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Effectiveness of person- and family-centered care transition interventions: a systematic review



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Introduction

Care transitions from the hospital to home are critical to the sustainability of our health care system. Ineffective care transitions can be caused by high incidences of post-discharge adverse events, by poor communication with patients, and/or by inadequate information transfer between providers from the hospital to home. Any one of these can lead to fragmented care, high readmission rates, increased visits to the emergency department, and ultimately poor patient outcomes. Despite the ongoing improvement efforts of health care organizations, the efficacy of person- and family-centered care (PFCC) transition interventions on the quality of care and on the patient experience are not known.

The objectives of this systematic review (SR) are :

- 1) To determine the effectiveness of PFCC interventions on improving the quality of care, and the experience of patients
- 2) To explore the effectiveness of these interventions on different population subgroups, if possible (e.g., male versus female participants), and/or different intervention types (e.g., patient versus family interventions).

Methodology

① Search strategy

A comprehensive search strategy was conducted in the following databases: MEDLINE, EMBASE, CINAHL, Cochrane Central Register of Controlled Trials, and the Cochrane Consumers and Communication Group.

② Two-step screening and eligibility criteria

Title and Abstract and Full Text screenings were used to assess the results of the literature search.

Inclusion criteria were :

- Population → Adult population (18 years of age or older)
- Interventions → Any PFCC transition interventions from an inpatient hospital unit to home
- Comparators → Usual care
- Outcomes → Quality of care measures and patient-reported experience measures
- Study Design → Randomized controlled trials

③ Assessing risk of bias

Two reviewers will independently assess the risk of bias (RoB) associated with each included study. The Cochrane RoB tool is being used [1]. It evaluates seven domains (i.e., sequence generation, allocation concealment, blinding of participants and personnel, blinding of outcome assessment, missing outcome data, selective outcome reporting, and other sources of bias) for which the reviewers has to assess the risk of bias (low, unclear or high).

④ Data extraction

Two reviewers will independently extract and document data from each included study using a standardized data extraction form in the Covidence systematic review software [2]. Data will be extracted including the full reference, objectives, target population, description of the intervention and control intervention, outcome measures, design, length of post-intervention follow-up period, and study results.

