

Urgent Community Assessment: What works for whom, and in what circumstances, for older adults who have experienced a non-injurious fall. A realist review

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1 - Background and Rationale

- 30% of adults over 65 will experience at least one fall per year [1]. These may have a significant physical, psychological and social impact on individuals, families and carers [2]
- The NHS is making a strategic shift towards community care, and the introduction of Urgent Community Response, a type of CATCH (Community Alternatives to aCute Hospitalisation) service, provides a novel alternative for acute falls management [3].
- A Comprehensive Geriatric assessment (CGA) is recommended to be used after a fall by NICE [1]. In the acute setting a CGA could be performed by Urgent Community Response or Paramedic services

2 - Aims

Investigate through searching the published literature what works for whom, how, why and in what context for older adults who have fallen and received an urgent community assessment

Identify how Urgent Response Services are organised for older adults who have fallen

Generate Programme Theories to explain how the Context-Mechanism-Outcomes interact to explain how Urgent Community Response services manage older adults after a fall

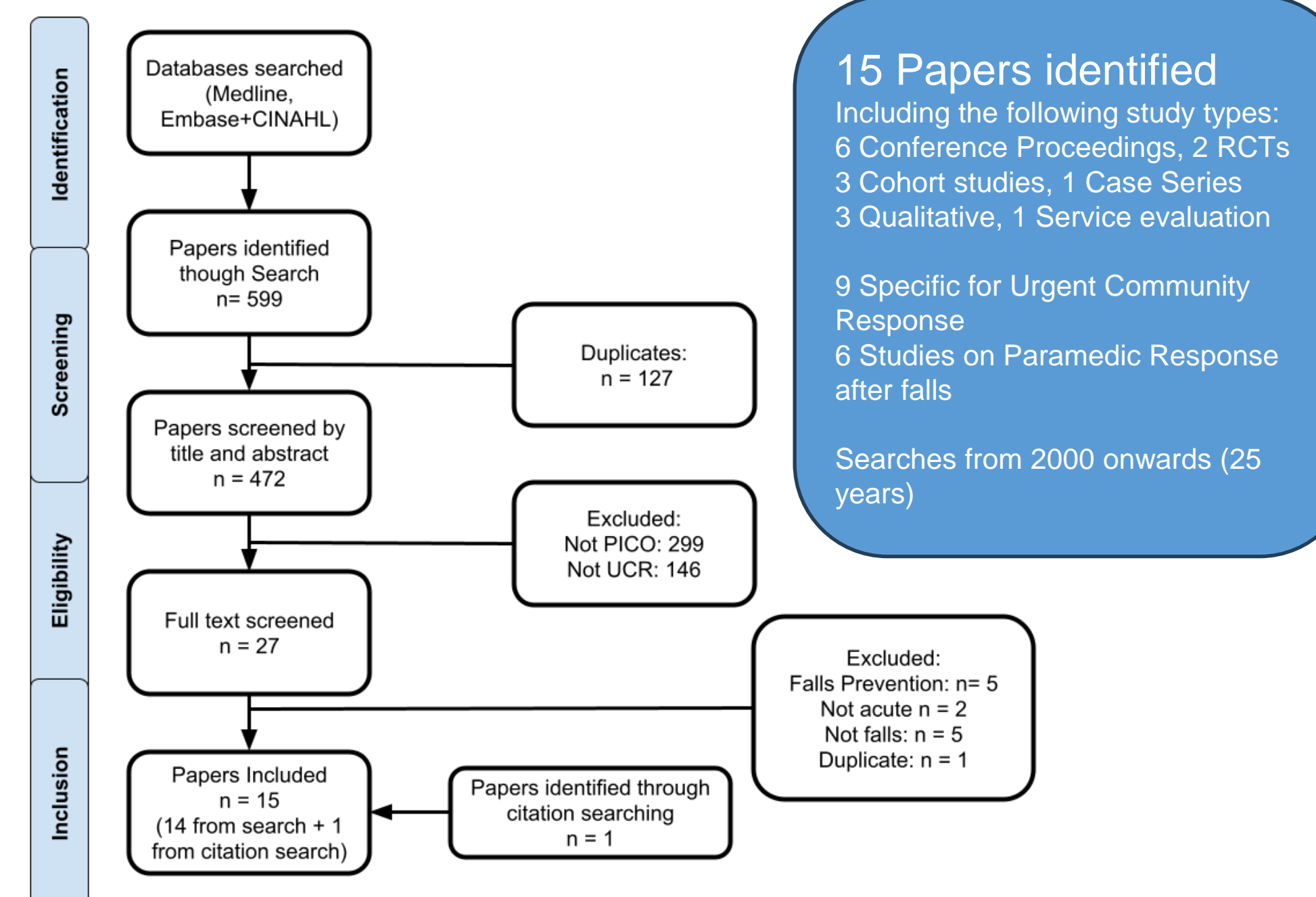
3 – Methods

- Databases Medline, Embase and CINAHL were searched using terms for Aged AND (Falls NOT traumatic) AND CATCH service type.
- Papers were screened against the eligibility criteria [Table 1a] then organised by service type.
- Two reviewers screened the full text based on an updated eligibility criteria [Table 1b] for Urgent Community assessment.
- A Weight of Evidence Framework was applied to assess the relevance and rigour of the included studies.
- Data analysis and extraction applied the Theoretical Levesque Framework [4]

