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Perceptions and experiences of residents
and relatives of emergencies in care
homes: systematic review and meta-
synthesis

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Background

- Medical emergencies in care homes
 - common and costly
 - often result in calls to EMS, hospital transfer, costs and hospitalisation
- Previous research has focused on
 - rates and reasons for transfer to hospital
 - the decision to transfer to ED
- Less is known about
 - care home residents and their relatives' perspectives of medical emergencies
 - how quality of emergency care can be improved from their points of view

Our aim

To provide a comprehensive synthesis of the perceptions and experiences of care home residents and their relatives, who have experienced medical emergencies in a care home setting

Methods & Results

- ENTREQ guidelines - Review protocol registered on PROSPERO
- Searched 5 electronic databases - Qualitative and mixed methods studies
- Inductive thematic analysis (Thomas & Harden, 2008)
- CASP Qualitative Checklist
- The search strategy identified 6,140 citations
- 10 studies, published between 1989 and 2020, from four countries (Australia, Canada, UK, USA) were included
- All included studies were considered of acceptable quality

Theme 1: Infrastructure and process requirements in care homes to prevent and address emergencies

“Family members made statements such as: They can get a lot of what I call comfort care and basic pills dispensed and watched over and things like that, but you can’t get medical care.” Respondent C, daughter (Abrahamson et al., 2016)

Theme 2: The decision to transfer to hospital

“She’s been quite happy with her experience – apart from not wanting to be there. [...] By and large, informants viewed the ED as imperfect, but still the only viable alternative in many situations.” (Arendts et al., 2015)

Theme 3: Challenges of transfer and hospitalisation for older patients

“Residents overwhelmingly described a sense of security associated with ED transfer.” (Arendts et al., 2015)

“Several relatives commented on the physical space where treatment occurred, reporting the ED was ‘too noisy and busy’, which added to the confusion for patients.” (Morphet et al., 2015)

Theme 4: Good communication vital for desirable outcomes

“Nursing staff members were noted by all as the primary means of obtaining information on the residents’ care, either in person or by telephone, and the majority of respondents described having confidence in the nursing home staff to provide information.” (Abrahamson et al., 2016)

Theme 5: Legal, regulatory and ethical concerns

“...family member interview respondents described their role in the residents’ care in terms consistent with advocacy. At times this was a formal Power of Attorney arrangement, and other times respondents described themselves as “watching over” “knowing everything at all times” “call attention to the employees when he needs something” or “sticking by her.” (Abrahamson et al., 2016) ”

Theme 6: Trusting relationships enabled residents to feel safe

“I think that when you’re poorly you’re at your lowest ebb. And the reassurance in knowing that you have trained people with you, yes that does make you feel safe.” [P10] (Scott et al., 2012)

Conclusions

- The emergency care experience for care home residents can be enhanced by ensuring resources, staff capacity and processes for high quality care
- Important factors:
 - Building trusting relationships, underpinned by good communication
 - Attention to ethical practice

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Thank you for listening!

For more information on our review

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