Evaluating the Impact of Care Home Ward Rounds on Deprescribing, Advance Care Planning, and Unplanned Admissions: A Quality Improvement Project

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Background

Care home residents account for a large proportion of unplanned admissions; these can be distressing and potentially avoidable. A lack of clear Advance Care Planning (ACP) can lead to unnecessary, and even harmful, admissions[1]. Polypharmacy is a prevalent issue and can lead to increased risk of admissions, falls, and harmful interactions.

Method

Primary outcome: Effect on unplanned admissions
Secondary outcome: Deprescribing and advance care planning
Setting: 2 care homes with a total of 53 residents
Care home ward round team: Care Home Manager, General Practitioner (GP), Foundation Year 2 doctor (FY2), and Primary Care Network (PCN) pharmacist.

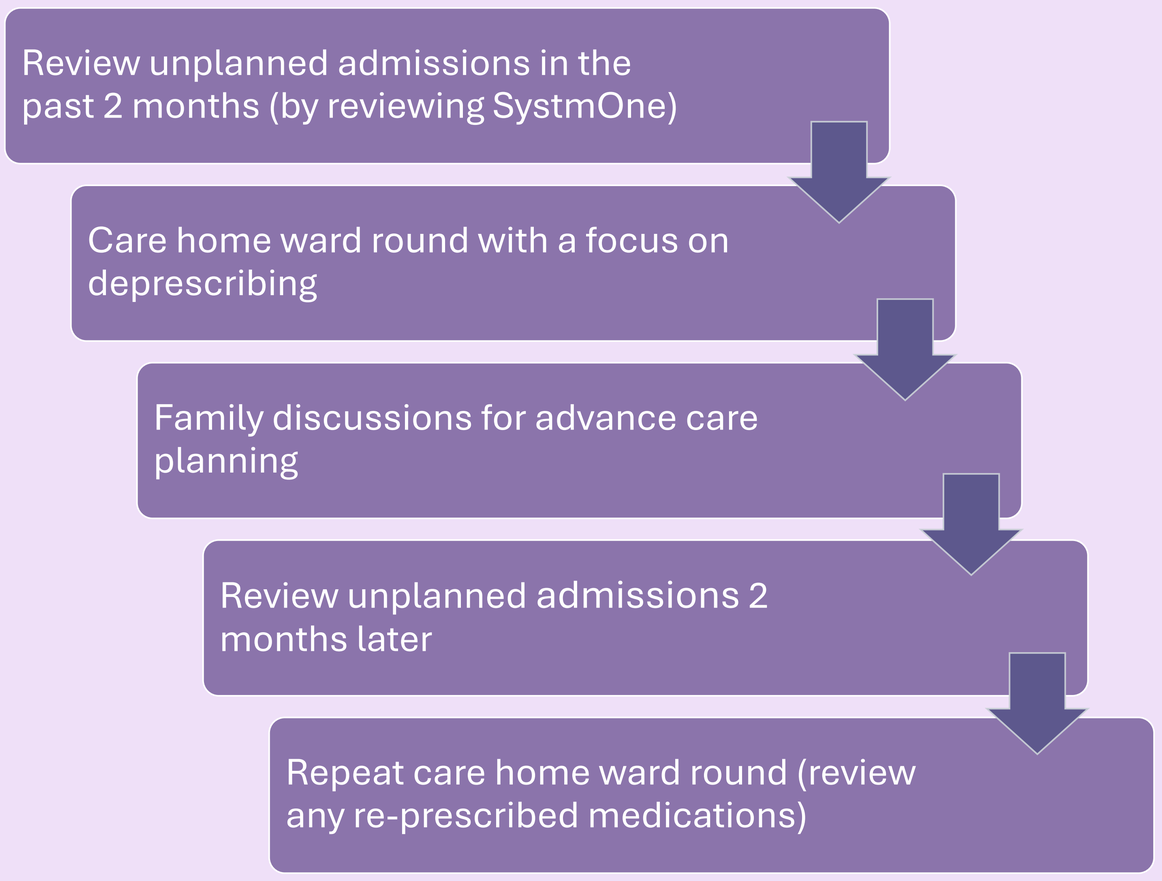


Figure 1*: Flow chart representing the process of the QIP method*

Results

Figure 2*: Table showing admission data before and after the first care home ward round*

	2 months pre-intervention	2 months post-intervention	% change
Unplanned admissions	8	4	50% reduction
% of residents	15.1%	7.5%	

