

PROTOCOL FOR SYSTEMATIC REVIEW

Review Title	Effective discharge of older patients from the Emergency Department
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Funding Source	Alfred Research Trusts as part of the Safe Elderly Emergency Discharge (SEED) project
Conflicts of Interest	The Review Team have no conflicts of interest to declare
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Review Methods	
Review Questions	<p>How effective are transition strategies for older people discharged from the Emergency Department to the community</p> <p>Aims</p> <ul style="list-style-type: none"> • To identify all possible strategies for effective discharge management and community transition for older (≥65 years) patients who have presented to ED for emergency/ acute care and are discharged to community based care • To assess the impact, efficacy and cost effectiveness of discharge and community transition strategies on health outcomes • To comprehensively describe the characteristics of the effective discharge and community transition strategies • To identify barriers and enablers to the implementation and sustainability of effective discharge and community transition strategies

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Searches	<p>The following data bases will be searched:</p> <ul style="list-style-type: none"> • Cochrane Library • Ovid Medline • Cinahl <p>References of included studies and review articles will also be searched.</p> <p>The search will be conducted in English but relevant papers will be included irrespective of the language in which they are published. The search will use relevant subject headings and text keywords to ensure exhaustiveness. Search strategy, terms related to interventions will be combined with terms related to geriatric or older adults; emergency; evaluation, assessment or intervention; discharge or follow-up. There will be no time limits set for the search.</p>
Condition / domain being studied	<p>The growth in numbers of older patients, aged ≥ 65 years, presenting for emergency hospital care is a major concern nationally and internationally. Older patients present with more complex clinical conditions, spend longer time in the Emergency Department (ED) and are more likely to be admitted to hospital. Older patients also have a higher rate of unplanned re-presentation to ED, functional decline, or death despite the current discharge planning.</p> <p>To our knowledge there is no agreed best practice model/s of care to ensure the safe and effective discharge of older people from the emergency department. Currently diverse models of care to support safe discharge of older adults seeking emergency hospital care are reported and their relative impact is unknown. The identification and definition of existing discharge and community transition strategies and assessment of their effectiveness, efficiency and cost-efficiency for older patients discharged back to community based care from an emergency department will contribute to development of (an) agreed best practice model/s of care. This will inform future planning by acute health service provider, hospital administrators and policy makers and will contribute to greater consistency in service provision and reduced risk of unsafe discharge.</p> <p>While there have been systematic reviews published about the effectiveness of discharge planning for patients admitted to hospital, to our knowledge there are no systematic reviews of discharge strategies for older patients in the emergency department who are discharged directly to community settings, most often to their own home.</p>
Participants / population	<p>The patient population of interest will be older patients, aged 65 years or older, presenting for emergency care at a hospital emergency department and are discharged to community based care.</p> <p>Settings will be included if they relate to management in emergency departments or in the community after discharge from the emergency department.</p>

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Intervention(s)	<p>Potential discharge and community transition strategies initiated in the ED</p> <ul style="list-style-type: none"> • Discharge care planning (care coordination / case management) • Discharge support (primary care/social worker/allied health liaison; telephone follow-up; discharge health information) • Specialist ED-based geriatric screening • Outreach / mobile specialist teams
Comparator / control	Usual ED care
Types of study	<p>Studies will be included if they are, individual or cluster randomised controlled trials (RCTs), controlled before - after studies (CBA) or interrupted time series analyses (ITS). CBA studies will be eligible if there are a minimum of two intervention and control sites. ITS studies will be included if they report a clearly defined time point for the intervention and a minimum of three data points both before and after the intervention.</p>
Context:	<p>Studies will be conducted in an emergency department setting (Australasia and internationally)</p>
Primary Outcomes	<ul style="list-style-type: none"> • unplanned ED re-presentation • emergency hospitalisation • functional decline in activities of daily living • nursing home admission • death
Data Extraction	<ul style="list-style-type: none"> • An initial screen of all titles to identify all potentially eligible articles and to eliminate duplicates across databases will be performed by one review author. Potentially eligible studies, based on title review, will have the abstract reviewed. If a study is still thought to be potentially eligible, after abstract review, the full-text article will be obtained, and reviewed independently by two review authors. • A standardised, pre-piloted form will be used to extract data from the included studies for assessment of study quality and evidence synthesis. Extracted information will include: study design; study characteristics and participant demographics and baseline characteristics; details of the intervention and control conditions; study methodology; recruitment and study completion rates; primary outcomes and times of measurement; indicators of acceptability to users; information for assessment of the risk of bias. Two review authors will extract data independently, discrepancies will be identified and resolved through discussion (with a third author where necessary).

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Risk of bias (quality) assessment	Two review authors will independently assess the risk of bias in included studies using the Cochrane Risk of Bias Tool for RCT & quasi-randomised studies and the Newcastle Ottawa Scale for Observational studies. Disagreements between the review authors over the risk of bias in particular studies will be resolved by discussion, with involvement of a third review author where necessary.
Strategy for data synthesis	<p>A narrative synthesis of the findings from the included studies, structured around the type of intervention, target population characteristics, type of outcome and intervention content will be provided. A quantitative synthesis will be performed if there are sufficient studies and included studies are sufficiently homogenous.</p> <p>We anticipate that the potential heterogeneity in study design, intervention and outcome measures may affect the analysis.</p>