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Review

Communication between residential aged care facilities and the emergency department: A review of the literature

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ABSTRACT

Background: Western countries have encountered an increase in elderly patients transferred from residential aged care facilities to emergency departments. This patient cohort frequently experiences impaired physical and cognitive function. Emergency department staff require important clinical and personal patient information to provide quality care. International studies show that documentation and handover deficiencies are common.

Objective: The purpose of this literature review was to explore transitional communication practices, and to consider the specific patient information deemed essential for the management of residents in the emergency department.

Methods: A literature review was conducted to examine the studies exploring the documentation accompanying elderly people who were transferred from residential aged care facilities to emergency departments. Scopus, OVID Medline and Cinahl Plus data bases were searched using combinations of the following key words: 'nursing home', 'long-term care', 'skilled nursing facility', 'aged care facility', 'communication', 'documentation', 'emergency department', 'emergency room', 'hospital', 'acute', 'transfer', and 'transition'. Additional data was located with the use of Google Scholar. Review of titles and exclusion of duplicates identified 69 relevant studies. These 69 papers were independently reviewed by three members of the research team for eligibility for inclusion in the review, and seven papers were retained.

Results: There is currently no consensus regarding what information is essential when residents are transferred from aged care facilities to emergency departments, and practices vary. Key information which should accompany the resident has been reported by various authors and include the reason for transfer, past medical history, current medications, cognitive function and advance directives. Some authors also suggest that facility contact details are essential. Without agreement by key stakeholders as to what constitutes 'essential transfer information', clinical practices will continue to vary and resident care will be affected.

Conclusion: This paper identifies frequent communication deficits in the information provided to the emergency department from aged care facilities. There is an imperative to identify suitable items of information which health care professionals agree are essential. Future research should focus on methods to improve the transfer of information between facilities, including consensus regarding what information is essential transfer data.

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What is already known about the topic?

- Older people have higher rates of illness and are over-represented in emergency department presentations.
- Emergency departments may not be the best option for treating people transferred from residential aged care, as this group have a longer length of stay, higher complication rates and in some cases no need of emergency care.
- There is often a communication gap with limited or inadequate patient history information being provided from residential aged care to emergency department.

What this paper adds

- Current research demonstrates that there is no consistency in how communication is managed between residential aged care facilities and emergency departments.
- Of the existing international research there is no agreement as to the key data necessary for the transfer.
- Standardised transfer information forms used in the United States and Canada have shown promise by improving the quality of information, however universal use was not achieved.
- Further research is required, particularly in the areas of patient outcomes, including respecting patient wishes, duplication of investigations or unnecessary interventions, financial cost of the episode of care, and the impact on the emergency department work load.

1. Introduction

Older people have a greater need for emergency medical care than others in the community, and the number presenting to emergency departments from residential aged care is increasing (Edwards et al., 2012; Fealy et al., 2012; Kessler et al., 2013; Roberts et al., 2008). A systematic review examining how frequently older people living in aged care facilities present to emergency departments found that the incidence of transfer is at least 30 transfers per 100 aged care facility beds per year (Arendts and Howard, 2010).

Older patients (aged over 65 years) presenting to emergency departments often present with non-specific symptoms such as falls or confusion, making clinical assessment more complex (Kilshaw, 2009). In the case of elderly patients transferred from aged care facilities, many arrive via an emergency ambulance (Carter et al., 2009; Codde et al., 2010), are unaccompanied by a relative or carer, and are unable to provide a coherent medical history or describe their medication regime (Terrell and Miller, 2007). In addition, the quality of verbal and/or written handover given by paramedic staff (Yong et al., 2008) varies considerably (Owen et al., 2009), because it is based on the information provided by the aged care facility, which may be deficient.

The provision of timely and relevant patient information is vital for assessment and medical management of older patients presenting from aged care facilities (Salinas and Ramakrishnan, 2012). Emergency department staff are reliant on information regarding a patient's clinical, functional and social circumstances being communicated to them to provide appropriate person-centred care and avoid medical errors (Salinas and Ramakrishnan, 2012). However, international studies have identified a gap in communication between aged care facilities and emergency departments with either limited information, or a deficiency of relevant information being provided (Cwinn et al., 2009; Dalawari et al., 2011; Kessler et al., 2013; Lamantia et al., 2010; Platts-Mills et al., 2012; Terrell et al., 2005). Emergency department staff require important clinical and personal information including the medical history, the reason for transfer to the emergency department, presenting symptoms and any advance directives or patient wishes regarding therapy (Salinas and Ramakrishnan, 2012). When this information is deficient, the quality of care may be negatively affected, with patients at risk of service duplication, or inappropriate and unwanted care (Coleman, 2003). It is therefore important to develop effective methods of communication between services (Cwinn et al., 2009; Terrell and Miller, 2006).

Insufficient communication between residential aged care facilities and emergency departments also impedes treatment and care, contributing to emergency department delays (Cwinn et al., 2009; Finn et al., 2006; Givens et al., 2012). Prolonged length of stay in the emergency department has been shown to result in an increased morbidity and mortality (Australian Medical Association, 2010; Kilcoyne and Dowling, 2008; Richardson et al., 2009; Sprivulis et al., 2006). Moreover, service duplication and delays in emergency care, increase demand on emergency department services and costs to the health care system.

This paper aims to review the current literature to explore transitional communication practices, and to consider the specific information deemed essential for the management of residents in the emergency department.

2. Methods

The literature published in refereed journals between the year 2000 and 2013 was examined. This period was chosen to maintain the currency of evidence, given changes in medicine and in technology over the last decade. Searches were made of the electronic databases Scopus, OVID Medline and Cinahl Plus for peer-reviewed publications in English, and where abstracts were available. Multiple searches were conducted using strategies suitable for each database. For example, the Scopus search strategy began with the following terms: 'nursing home', 'long-term care', 'skilled nursing facility' and 'aged care facility' which were combined using the Boolean search operator "OR". These findings were then combined using "AND" with the following terms: 'communication' "OR" 'documentation', "AND" 'emergency department' "OR" 'emergency room' "OR" 'hospital' "OR" 'acute' "AND" 'transfer' "OR" 'transition'. This search resulted in 7989 results. The search was extended with use of the Google Scholar search engine and an examination of the reference list of located papers, and 32 additional papers were located.