





Réseau canadien des soins aux personnes fragilisées

Known previously as Technology Evaluation in the Elderly Network, TVN

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## Maintaining older patient's independence: a scoping review in Emergency Departement, transitional and community health service after an injury or a fall

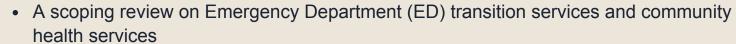
Émond et al. Complete author list available in the complete report.



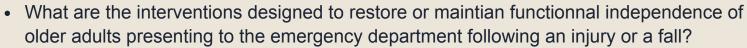
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Setting

- Describe acute elder care interventions
- Describe community services that help pre-frail independent seniors restore their autonomy or independence in activities of daily living following a minor injury or a fall



Prevent functionnal decline in injured independent seniors discharged home



- Literature published from inception to october 2015 in Pubmed, EMBASE, and grey literature websites was searched.
- A single author first screened titles of 2019 retrieved studies; two independent reviewers screened 127 abstracts / full text for eligibility.
- Inclusion criteria: 60 years or older, living in the community, had a history of minor injury or a fall, visited a primary care setting (ED or other)



This clinical review highlighted two key concepts of interventions:

Key concept 1: Emergency Department and transition strategies (n=10)

Key concept 2: Community interventions for Fall-prevention (n=12)



## Emergency department

Brief-risk screening tool to detect functional, cognitive and social impairments

Comprehensive geriatric assessment to determine medication, psychological and functional capability

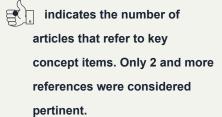


Discharge planning / Care coordination to help the patient transition from hospital to home environment

Community referrals/ Discharge instruction / education prescription assistance to appropriate primary care, home care programs or community services

Telephone follow-up to clarify discharge and home care instructions

Health professionals visitors who assess and plan community services for patients at home







## **Community interventions for Fall prevention**

Multifactorial risk assessment to identify risk factors for falls in seniors. Multifactorial interventions to receive different combinations of interventions based on an individual assessment to identify potential risk factors for falling. Education / knowledge to increase knowledge related to fall prevention.

Physical exercices to prescribe exercises for fall prevention include gait, balance and

functional training, strength or resistance training

Home environment modification / assistive technology to adapt homes Medication

Vision assessment, correction or referral involved vision assessment and eye examination followed by targeted interventions if necessary



## Prinicipal messages:

- There is limited evidence on transition services to target pre-frail / frail elders following emergency departement discharge
- There is an important need to take into consideration the potential frailty state and the risk factors of ED older patients when we orient them.



- The grey literature search added important information to the systematic search of published articles;
- Evidence classification was based on clinic key concepts to guide care to the elders;
- A rigorous process of retreivong and selecting pertinent piblished peer-reviewed article and grey literature reports was achieves.
  - Quality of all original researchs was not systematically assessed;
  - Health services interventions in the community are complex, tailored to the patient and to the cultural context, and compliance to the intervention plan varies from one patient to another;
  - Therefore, study heterogeneity in their methodology and population was reported by many authors;
  - Final outcomes measuresvary greatly from one study to another, and studies with data about functional stauts and other important patietn-related outcomes are rarees



Conclusion

Limitations

This clinical scoping review will help ED clinicians, allied health care professionals, care coordinator, stakeholders and knowledge users to be aware of a board range of potential post-ED interventions available for community-dwelling seniors to assist the recovery of their autonomy following ED discharge. We recommend that ED professionals should be taught of available community services to improve transitions.