

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

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- 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




- A scoping review on Emergency Department (ED) transition services and community health services
- Prevent functional decline in injured independent seniors discharged home

- What are the interventions designed to restore or maintain functional independence of older adults presenting to the emergency department following an injury or a fall?
- 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   

## Transitions strategies after ED discharge


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  

## Results: Key concept 1

 indicates the number of articles that refer to key concept items. Only 2 and more references were considered pertinent.

Results:  
Key concept 2

### 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 exercises 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 🇸🇮 🇸🇮 🇸🇮



### Principal messages:

- There is limited evidence on transition services to target pre-frail / frail elders following emergency department 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.

Strengths

- The grey literature search added important information to the systematic search of published articles;
- Evidence classification was based on clinical key concepts to guide care to the elders;
- A rigorous process of retrieving and selecting pertinent published peer-reviewed article and grey literature reports was achieved.

Limitations

- Quality of all original researches 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 measures vary greatly from one study to another, and studies with data about functional status and other important patient-related outcomes are rare.

Conclusion

This clinical scoping review will help ED clinicians, allied health care professionals, care coordinator, stakeholders and knowledge users to be aware of a broad 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.