Citation

Review question
'What Examples of Best Practice Exist for the Hospital-to-Home Discharge of Carers within One Year of Leaving Hospital?'

Searches
The current rapid review will search the following databases of published works: CINAHL Complete; MEDLINE; Psychology & Behavioural Sciences Collection; APA PsycINFO; APA PsycARTICLES; AMED - The Allied and Complementary Medicine Database. A minimum of three grey literature databases will also be searched (Library Hub Discover; NHS Evidence; Overton).

In order to identify relevant articles for the review for inclusion in the final article subset, a search strategy was devised and piloted by the research team. The final search strategy features three core concepts combined with the Boolean Operators AND/OR: (i) "Carer" and associated pseudo words (e.g caregiver*, careprovider*); (ii) 'Experience' and associated pseudo words (e.g. perspective*, view*), in addition to; (iii) 'Discharge'. Full search strategy can be viewed in section 17 of this protocol.

Types of study to be included
- Inclusion Criteria

The current review will accept studies using qualitative, quantitative or mixed-methods designs for consideration for inclusion in the final article subset. Case Reports and Trust Policy Documents will also be considered for inclusion.

The following article types will be considered eligible for inclusion within the review:

> Journal Articles

> Review Articles

> Trust Policy Documents

> Informal Carer Organizational Internal Documents

> Case Reports/ Studies

> Consensus & Clinical Guidelines

- Exclusion Criteria

The following types of literature will not be considered for inclusion within the review:

> Clinical Trial Registrations

> Conference Abstracts

> Dissertations / Thesis

> Meeting Abstracts

> Proceedings Papers

> Editorial Letters/Materials

> Books

> Letters

> News Items

> Biographical Items

Condition or domain being studied
Carer's experiences of hospital-to-home discharge practices

Participants/population
Informal caregivers who have been discharged from hospital

Intervention(s), exposure(s)
Hospital Discharge Protocols (emphasis for articles which are within the remit of acute trust practice)

Comparator(s)/control
Within the currently proposed rapid review our team will compare different types of discharge protocols, both within published literature we identify from article screening and trust policy documents (co-ordinated from a Document Analysis workstream within the wider project), through the TIDIER framework.

Context
- Articles must be available in English

- Articles published/ produced/ made available within the past 5 years, defined here as March 2017 to May 2022

- Both Qualitative, Quantitative & Mixed-Methods Articles will be considered for inclusion

- [Participants] Articles featuring an informal caregiver with no restrictions placed on specific condition/disability

- [Location] No restrictions based on the geographical location of the articles considered

- [Context] Articles which focus on carer discharge only from hospital-to-home (within a year of leaving hospital). Publications which are within the remit of Acute Trust Practice are of a specific interest to our research team and will be highlighted to our wider team for discussion during the title/abstract & full text screening processes to help inform our conversations for the project more widely.

Main outcome(s) [1 change]

Establishing barriers and facilitators to effective hospital-to-home discharge planning for carers.

Additional outcome(s)
The review is being supported by a second workstream, which is a document analysis of discharge planning tools identified through policy documents our team will be receiving from NHS Trusts as part of the service evaluation we are undertaking. Both examples of discharge tools from published literature in the final article subset, and those identified from the document analysis work, will be examined through the application of the TIDIER framework.

Measures of effect

Given that the current rapid review project aims to identify types of best practice for interventions within the remit of hospital-to-home discharge, in preparation for the intervention our team is developing, examples identified and filtered through article screening will be inspected through TIDIER framework (as opposed to a specific measure of effect being employed within the review).

Data extraction (selection and coding)

The current project employs the use of two reviewers who will screen a small sample of the extracted articles against the inclusion / exclusion criteria (after duplications have been removed). This will initially be undertaken at 10%, 20% and 30% of the total articles identified from the primary search strategy. Reviewers will review titles/ abstracts blind, and inter-rater reliability analysis – through Cohen's K statistic - will assess the agreement rates between these two individuals (we aim to identify a value of > .61 to indicate good agreement). The review team will then meet discuss any discrepancies identified between the two articles. Further inter-rater reliability analysis and blind article screening will continue if this value is not achieved. Following this, once good agreement has been achieved and the end of title/abstract screening has been reached, the review team will then read the full-texts of the remaining articles against the inclusion / exclusion criteria before meeting to determine a final sub-set. This process will again be done blind and will be supported by further Cohen's K analyses.

Risk of bias (quality) assessment

Risk of bias is of particular concern to the undertaking of rapid reviews given the urgency and time-pressures associated with undertaking these types of evidence collation (Hartling et al., 2015). Within the current project, it is anticipated – from the preliminary search screening & piloting phases undertaken by the review sub-team [MJH, RH, PVDG] – our final article subset from the review will be heterogenous, in that it will contain various differing types of study designs. This makes it difficult for us to apply a standardised risk of bias measure/tool. In light of this, in addition to the regular sub-team meetings we will hold to discuss & resolve article decision discrepancies during screening activities, data charting and extraction phases of the review will also feature the use of regular peer review activities for our research sub-team.

Specifically, we will pilot and compare the application of TIDIER framework for each article by each team member, and discuss discrepancies to standardise how we undertake this prior to formally starting this exercise. Following completion of charting & extraction of each article, this will be reviewed by a second team member to ensure compliancy to these agreed standards.

Strategy for data synthesis

Data will be extracted through TIDIER Framework – this model explores the core aspects of each examined intervention (Discharge Planning Tool). TIDIER framework assesses the reporting of the intervention tool for completeness and to inform future recommendations emerging from the review. Data synthesis, supported by TIDIER Framework, will be supported through the use of Reflexive Thematic Analysis (supported by memo-writing by the team) to highlight strengths, weaknesses and novel strategies reported within each of the final sample article interventions.

No minimum number of articles has been identified for synthesis – this will solely be dependent on the number of articles which are progressed following title/abstract & full screening process. Findings from reflexive thematic analysis and TIDIER inspection will be presented through narrative and tabular methods within the final report generation.

Analysis of subgroups or subsets

No sub-group analysis will be undertaken.

Contact details for further information

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Organisational affiliation of the review

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https://www.northumbria.ac.uk/about-us/academic-departments/social-work-education-community-wellbeing/

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Type and method of review
Intervention, Systematic review, Other

Anticipated or actual start date
06 June 2022

Anticipated completion date
08 August 2022

Funding sources/sponsors
The review is being undertaken as part of a wider evaluation project that has been funded by the Voluntary Organisations' Network North East (VONNE).

Grant number(s)

State the funder, grant or award number and the date of award

VONNE - March 2022

Conflicts of interest
None known

Language
English

Country
England

Stage of review
Review Ongoing

Subject index terms status
Subject indexing assigned by CRD

Subject index terms
Caregivers; Home Care Services; Hospitals; Humans; Patient Discharge

Date of registration in PROSPERO
16 June 2022

Date of first submission
03 June 2022

Stage of review at time of this submission

Stage	Started	Completed
Preliminary searches	Yes	Yes
Piloting of the study selection process	Yes	No
Formal screening of search results against eligibility criteria	No	No
Data extraction	No	No
Risk of bias (quality) assessment	No	No
Data analysis	No	No

The record owner confirms that the information they have supplied for this submission is accurate and complete and they understand that deliberate provision of inaccurate information or omission of data may be construed as scientific misconduct.

The record owner confirms that they will update the status of the review when it is completed and will add publication details in due course.

Versions
16 June 2022