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Synthesising evidence regarding hospital to home transitions supported by volunteers of third sector organisations: a scoping review protocol

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ABSTRACT

Introduction Given the risks inherent in care transitions, it is imperative that patients discharged from hospital to home receive the integrated care services necessary to ensure a successful transition. Despite efforts by the healthcare sector to develop health system solutions to improve transitions, problems persist. Research on transitional support has predominantly focused on services delivered by healthcare professionals; the evidence for services provided by lay navigators or volunteers in this context has not been synthesised. This scoping review will map the available literature on the engagement of volunteers within third sector organisations supporting adults in the transition from hospital to home.

Methods and analysis Using the well-established scoping review methodology outlined by the Joanna Briggs Institute, a five-stage review is outlined: (1) determining the research question, (2) search strategy, (3) inclusion criteria, (4) data extraction and (5) analysis and presentation of the results. The search strategy will be applied to 10 databases reflecting empirical and grey literature. A two-stage screening process will be used to determine eligibility of articles. To be included in the review, articles must describe a community-based programme delivered by a third sector organisation that engages volunteers in the provisions of services that support adults transitioning from hospital to home. All articles will be independently assessed for eligibility, and data from eligible articles will be extracted and charted using a standardised form. Extracted data will be analysed using narrative and descriptive analyses.

Ethics and dissemination Ethics approval is not required for this scoping review. Members of an international special interest group focused on the voluntary sector will be consulted to provide insight and feedback on study findings, help with dissemination of the results and engage in the development of future research proposals. Dissemination activities will include peer-reviewed publications and academic presentations.

Strengths and limitations of this study

► Application of a rigorous, well-established methodological framework will ensure production of a high-quality review.
► A comprehensive search will be conducted on 10 disciplinary and cross-disciplinary databases to ensure that we will maximise our coverage of all possible records that meet review inclusion criteria.
► Inclusion of grey literature further strengthens our review by reducing publication bias and enhancing comprehensiveness of the findings.
► To facilitate a timely review given the high number of citations, the synthesis will be limited to articles published in English which increases the risk of missing relevant programmes reported in languages other than English.

vulnerable, such as the elderly, immigrants and individuals with complex chronic conditions, are even more so during transitions and may require additional support.[9–13] By definition, a transition of care is 'a set of actions designed to ensure the coordination and continuity of healthcare as patients transfer between different locations or different levels of care within the same location.'[14] Irrespective of the care trajectory a person follows, they will undergo at least one transition during their time as an inpatient, either from one care setting or level of care to another, or through discharge back home.[14–16] Transitions are inherently complex, requiring well-coordinated efforts by many individuals across multiple settings.[14 17] Ideally, transitions involve comprehensive care plans that include community follow-up and timely information exchange between hospital and community practitioners about a patient's treatment goals, preferences and their health and clinical status.[17–20] However, in reality,

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Transitioning from hospital to home is well recognised to be a time of increased vulnerability.[1–9] People who may already be

there is growing evidence of failures in provider communication and fragmented care during care transitions.[19–21] Fragmentation can lead to adverse events, including medication errors, readmissions, decreased patient satisfaction, further morbidity and even mortality.[22–27] These issues can be exacerbated in communities where resources and services are lacking, transportation limitations exist, providers are limited or wait times are increased.[6 26–31] Given the risks associated with transitions,[1–9] it is imperative that those discharged home from hospital receive the care and assistance necessary to ensure that their care transition is safe and successful. Despite efforts of the healthcare sector to develop health system solutions to improve transitions, problems persist, such as poor communication, organisation of services, provision of medication and poor quality of discharge instructions from one setting to another.[32 33]

Efforts to address issues related to transitions of care are occurring at all levels in the health and social care sectors. Increasingly complex patient populations,[34] new reimbursement models,[35] shortened lengths of hospital stay[36] and pressures to reduce costs while improving care quality and patient experience have driven policy makers to seek innovative solutions. The Health Systems Learning Group, comprised of 43 healthcare organisations from across the USA, noted that 'as hospitals and health systems struggle under the weight of uncompensated care, emergency department (ED) overuse, and readmissions—the greater portion directly attributable to spiraling chronic disease—the case for transformative community partnerships becomes increasingly clear' (p65).[37] Spurred by health reforms, health system leaders at the macro level have turned to partnerships with third sector organisations (TSOs) to improve patient care.[38] 'Third sector organisations' refers to those that are neither public nor private sector. The term includes voluntary and community organisations (registered charities and other organisations such as associations, self-help groups and community groups) and social enterprises.[39 40] TSOs are situated within local communities and are focused on meeting the needs of community members through non-profit generating activities. Since they are embedded in the communities they serve, TSOs have a deep understanding of community members' needs and are in a trusted position to help.[41] Partnerships with and between TSOs are a recognised way to expand the breadth and quality of health and social services.[42–44] It has been suggested that partnering with TSOs is an effective way for a welfare state to augment their activities because the knowledge, skill and innovation inherent to TSOs can be drawn on when designing and delivering community-based programmes and services.[40 42 45] For example, the 'Memphis Model' is a partnership between more than 600 congregations and Methodist Le Bonheur Healthcare to support congregants post-discharge through the collaborative efforts of hospital-employed navigators and trusted volunteers from each parish.[46] This model is seen to create synergy between different types of organisations

focused on health and well-being, ultimately being of value to patients, congregations and community more broadly.[47] However, the role and contributions of a key community partner—TSOs—in improving patient experience and system efficiency are still often unaccounted for, or under-recognised.[47]