⑤ Analysis and synthesis

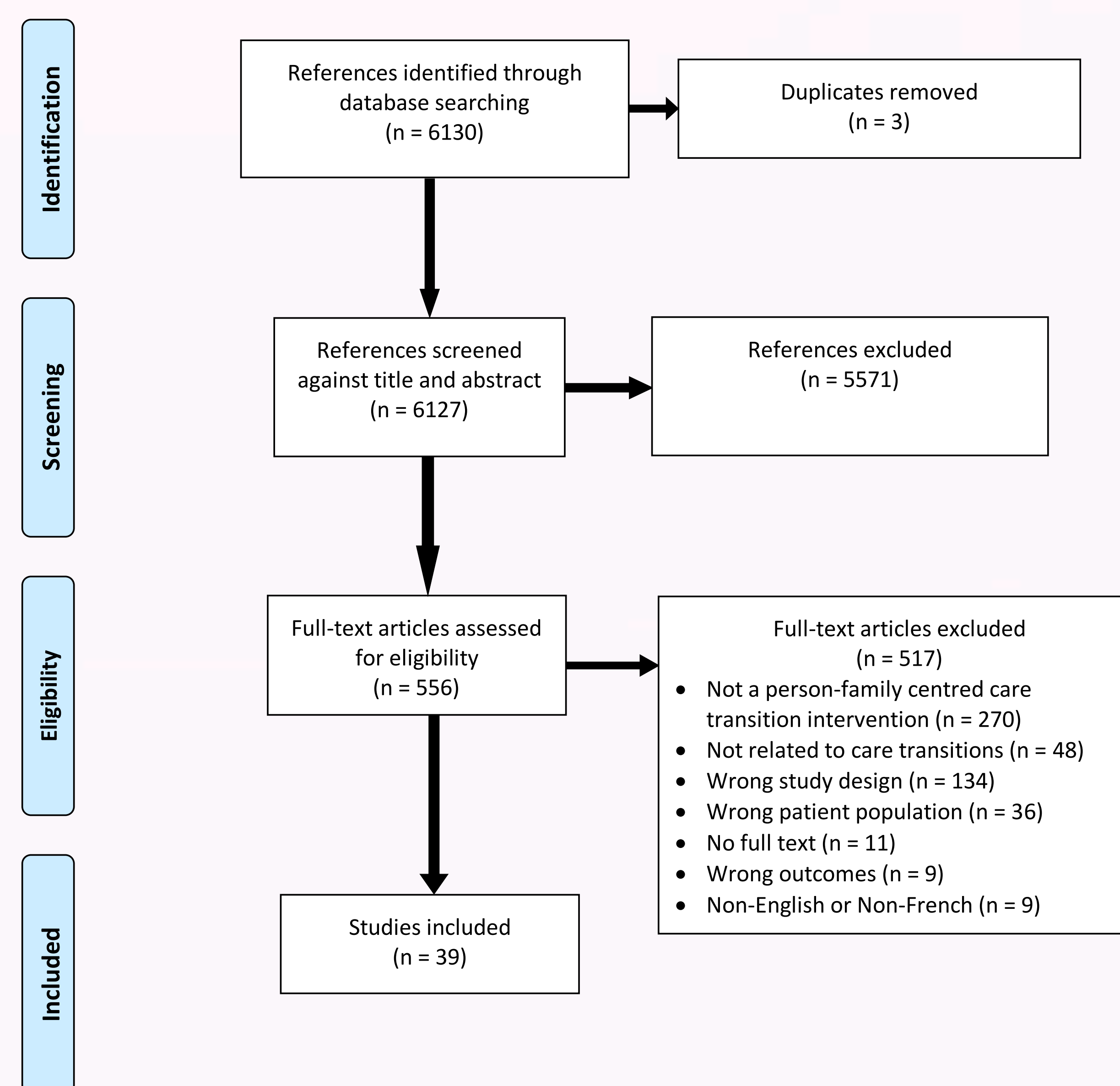
The Grading of Recommendations Assessment, Development and Evaluation (GRADE) framework will be used to assess the quality of the body of evidence [3]. Data will be tabulated and discussed in a narrative review. It will then be organized by categories, grouping studies by settings, disease type, intervention type, outcome, and study design.

Results

- ① Search strategy
- ③ Two step screening and eligibility criteria



PRISMA Diagram



From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

③ Assessing risk of bias

Two reviewers are currently assessing the risk of bias for the remaining 39 RCTs with the Cochrane RoB tool in the Covidence systematic review software [2]. Each of the seven domains is being assessed and given a degree of risk of bias: low, unclear or high.

NEXT STEPS

④ Data extraction

Data extraction will start once the risk of bias assessment will be completed.

⑤ Analysis and synthesis

The quality of the body of evidence will be assessed once the assessment of the risk of bias and the data extraction are completed.

Conclusion

This systematic review will summarize and present the evidence base for person- and family-centered care transition interventions. This review will also :

- ✓ inform further research
- ✓ lay the groundwork for more empirical studies on person- and family-centered care transitions
- ✓ inform the development of measures to monitor safe and effective person- and family-centered transitions from the hospital to home
- ✓ be important for policy makers, decision-makers, clinicians, and patients/families who are involved in navigating the health care system

References

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2. Covidence. A Cochrane technology program. <https://www.covidence.org/>. Accessed 3 Aug 2017.
3. Oxman AD, GRADE Working Group. Grading quality of evidence and strength of recommendations. *BMJ*. 2004;328(19):1490–4.
4. Moher D, Liberati A, Tetzlaff J, Altman DG. Reprint—preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *Phys Ther*. 2009;89(9):873–80.

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