

# ROLE OF CONTEXT IN CARE TRANSITION INTERVENTIONS FOR MEDICALLY COMPLEX OLDER ADULTS:

## A REALIST SYNTHESIS PROTOCOL (RESEARCH PROTOCOL)

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### CONTEXT

Approximately 30-50% of older adults have two or more conditions and are referred to as multimorbid or complex patients, who require extensive health care resources and often require visits to various healthcare providers. Managing the transition between these providers and settings is difficult within current healthcare delivery systems, and these transitions typically result in fragmented care. Previous evidence has primarily focused on the implementation of care transition interventions to improve continuity of care for patients discharged from hospital to either home, home with care or another institution. However, emerging findings suggest that the effectiveness of these models is contingent on contexts, and that the current evaluations of these models have limited utility in deciding interventions for particular patient groups or care environments. Ultimately, this may result in stakeholders implementing seemingly effective interventions into contexts where they may not be effective.

### OBJECTIVES

This study will address an existing knowledge gap by summarizing evidence on how context impacts activities, mechanisms and effectiveness of care transition interventions. By understanding how these interventions work and how context impacts their effectiveness, stakeholders can make evidence-based decisions on which interventions to implement within their local context.

### METHODS

The synthesis will be guided by Pawson and colleagues' 2004 and 2005 protocols for conducting realist reviews, and reporting standards will follow Wong and colleagues' Realist and Meta-narrative Evidence Syntheses: Evolving Standards (RAMESES). The study will use realist synthesis to unpack the Context-Activity-Mechanism-Outcome (CAMO) configurations underlying these theories of transitional support. Unpacking these CAMO configurations will provide insight into which theories of transitional care work, how they work and in which contexts.

MEDLINE, EMBASE, CINAHL, AgeLine and Cochrane Central Register Controlled Trials databases will be searched using medical subject headings and text terms related to care transitions for older adults. To extract unpublished information on contextual factors and mechanisms, the following steps will be taken: (1) a Scopus search of the initial publication followed by examination of all citing manuscripts; (2) PubMed search using the corresponding author's name; (3) the first two pages of a Google search for the name of the study and (4) a review of the corresponding author's ResearchGate publications. Following the study inclusion screening, abstracted data will include study characteristics (eg. Publication year, study design), intervention type (eg. Bridging, pre-discharge), contextual factors (eg. Study setting, designation of intervention staff), intervention activities (eg. Medication reconciliation), and underlying mechanisms (eg. Relationship development). CAMO configurations will then be identified for each study with the ultimate goal of determining how each care transition activity works or does not work and within which contexts.

### DISSEMINATION PLAN

Internal knowledge translation activities (eg. Within the HSPRN) will occur throughout the review to gather experts' opinions on data analyses and to create general awareness of the project. Existing partnerships with acute care institutions (eg. University Health Network) and the Ontario Ministry of Health and Long-Term Care will be leveraged to disseminate findings to frontline staff, hospital administrators, and policymakers. Finalized results will be presented at local (eg. Health Quality Ontario), national (eg. Canadian Association of Health Service and Policy Research) and international (Eg. Academy Health Annual Research Meeting) conferences, and disseminated via peer-reviewed publications in relevant journals.

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