
CONFERENCE ABSTRACT

Effects of transitional interventions between hospital and home on readmissions in older patients discharged from a medical ward or emergency department: a systematic review

ICIC20 Virtual Conference – September 2020

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Introduction

The global demography is radically changing. In EU, the population of aged 65+ years will account for 29% of the total population in 2080 compared to 19% in 2016. In Denmark, 10% of all older medical patients are readmitted within the first 30 days after discharge which is higher than the general older population. These changes will bring severe challenges to patients, caregivers and healthcare systems. This study aims to identify, assess and synthesise the existing literature on transitional care interventions both at hospital and at home on readmission rate among older medical patients.

Methods

Search strategy: PubMed, CINAHL, EMBASE, Cochrane and Web of Science have been searched from 2007-2019. Language limits were English, Danish, Norwegian and Swedish. Additionally, a comprehensive hand search was conducted.

Study eligibility criteria:

- P: Patient population: Older medical patients of 65 years or above discharged from a general medical ward or emergency department
- I: Intervention: The transitional phase between hospital and home which examined the effect of the intervention on readmission rates. Interventions include both pre- and post-discharge components
- C: Comparison: Usual care
- O: Outcome: Unplanned readmission

Study selection: All steps of study selection were performed by two researchers independently. However, only one researcher screened all titles for intervention eligibility.

Methodological quality: Two reviewers independently assessed studies for risk of bias using the critical appraisal tool "The Quality Assessment Tool for Quantitative Studies" (EPHPP).

Data extraction: Data related to study characteristics and research findings were extracted from the included studies by two researchers independently. Data were extracted using a modified version of the Cochrane Data Extraction Form.

The study was registered in PROSPERO (no. CRD42019121795)

Results

Description of study selection, study characteristics, risk of bias within and across studies, results of individual studies and synthesised results will be presented. Also, risk estimates and number needed to treat will be reported. It is not possible to perform a meta-analysis due to heterogeneity between studies.

Discussion

The main findings of the studies will be discussed. That includes risk of bias within and across studies as well as other potential bias, the quality of the present studies, and reflections of strengths and limitations of the included studies.

Conclusion

A short and precise description of the main conclusions will be presented.

Limitations

This review does not focus on surgical and psychiatric patients or other patient groups with social care needs. Furthermore, interventions which did not include elements in both primary and secondary sector are not included.

Suggestions for the future

This study will provide further data and insight into the effects and mechanism of transitional care interventions with pre- and post-discharge components among older medical patients. This insight will improve the quality of future transitional care interventions, thus benefiting patients, caregivers, healthcare professionals, healthcare organisations and healthcare costs.