4 – Search Strategy

Updated PICO	Updated Inclusion Criteria	Updated Exclusion Criteria
Population	Older adults i.e. mean age of participants >65 Experienced a non – traumatic fall Community setting, includes care and residential homes	Studies with mean age <65 Traumatic falls i.e. requiring hospital intervention Inpatient
Intervention	Urgent Community Assessment Paramedics, UCR	SDEC, FAU,H@H,VW, ED, Non-acute services
Comparator	Usual care (hospitalisation, GP)	Non-acute care (>2 weeks)
Outcome	Evidence relating to theory building for CMO configurations on CATCH functioning	Evidence with no relevance to Urgent assessment implementation

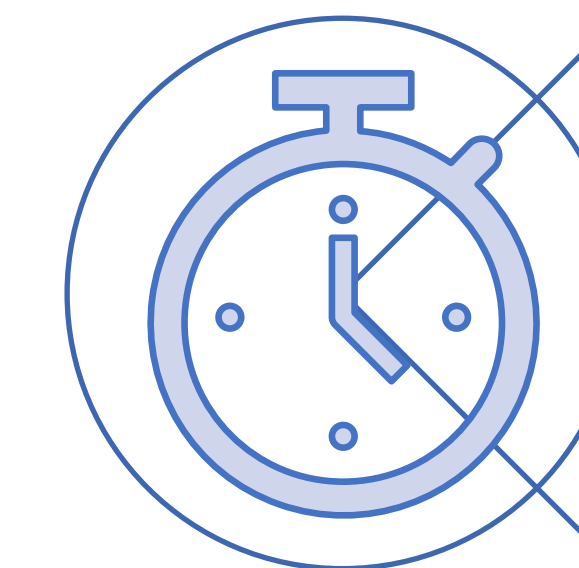
5 – PRISMA diagram



References

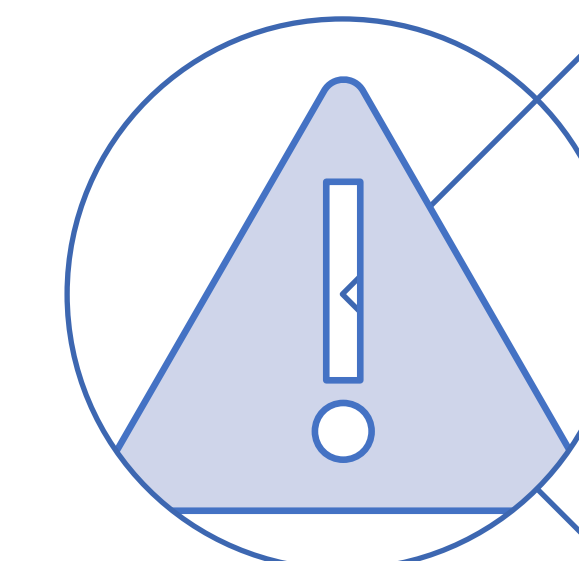
1. National Institute for Health and Care Excellence (NICE). Falls in older people: assessing risk and prevention [Internet]. 2013 [updated June 2013; cited 2024 September 24]. Available from: <https://www.nice.org.uk/guidance/cg161/chapter/Update-information>
2. Harper A, Wilkinson I. Falls in older adults: causes, assessment and management. Medicine [Internet]. 2021 [cited 2024 September 25]; 49(1):[32-7 pp.]. Available from: <https://doi.org/10.1016/j.mpmed.2020.10.007>.
3. NHS England. NHS Long Term Plan [Internet]. 2019 [cited 2024 September 24]. Available from: <https://www.longtermplan.nhs.uk/>
4. Levesque JF, Harris MF, Russell G. Patient-centred access to health care: conceptualising access at the interface of health systems and populations. Int J Equity Health [Internet]. 2013 Mar 11 [cited 2024 December 12]; 12:[18 p.]. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/23496984>

6 – Results



Availability

Typical Operational hours 9-5 Mon – Fri
Gaps in Rural-Urban, Day-Night provision
Systemic Pressures leading to safety netting behaviours
Internal pressures and confidence in decision-making



Appropriateness

Can the service support the patient's needs?
Referral of appropriate patients, needed to be supported by effective triage guided by clinical experience
Patient's needs may change; benefit of early assessment means care can be updated and directed to the appropriate setting

7 - Discussion

- Team composition encompassing a broad range of specialties enables UCR to form a tailored care plan for each patient
- Targeted intervention to rural areas with high falls incidence may aid in narrowing the rural/urban divide
- Clinical training with decision support tools specific for Urgent Community Services may improve appropriateness of referrals

8 - Conclusions

- Urgent community assessment can support home – based assessment and recovery from falls but more evidence is needed
- UCR may provide longer lasting and complex interventions, while allowing access and interplay between different services.
- Since UCR is a priority for development in the NHS long term plan, further research to improve this service, including targeted intervention to high-risk areas, may be beneficial