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Scientific Research – Health Services Research

37 REALIST REVIEW OF USING COMPREHENSIVE GERIATRIC ASSESSMENT IN CARE HOMES; FINDINGS FROM THE PROACTIVE HEALTHCARE OF OLDER PEOPLE IN CARE HOMES (PEACH) STUDY

N. H. Chadborn¹, M. Zubair², L. Sousa³, T. Dening⁴, J R F. Gladman^{5,6}, A. L. Gordon^{1, 7}, C. Goodman,⁸

¹Division of Medical Science and Graduate Entry Medicine, School of Medicine, University of Nottingham

²School of Health and Applied Research, University of Sheffield

³Department of Psychiatry and Mental Health, Santa Maria University Hospital, Lisbon

⁴Division of Psychiatry and Applied Psychology, School of Medicine, University of Nottingham

⁵Division of Rehabilitation and Ageing, School of Medicine, University of Nottingham

⁶National Institute of Health Research Collaboration

Introduction: Residents of care homes are likely to have frailty and complex needs and be high users of healthcare resources. Comprehensive Geriatric Assessment (CGA) may benefit residents and improve healthcare delivery. Evidence shows CGA can improve

outcomes for older people in hospital and at home but the literature has not been reviewed to consider how it might work in care homes.

Methods: A realist review was used to identify and characterise programme theory that underpins CGA in care homes. The outcomes of interest were health-related quality of life and satisfaction with services among residents and staff. We also considered NHS service use by care home residents. The review had three stages 1) identify candidate programme theories through interviews with key stakeholders; systematic search of the published evidence, 2) refine programme theory through iterative literature search, lateral searches and enquiries to study authors, and 3) synthesis of evidence and testing programme theories.

Results: To inform our programme theory development and search strategy we interviewed 8 practitioners; including physicians, an occupational therapist, and a care home manager. Searching peer-reviewed and grey literature retrieved 81 documents. CGA in care homes is a multi-component programme comprising assessment, multi-disciplinary team meeting and care planning. A nested pattern of configurations of ‘Context, Mechanism and Outcomes’ has been developed, describing the interactions between different team members (residents, practitioners and care home staff). Key mechanisms relate to; respect for knowledge from different disciplinary expertise, reaching a shared understanding of priorities and shared purpose for the care plan, and delegation to a case manager to deliver the care plan. These programme components are supported by learning, training and computer-based data-sharing.

Conclusion: There is limited evidence for CGA in care home settings. We have synthesised the important programme theories from this body of evidence. Funded by Dunhill Medical Trust.