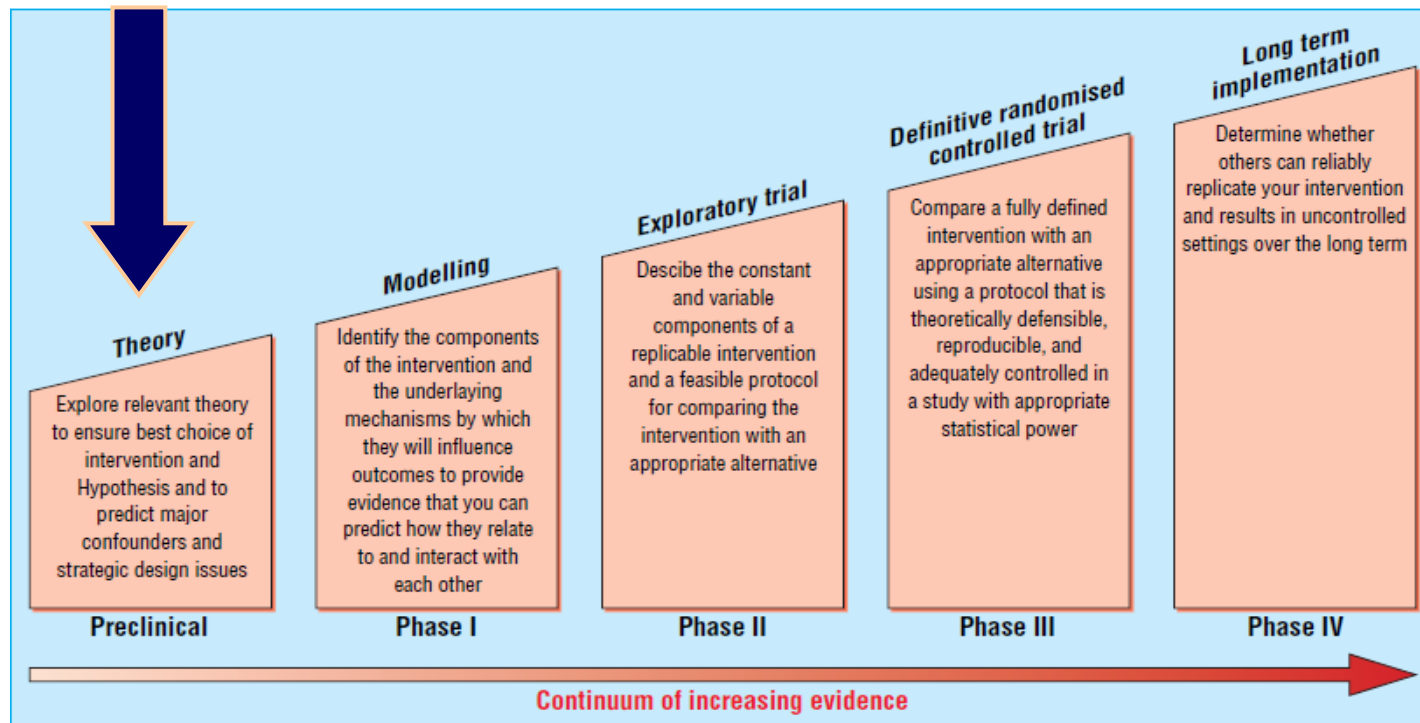
- Between 10% (Finucane et al) to 64% (Ouslander et al) of transfers have been judged as inappropriate
- Variability due to:
 - Different populations, facility characteristics ...
 - Different definitions of appropriateness
- An evidence-based definition or measurement of „appropriateness of transfer“ is not available so far

Background

- Reduction of inappropriate referrals may ...
 - Increase the quality of care, especially in dementia and end-of-life
 - Save costs
- Different strategies have been proposed

Objective

To review the criteria determining appropriateness of hospital admission in LTCF residents, with special focus on dementia



Methods

- ❑ Interdisciplinary working group: five researchers from Denmark, Austria, Germany
- ❑ Research protocol
- ❑ Systematic literature review
 - Systematic search
 - ❑ Databases: MEDLINE, CINAHL
 - ❑ Language and time limits (last 10 years)
 - ❑ Handsearching, authors' request
 - Quality assessment (independently by the reviewers)
 - Literature overview

Methods

Inclusion criteria:

