What are older adults' perspectives and experiences of care transition after discharge from the emergency department: A Qualitative Evidence Synthesis

SPHeRE Structured Population and Health-services Research Education

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HRB An Bord Taighde Sláinte

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Introduction

Older adults comprise a growing proportion of Emergency Department (ED) attendees and are vulnerable to adverse outcomes following an ED visit including ED reattendance within 30 days.

Interventions to reduce older adults' risk of adverse outcomes following an ED attendance are proliferating and often focus on improving the transition from the ED to the community.

To optimize the effectiveness of interventions it is important to determine how older adults experience the transition from the ED to the community.

This study aimed to systematically review and synthesize qualitative studies reporting older adults' experiences of transition to the community from the ED.

Objectives

1)To identify, appraise and synthesise relevant qualitative studies exploring older person's experiences and perspectives of transition after discharge from the Emergency Department.

2)To perform a meta-ethnography to synthesise the included studies to gain an in-depth understanding and insight to older adults experiences when transitioning from the Emergency Department.

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Older adults experience of transition to the community from the emergency department: a qualitative evidence synthesis

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Abstract

Aim Older adults comprise a growing proportion of Emergency Department (ED) attendees and are vulnerable to adverse outcomes following an ED visit including ED reattendance within 30 days. Interventions to reduce older adults' risk of adverse outcomes following an ED attendance are proliferating and often focus on improving the transition from the ED to the community. To optimise the effectiveness of interventions it is important to determine how older adults experience the transition from the ED to the community. This study aims to systematically review and synthesise qualitative studies reporting older adults' experiences of transition to the community from the ED.

Methods Six databases (Academic Search Complete, CINAHL, MEDLINE, PsycARTICLES, PsycINFO, and Social Science Full Text) were searched in March 2022 and 2023. A seven-step approach to meta-ethnography, as described by Noblit and Hare, was used to synthesise findings across included studies. The methodological quality of the included studies was appraised using the 10-item Critical Appraisal Skills Programme (CASP) checklist for qualitative research. A study protocol was registered on PROSPERO (Registration: CRD42022287990).

Findings Ten studies were included, and synthesis led to the development of five themes. Unresolved symptoms reported by older adults on discharge impact their ability to manage at home (theme 1). Limited community services and unresolved symptoms drive early ED reattendance for some older adults (theme 2). Although older adults value practical support and assistance transporting home from the ED this is infrequently provided (theme 3). Accessible health information and interactions are important for understanding and self-managing health conditions on discharge from the ED (theme 4). Fragmented Care between ED and community is common, stressful and impacts on older adult's ability to manage health conditions (theme 5). A line of argument synthesis integrated these themes into one overarching concept; after an ED visit older adults often struggle to manage changed, complex, health and care needs at home, in the absence of comprehensive support and guidance.

Discussion/ conclusion Key areas for consideration in future service and intervention development are identified in this study; ED healthcare providers should adapt their communication to the needs of older adults, provide accessible information and explicitly address expectations about symptom resolution during discharge planning. Concurrently, community health services need to be responsive to older adults' changed health and care needs after an ED visit to achieve care integration. Those developing transitional care interventions should consider older adults needs

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QR Code for Publication

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Methodology

Noblit and Hare's 7 step approach to meta-ethnography

Step 1
Getting started: To identify the research gap & refine the question

What are older adults' perspectives and experiences of care transition after discharge from the ED: A QES

Step 2
Deciding what is relevant, screening and appraisal

Five databases were searched and google scholar searched

Step 3
Reading the studies: Process of reading the including studies.

Data extraction completion and noting key concepts using NVivo

Step 4
Determining how the studies are related to each.

Extracting key concepts within and across the included studies.

Step 5
Translating studies into each other.

Examining key concepts within and across included studies

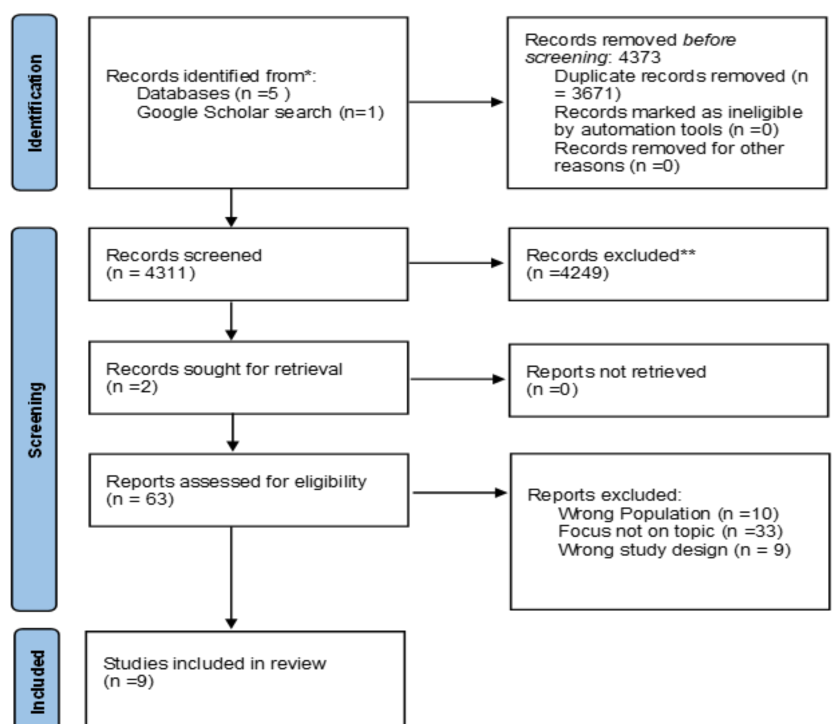
Step 6
Synthesising translations

Second-order constructs were analyzed thematically to generate third order constructs. A line-of-argument was synthesized from third-order constructs

Step 7
Expressing the synthesis

Writing up of findings

Identification of studies



QR Code for Registered Protocol

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Findings: Themes

'They [ED doctors] didn't say much. I do not even know if I got a discharge letter. No, I did not! All they said was 'Madam, we did not find anything wrong with you'

Theme 1: Value of Communication

'They called me after I'd come home and said, "There is a lump in your parotid gland, and you need to get that looked at right away'

Theme 2: Fragmented Care

'If they could have kept me longer...because I was given my discharge on Monday and I am still suffering from the same problems'

Theme 3: Persistent symptoms on discharge

'I was discharged home and instructed to come back if I had a fever. So, we went to the ED when I had a fever, but they could not find anything'

Theme 4: Limited Community Services

'After being discharged from the emergency department, I found that I had to figure things out myself. The exit, I didn't know where it was'

Theme 5: Limited Practical Support

Conclusion

A key implication arising from this synthesis is the need for integrated healthcare systems and seamless transfer of health information to ensure safe transitions of care from the ED to the community.
Healthcare providers should also adapt their communication and provide accessible information to meet the needs of older adults and explicitly address expectations about symptom resolution.
Those developing transitional care interventions should consider the older adults need for integration of care and symptom management.