While the partnerships between health system leaders and TSOs represent engagement at the macro and meso levels, it is the volunteers contributing towards successful transitions who are working at the micro level. Volunteers are defined as individuals who undertake activities or provide services to others as part of a defined role without remuneration for their time, effort or talent.[48] They are also considered a health human resource by the WHO which includes any individual working in the public or private sectors on a part-time or full-time basis and who are paid or provide services on a volunteer basis.[49] The term volunteer is not used to refer to support services provided by unpaid family or friend caregivers. One such defined role for volunteers working in health services is the lay navigator role. Lay navigators are individuals without a health profession background who are recruited from the community and receive specialised training to assist patients in navigating complex health and social care systems and minimise barriers to accessing care.[50] Lay navigators contribute to successful transitions post-hospital discharge by helping people maintain health service engagement through assistance with scheduled appointments and referrals, providing accompaniment to appointments, communicating with relevant agencies and organisations and assisting with paperwork and forms.[51–53] In addition, lay navigators also sign post and help adults with chronic illness living in the community build connections with their community with the intent to improve quality of life, and develop independence and engagement.[54]

Recognising the potential value of voluntary sector services in supporting patient care, organisations such as The Kings Fund,[55] the Institute for HealthCare Improvement[56] and The Beryl Institute[57] have advocated for more purposeful engagement of TSOs in the organisation and delivery of healthcare. Research on the engagement of volunteers in defined roles and partnerships with TSOs as forms of integrated care during care transitions is emerging, but the extent and nature of this evidence is unclear.[58–60] To address this knowledge gap, this scoping review will map the available literature focused on the contributions of third sector personnel and services to support transitions from hospital to home. In doing so, study results will inform future service development and identify areas of future research.

METHODS AND ANALYSIS

Published literature on community-based volunteer supported transition programmes is likely to appear in a variety of sources and vary in methodological approaches and formats. Using the methods outlined in the Joanna

Briggs Institute manual for knowledge synthesis[61] and the Preferred Reporting Items for Systematic Reviews and Meta-Analysis extension for Scoping Reviews (PRISMA-ScR) guidelines[62] (see online supplemental appendix 1) will allow us to make use of literature across study designs and in both peer-reviewed and grey literature.[63] The study will be completed over five stages: (1) determining the research question, (2) search strategy, (3) inclusion criteria, (4) data extraction and (5) analysis and presentation of the results. Though the study will not entail a quality assessment, scoping reviews are considered a rigorous and systematic approach to knowledge synthesis. Study activities will occur between 2021 and 2022. Ethics Review Board approval is not required for the conduct of this study.

Determining the research question

Members of this research team had previously convened experts to identify high priority research questions specific to rehabilitation for stroke patients with multiple concurrent health and social issues.[64] During this consensus meeting, several questions arose about the role and potential of 'non health sector' organisations[64] which informed the development of the research question for this scoping review. Furthermore, members of an international special interest group focused on transitional care interventions highlighted additional knowledge needs regarding third sector interventions to support transitions from hospital to home. Based on feedback from these groups, the study question was not limited to the stroke population, since programmes developed for other patient populations may be transferable. This review will answer the following research question: *How, where, and for which populations have third sector organisations engaged volunteers in programmes supporting adults in the transition from hospital to home?*

Study objectives include:

1. To determine in which geographical (ie, countries) and health service areas (i.e. geriatrics, mental health, chronic conditions, rehabilitation) volunteers of TSOs have been engaged to support adults in the transition home after hospital discharge.
2. To document programme characteristics of transitional models (i.e., funding, staffing ratios, training, service parameters) delivered by volunteers of TSOs.
3. To identify characteristics of clients of (i.e., age, condition, gender, race/ethnicity) participating in community-based volunteer supported transition programmes.
4. To identify relevant knowledge gaps that can support the development of a research programme focused on transitions and community reintegration with volunteers as a key service provider.

