Rural and Remote Health www.rrh.org.au
James Cook University ISSN 1445-6354

Abstract

Early supported discharge for older adults admitted to hospital with medical complaints: a systematic review and meta-analysis

Part of Special Series: WONCA World Rural Health Conference Abstracts 2022

AUTHORS

Susan Williams[1] BSc (Physiotherapy), Physiotherapist, PhD Candidate *

Ann-Marie Morrissey[2] Lecturer

Fiona Steed[3] Physiotherapy Manager

Aoife Leahy[4] Physiotherapist

Elaine Shanahan[5] Study Co-ordinator, Data Manager

Catherine Peters[6] Programme Delivery Manager

Margaret O'Connor[7]

Rose Galvin[8] Senior Lecturer in Physiotherapy

Clíona O'Riordan[9] Lecturer

CORRESPONDENCE

*Ms Susan Williams susan.williams@ul.ie

AFFILIATIONS

[1, 2, 8, 9] School of Allied Health, Faculty of Education and Health Sciences, Ageing Research Centre, Health Research Institute, Castletroy, Limerick, Ireland

[3] Department of Medicine, University Hospital Limerick, Dooradoyle, Limerick, Ireland

[4] School of Allied Health, Faculty of Education and Health Sciences, Ageing Research Centre, Health Research Institute, Castletroy, Limerick, Ireland; and Department of Ageing and Therapeutics, University Hospital Limerick, Dooradoyle, Limerick, Ireland

[5, 6] Department of Ageing and Therapeutics, University Hospital Limerick, Dooradoyle, Limerick, Ireland

[7] Department of Ageing and Therapeutics, University Hospital Limerick, Dooradoyle, Limerick, Ireland; and School of Medicine, Faculty of Education and Health Sciences, University of Limerick, Castletroy, Limerick, Ireland

PUBLISHED

10 January 2023 Volume 23 Issue 1

HISTORY

RECEIVED: 20 September 2022

ACCEPTED: 20 September 2022

CITATION

Williams S, Morrissey A, Steed F, Leahy A, Shanahan E, Peters C, O'Connor M, Galvin R, O'Riordan C. Early supported discharge for older adults admitted to hospital with medical complaints: a systematic review and meta-analysis. Rural and Remote Health 2023; 23: 8155. https://doi.org/10.22605/RRH8155

Abstract

Introduction: Early supported discharge (ESD) aims to link acute and community care, allowing hospital inpatients to return home and continue to receive the necessary input from healthcare professionals that they would otherwise receive in hospital. It has been researched extensively in the stroke population, showing reduced length of stay for patients and improved functional outcomes. This systematic review aims to explore the totality of evidence for the use of ESD in an older adult population who have been hospitalised with medical complaints.

Methods: Systematic searches were conducted in MEDLINE, CINAHL, Ebsco, Cochrane Library and EMBASE. Randomised controlled trials (RCTs) and quasi-RCTs were included if they provided an ESD intervention to older adults admitted to hospital for medical complaints compared with usual inpatient care. Patient and process outcomes were explored. The Cochrane Risk of Bias Tool was used to assess methodological quality. A meta-analysis was conducted using RevMan 5.4.1.

Results: Five RCTs met the inclusion criteria. The quality of the trials was mixed overall, with high levels of heterogeneity. ESD demonstrated a statistically significant reduction in length of stay (MD –6.04 days, 95% CI –9.76 to –2.32) and improvements in function, cognition, and health-related quality of life, with no increased risk of long-term care admission, hospital re-admission or mortality in the ESD interventions versus usual care groups.

Discussion: This review demonstrates that ESD positively impacts patient and process outcomes for older adults. Further consideration should be given to exploring the experiences of those involved in ESD including older adults, family members/caregivers as well as healthcare professionals.