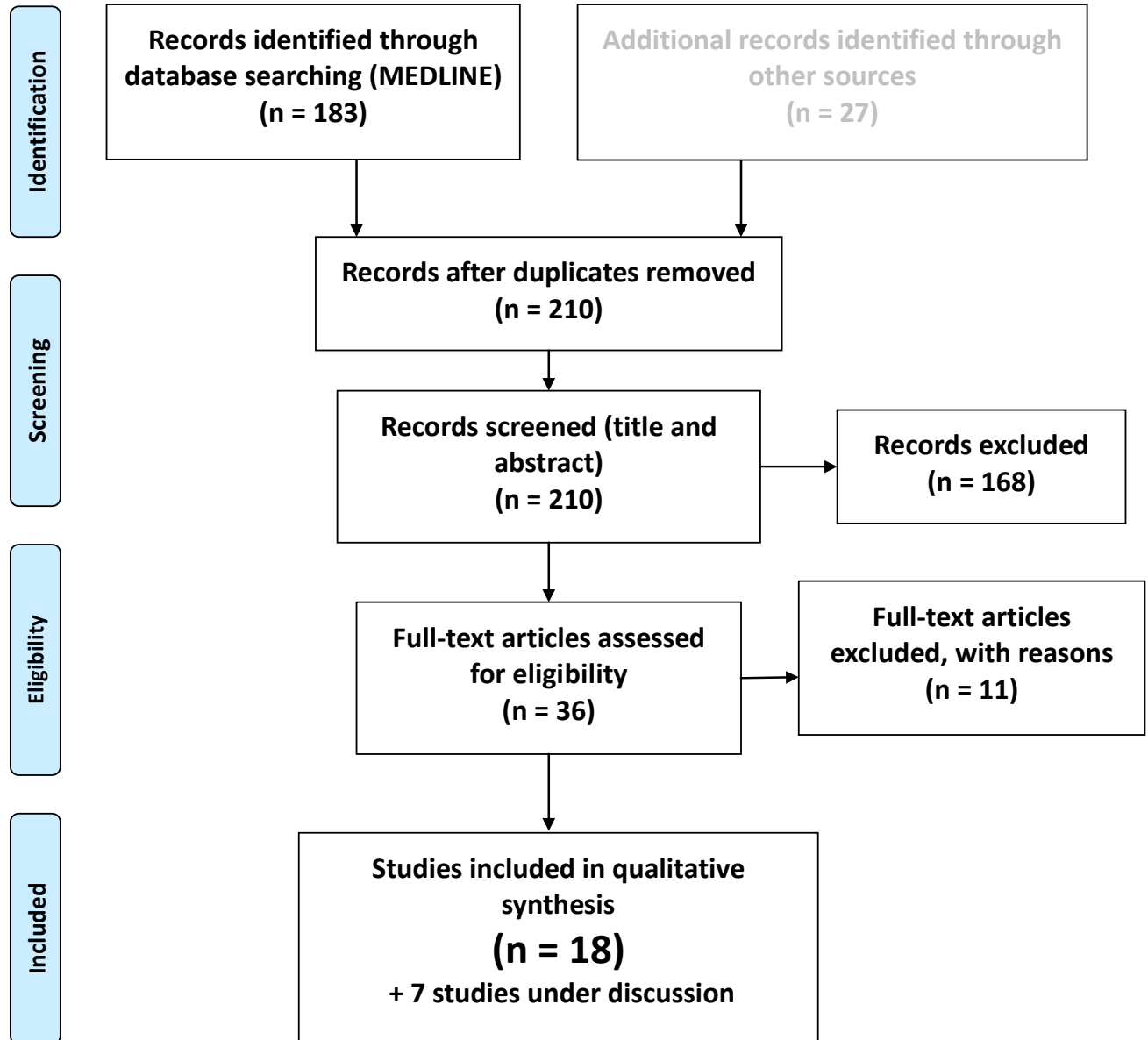
- Prospective and retrospective studies
- LTC residents referred to hospital emergency departments or hospital wards
- Data on diagnostic and/or therapeutic procedures available
- Papers which administer, develop and use or derive criteria to assess appropriateness of the referral

Methods

Search:

((("Residential Facilities"[Mesh]) OR (nursing homes) OR (homes for the aged) OR (aged care facilit*) OR (nursing facilit*) OR ("Long-Term Care"[Mesh])) AND ("Emergency Service, Hospital"[Mesh]) OR hospital OR (acute care) OR (emergency AND (medicine OR department* OR unit* OR ward* OR service* OR room*))) AND (appropriat* OR suitable OR avoidable OR preventable AND ((English[lang] OR French[lang] OR German[lang] OR Spanish[lang] OR Catalan[lang] OR Danish[lang] OR Norwegian[lang]) AND ("2000/01/01"[PDat] : "2010"[PDat]))) AND (("Patient Transfer"[Mesh]) OR ("Hospitalization"[Mesh]) OR referral* OR admission* OR transition*)

Results



Findings

- n=18 (6 prospective)
- Variation in ...
 - Definition of appropriateness (n=7)
 - Prevalence of inappropriateness
 - Perspective of judgement
 - One case of referral could be judged as appropriate (the acute situation needed transfer to ED) or inappropriate (something could have been done in advance to prevent the acute situation) by using different criteria
 - Concept of preventability

Findings

- Variation in ...
 - Organisation
 - country/region/facility specific
 - Destination
 - Emergency department / Hospital
 - Clinical approaches
 - Therapeutic / Palliative / Both
 - Strategies
 - Preventive (staff, structure, education)
 - Therapeutic for acute situations (acute teams in LTCF)
 - Palliative (education, advanced directives)

Findings

- ❑ No evidence-based definition identified
- ❑ How should an evidence-based definition of appropriateness be?
 - Comprehensive
 - Developed, used or derived by studies of high internal validity
 - Reliable
 - Applicable and generalizable (different contexts and situations)
 - Sensitive to detect changes after implementation of interventions aimed to improve appropriateness of referrals

Thank you for your attention!



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