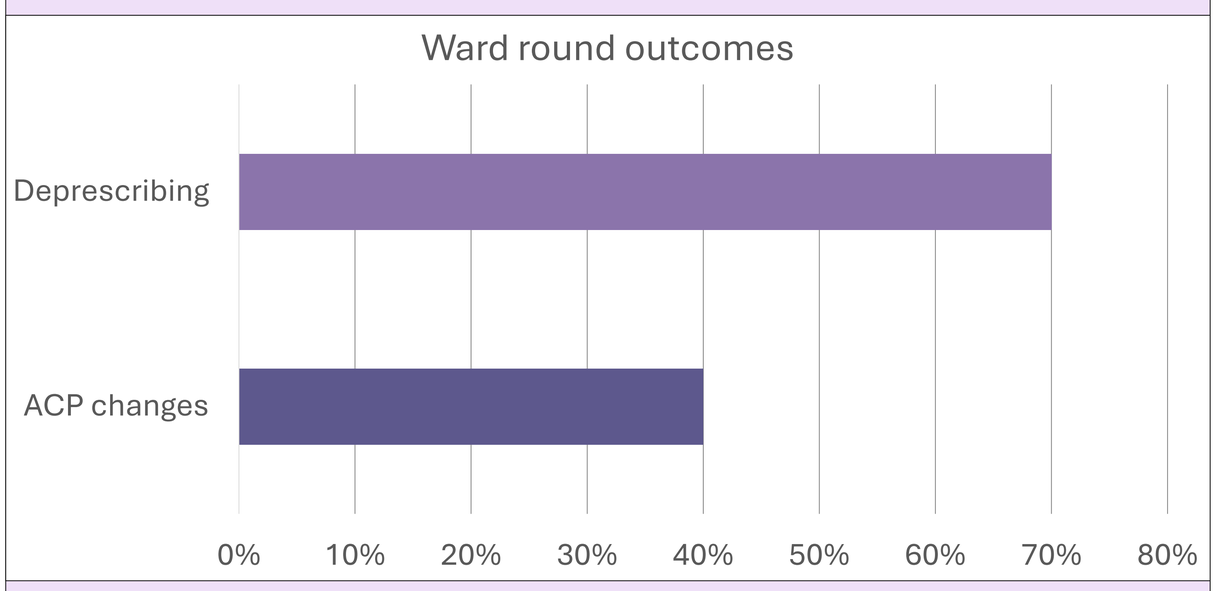


Figure 3: *Bar chart showing the percentage of residents for which we deprescribed and updated ACPs.*

We deprescribed for 70% of residents. The most deprescribed medications were PPIs, statins, and laxatives.
The repeat care home ward round after 2 months showed that none of the deprescribed medications had been represcribed.

Results

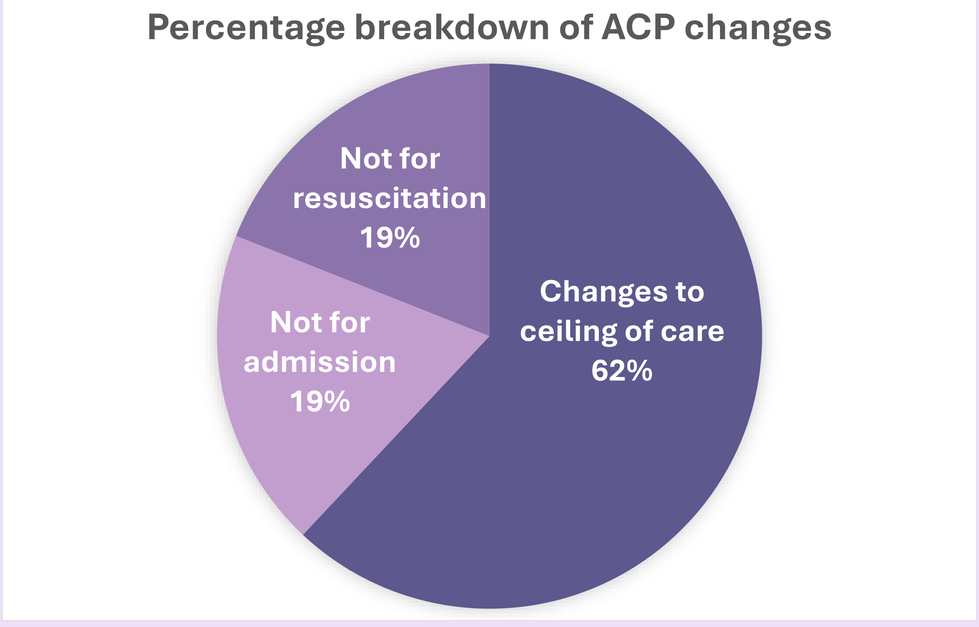


Figure 4*: Pie chart illustrating the ACP changes made*

Discussion

Following the care home ward round, there was a 50% reduction in the number of unplanned admissions.

Our project has had a clear positive impact by reducing unnecessary, and possibly harmful, medications; identifying early on patients who may be approaching the end of their life; involving families in the patient's care, which is especially important for patients with cognitive impairments as it allows us insight into the patient's wishes; and proactively making and adjusting advance care plans.
In feedback, the care home staff found the ward round helpful, and residents' families were grateful.

Unintended outcomes
Many residents had not seen a GP since moving to a care home. This project promotes health equity by providing standardised care for vulnerable older adults who may have had barriers to accessing healthcare services.

Limitations
Our data collection period was limited to 2 months due to time restrictions, ideally this would have been over at least 6 months. There are other variables that affect unplanned admissions: patient factors such as the presence of chronic conditions; clinician factors such as experience and risk acceptance; and environmental factors like seasonality[2].
Unfortunately, a ReSPECT form stating that the patient is not for admission does not always prevent admission.

Conclusion

Overall, we saw a fall in unplanned admissions following the care home ward rounds, alongside increased satisfaction from care homes and families. Although further data is required, we believe this is a step in the right direction.

We found this intervention to be sustainable. The Clinical Lead GP will continue the care home ward rounds every 4 months to promote continuity of care. They will also continue to monitor data of unplanned admissions from care home residents.

References

1. Chambers, Duncan et al. "Reducing unplanned hospital admissions from care homes: a systematic review." *Health and social care delivery research* vol. 11,18 (2023): 1-130. doi:10.3310/KLPW6338

2. Klunder, Jet H et al. "What affects unplanned hospital admissions in older adults according to primary healthcare professionals? A focus group study." *The European journal of general practice* vol. 32,1 (2026): 2650928. doi:10.1080/13814788.2026.2650928