

POSTER ABSTRACT

Addressing safety in integrated care programs for older people living at home: A systematic review

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Introduction: The topic of patient safety, which is traditionally viewed as preventing harm stemming from healthcare treatment, has been extensively researched in hospital and institutional settings. However, less attention has been given to addressing safety at home even though an increasing number of older people receive care and support at home, for example through integrated care programs. Care provided in the context of integrated programs for older people living at home differs from care in institutional settings in that it takes place in less controlled environments and often involves multiple health and social care providers as well as informal caregivers. Knowledge on safety in relation to integrated care is scarce. Therefore, this review aims to provide insight into how safety is currently being addressed in integrated care programs for older people living at home.

Methods: This review adopted a multidimensional perspective on safety, operationalised as reducing health risks by preventing predictable harm. These risks exist in various domains (e.g. patient characteristics and behaviour, patients' physical or social environments, health and social care delivery). Papers describing integrated care programs where at least one intervention component explicitly aimed at safety were included in the review. Data were extracted on the safety components of the interventions and the domains they focused on.

Results: Ten integrated care programs were included in the review. The extent to which these programs addressed safety varied. Programs addressed risks related to patient characteristics and behaviour (e.g. falls, substance abuse, medication adherence), or health and social care management (e.g. polypharmacy, care transitions). Several tools and interventions were used to promote safety, such as needs assessments, evidence based care plans, medication reviews and case management methods. There was generally less attention to risks related to patients' physical and social environment, although one program specifically addressed home safety by providing a handyman.

Discussion: The identified programs target a variety of safety risks at different domains, and they differ in the extent to which safety is addressed from a multidimensional perspective. Currently, attention to safety is primarily focused on risks related to health care management and patient characteristics and behaviour, while risks related to people's physical and social environments are less often addressed. Additional interventions, targeting specific safety risks, could be incorporated in integrated care programs in order to address safety more comprehensively.

Conclusions and lessons learned: Only a few of the many integrated care programs for older people at home that are described in literature explicitly address safety. Within these programs, more attention is needed for the risks related to people's physical and social environments.

Limitations: Our review only included programs that explicitly addressed safety, as documented in the research literature. Therefore, we may have missed some programs that addressed safety if this was not clearly described in the literature.

Suggestions for future research: Future research might focus on the effects of integrated care programs on the multiple domains of safety.

Keywords: safety; multidimensional perspective; older people living at home; care in the community; systematic review
