

Predictors of unplanned hospital admissions, mortality and poor quality of life in older people who are identified as frail in primary care

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Background

In England, unplanned hospital admissions have increased by 47% over the last 15 years. In 2016/17 there were 15,000 extra unplanned hospital admissions per month compared to the previous year, many of which concerned older people. Many older people currently admitted to hospital could be managed in primary care with appropriate support. If people who are frail and vulnerable can be identified more early, and can be offered timely care and support, it may be possible to prevent unnecessary hospital admissions and enable people to live longer with better quality of life.

Aim of the review

The aim of the proposed review is to summarize evidence from previous research studies regarding the factors that may predict unplanned hospital admissions, poor quality of life, and death in older people who have been identified as frail in primary care. We will look at factors related to patients, such as their age, health conditions, medications, previous hospital admissions and their mental health. But we will also look at factors related to access and organisation of care.

Methods

We will search literature database to identify reports from previously conducted research studies which have factors that predict unnecessary hospital admissions, or have designed tools that may help to identify vulnerable subgroups of frail older people. Two members of the review team will look at each paper to select suitable study report; assess the quality of each selected study; and extract information regarding factors that may predict hospital admission; and the number of unplanned admissions, quality of life, and deaths in the study group. We will summarize the evidence emerging from all studies using a systematic approach which will include statistical methods (meta-analysis) in order to assess the value of each factor (related to individual patients and access or organisation of care) for predicting hospital admission, quality of life, and death.

Patient and Public Involvement

We will involve an advisory group of carers and people with experience of living with long-term health conditions and experience of unplanned hospital admissions. When designing the review we will ask the group to advise us regarding the predictors and outcomes to include in the review. When the results are being analysed, we will involve the group in discussions on how best to interpret present the review findings to the general public, patients and clinicians.