Final accepted manuscript Brown, Jayne and Conroy, Simon *Supportive care model could be used to inform interventions and service development to improve quality of care for older people,* Evidence Based Nursing http://dx.doi.org/10.1136/eb-2017-102612

1. Implications for practice and research, in bulleted point form – please ensure you include implications for both practice and research (50 words); actual 43

The model presented:

- joins together theory and evidence of supportive care into a model to inform interventions and service development for older people with frailty in hospital
- the model suggests a framework for evaluation of such interventions and services for managers and researchers

2. Context (80 – 120 words); actual 119

Frailty is a distinctive late-life health state in which apparently minor stressors are associated with adverse health outcomes. Growing numbers of frail older people are being referred to hospitals with acute care needs [1]; potentially heralding intensive health and social care services use. The authors suggest supportive care (i.e. 'Multi-disciplinary holistic care of patients ...and those that matter to them, to ensure the best possible quality of life' [2] is a potentially important way to bridge the gap between curative models and palliative care. This paper aimed to identify and build upon theories and evidence about supportive care, in relation to hospital care of older people with frailty, to inform future interventions and their evaluation.

3. Methods (100 – 150 words); actual 148

An integrative review of the literature was used to identify and integrate theory and evidence in order to inform research, practice and policy initiatives. Electronic databases (Cochrane Medline, EMBASE and CIHAHL) were searched using the key term 'supportive care'. Screening identified studies employing qualitative and/or quantitative methods published between January 1990 and December 2015. Citation searches, reference checking and searches of the grey literature were also undertaken. A final sample of 52 articles were analysed focusing on identification and integration of information about supportive care. A code framework was developed to define patterns in the data and to distinguish between various components identified. Codes were then grouped together into potential themes which were reviewed to ensure that the overall code framework reflected the aim of the study and the content of the data set. A synthesis in the form of a model was developed to portray the findings.

4. Findings (75 – 100 words); actual 100

Forty three of the 52 (81%) papers considered were research studies relating to people over 65 years of age. Seven themes in supportive care for older people in acute care settings were identified: Ensuring fundamental aspects of care are met (including symptom control, patient comfort, hydration and nutrition); communicating and connecting with patients; carer and family engagement; building up a picture of the person and their circumstances; decisions and advice about the best care for the person; enabling self-help and connection to wider support; and supporting patients through transitions in care. These form the basis of the tentative model proposed.

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5. Commentary (250 - 300 words); actual 287

Nicholson and colleagues have used an integrative literature to explore the core components of supportive care and how these could be used to assist in the care of older people with frailty. The model has seven themes identified above and these are presented as being surrounded by issues which specifically relate to people with frailty complex conditions; care transitions; uncertain futures; and patient safety. They suggest that the model is sufficiently flexible to accommodate individual needs, strengths, relationships, and social connections; and acknowledge that not everyone will need every aspect of supportive care.

As clinicians of some many years the multidisciplinary care that Nichols and colleagues describe in the model is not unfamiliar. The aim of care for older people was in the past characterised by the word holistic, and in some ways it is sad to see that we have come to a place where this concept has be re-introduced into acute services which can currently only deal with the immediate consequences of a fall and does not have the facilities to explore the causes of that fall.

For most people, the months leading up to death are usually characterised by disability, high symptom burden and a change in priorities from cure to care. The minority of people experience the 'squaring of the mortality curve' with years of disability free living followed by a rapid or sudden dying process [3 4]. And any model that can begin to assist clinicians and the public to accept and understand the limitations of modern medicine and support the move from cure to care for frail older people should be welcomed.

6. References (no more 6 references). Please note that all the references listed are included in the 800 total word count. Actual 109

1. Finnbakk, E., Skovdahl, K., Blix, E. S., & Fagerström, L. (2012) Top-level managers' and politicians' worries about future care for older people with complex and acute illnesses–a Nordic study. International Journal of Older People Nursing, 7(2): 163-172.
2. Cramp, F. & Bennett, M. (2013) Development of a generic working definition of 'supportivecare'. BMJ Supportive & Palliative Care, 3(1): 53-60. DOI:10.1136/bmjspcare-2012-000222
3. Gale CR, Cooper C, Sayer AA. Prevalence of frailty and disability: findings from the English Longitudinal Study of Ageing. Age Ageing 2015;44(1):162-5.
4. Gill TM, Gahbauer EA, Han L, et al. Trajectories of Disability in the Last Year of Life. New England Journal of Medicine 2010;362(13):1173-80.