Preventing emergency admissions: What happens before home-dwelling frail older adults reach the emergency department?

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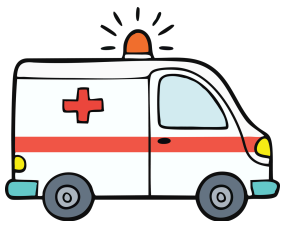
Background

Frail older adults living at home are particularly vulnerable to Emergency Department (ED) admissions. Those admissions are often preceded by progressive health deterioration and functional decline. Early identification of deterioration, followed by targeted interventions may prevent ED admissions.

Research question

How do clients, informal caregivers, and district nursing staff perceive and respond to early signs of decline prior to emergency department visits, and which factors contribute to these visits?

Methodology



ED Admission Client

Analyses of 4 electronic records of care trajectories 8 weeks pre ED visit

15 Semi-structured interviews: clients, inf. caregivers, nursing staff

Results

'I choose to go to my son instead of the hospital'

Clients

- Reporting symptoms depends on familiarity, trust, and fear of institutionalisation.
- Sometimes prioritise personally valued goals over health-promoting options.

'We knew days ago he was deteriorating'

Informal caregivers

- Offer a complementary patient perspective.
- Often coordinate required contacts with healthcare providers.

'She controls her diabetes, but whether she's doing that the right way……?'

Teams of district nurses

- Patient autonomy vs professional clinical judgement.
- Sensitivity for signs of decline besides the assigned nursing action(s).
- Inconsistent follow-up of clinical observations and nursing actions.
- Insufficient collaboration between district nurses and (general) practitioners.

Conclusion & recommendations

Early recognition and response to health decline in home-dwelling older adults is a complex, shared process influenced by multiple perspectives and organizational factors.

Early detection may be supported through:

- **Strengthened collaboration among patients, informal caregivers, general practitioners, and district nursing teams.**
- **Structured dialogue with patients and informal caregivers concerning patient autonomy.**
- **Professional development of nurses teams in recognising and reporting clinical deterioration.**
- **Interventions promoting consistent follow-up of clinical observations and nursing actions.**