Effekter av tiltak for å redusere akutte sykehusinnleggelser fra sykehjem [Effects of interventions for reducing emergency admissions from nursing homes]

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Record Status
This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.

Citation

Authors' conclusions
We included four systematic reviews and five primary studies in this review. In total there were eleven unique interventions that were evaluated, gathered in three main categories. • Interventions to standardize treatment and care: Four out of seven interventions for structuring and standardizing treatment and care yielded fewer hospital admissions for the intervention groups. The results for mortality, however, were unclear. The quality of the evidence was assessed as being low or very low. • Geriatric specialist services: Geriatric specialist teams compared with usual care demonstrated fewer hospital admissions in the intervention groups. The quality of the evidence was judged as being very low. • Influenza vaccination: Promoting influenza vaccination of health personnel in nursing homes demonstrated unclear results for hospital admissions, but yielded fewer deaths for the intervention group. The quality of the evidence was judged as low. Influenza vaccination of nursing home residents showed fewer hospital admissions and fewer cases of influenza-like illness and deaths for the intervention group, but for laboratory confirmed influenza the result was unclear. The quality of the evidence was judged as very low. Overall there were relatively few studies evaluating the effects of interventions to reduce hospital admissions from nursing homes. Although the results of the evaluation of several of the interventions showed a reduction in admissions, the evidence for these results was graded as of low or very low quality. Our confidence in the results corresponds to this, which means that we cannot draw any definitive conclusions for the effect of any of the interventions.

Final publication URL
http://www.kunnskapssenteret.no/publikasjoner/effekter-av-tiltak-for-%C3%A5-redusere-akutte-sykehusinnleggelser-fra-sykehjem?threepage=1

Indexing Status
Subject indexing assigned by CRD

MeSH
Humans; Nursing Homes; Emergency Medical Services

Language Published
Norwegian

Country of organisation
Norway

English summary
An English language summary is available.

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Accession Number
32014001225

Date abstract record published
27/10/2014