Search strategy

To identify relevant peer-reviewed studies, the research team, along with an experienced information scientist (HVC), developed a comprehensive search strategy. The initial search strategy was generated for Ovid MEDLINE and peer reviewed by Information Science Librarians, after which the Information Scientist adopted the search to the MeSH terms and concepts for the remaining databases. Due to the nature of the research question, the team recognised that potentially relevant literature would be identified in a wide variety of databases. After careful consideration, nine additional databases were selected for the review: EMBASE, PsycInfo, Joanna Briggs (JBI), Social Work Abstracts, Sociological Abstracts, CINAHL, Cochrane Reviews, Ageline and Scopus. The preliminary search of all databases identified 19 720 records. Reference lists and bibliographies of the identified articles will also be searched for citations not identified by the database search. A grey literature search will be conducted to identify any non-indexed literature of relevance. All literature searches will be conducted by the information scientist (HVC) on the study team. Finally, other global experts in transitions will be consulted in a 'desk drawer' search strategy to ensure that all relevant citations are obtained. The studies included in the review will be amalgamated and stored using reference management software package, EndNote, to ensure there are no duplicates in the database. Please see online supplemental appendix 2 for the complete Medline search strategy.

Inclusion criteria

The inclusion criteria for this scoping review support the collection and extraction of data relevant to the research question and objectives. Following the JBI construct of population, concept and context, the inclusion criteria are as follows:

Population

Any service designed to support adults (age 18+) transitioning from hospital to home will be eligible. As the focus of this review is on programme characteristics of transitional support interventions, the review will include all volunteer-supported hospital to home transition programmes available to any adult population, to ensure the search strategy retrieves the widest pool of relevant literature. Programmes and services offered to children and adolescents will not be included as these programmes are expected to be designed and implemented to address different needs and may require the inclusion of parents and guardians. As such, these differences constitute a separate review of the literature that goes beyond the scope of the current review.

Concept

Volunteer-supported transitions from hospital to home. Transitional care interventions with volunteer workforce will be included as the transition from hospital to home will is the focus of this review. As various terms have been used to describe the process of hospital discharge and return to home and community settings, search terms will include post discharge, transition*, after-care, post-hospital, community reintegration. The WHO included

volunteers in definitions of Health Human Resources.[65] For this review, volunteers are defined as individuals who undertake activities or provide services to others as part of a formal role within a TSO, without remuneration for their time or talent.[48]

Context
Any programme provided within a 'third sector' organisation will be eligible for inclusion. The third sector describes organisations that are non-government, non-profit, charitable, faith based or are a social enterprise.

Date range
2000–present. We have limited the search to literature published since 2000, in part to ensure we have sufficient relevant citations, balanced with synthesising programme characteristics that are still relevant in current approaches to the organisation and delivery of health services.

Types of evidence to be included
Published and unpublished literature reporting any quantitative, qualitative, mixed or multi methods research, including both comparative (eg, randomised, controlled, cohort, quasi-experimental) and non-comparative (eg, survey, narrative, audit) methods, educational materials and reports. We will include any study design. Reference lists of relevant knowledge syntheses will be searched for relevant articles. Grey literature may include unpublished research, programme summaries, evaluation reports, theses, organisational reports and conference proceedings. Literature will be limited to only those published in English.

Once all identified records have been extracted from all databases and duplicates have been removed, the data will be uploaded into knowledge synthesis management platform, Covidence, for screening and extraction. The inclusion and exclusion criteria will be tested on a randomly selected set of citations. Once the final inclusion and exclusion criteria have been determined, the team will pull another random sample of identified articles to screen and test inter-rater reliability, using the Kappa coefficient. We will continue to test inter-rater reliability until a Kappa of 0.85 (ie, excellent agreement)[66] is reached. Title and abstract screening will be conducted in duplicate on all identified articles. Based on the inclusion and exclusion criteria, the reviewers will categorise the articles as 'Yes', 'No' or 'Maybe'; all 'Yes' and 'Maybe' articles will be included for full-text screening. Any discrepancies will be reviewed and resolved by the senior research team members and experts in this field. Inter-rater reliability will be continuously tested throughout the title and abstract screen to ensure a high rating is maintained. This will also give the research team multiple opportunities to discuss and resolve discrepancies. For full-text screening, the reviewers will categorise the articles as either 'Yes' or 'No', and any uncertainties will be discussed by the team with discrepancies adjudicated by a senior member of the research team.

Table 1 Data extraction plan

Category	Data to be extracted
Article information	Author, journal/publication source, year of publication, publication type (ie, academic/scientific paper, grey literature, editorial, press release, organisation report, etc), study/programme location
Study design (if applicable)	Research question, study objectives/aims, study design, methods
Organisation profile	Organisation size (eg, local group, national or international), geographic location, type of organisation, affiliations with other organisations (eg, community organisation working with a local hospital)
Programme characteristics	Programme aims/objectives, health service context (ie, rehabilitation, primary care, public health), transitional services provided, delivery mechanisms, eligibility criteria, service administration (funding, staffing mix, volunteer requirements, training, etc)
Client and volunteer characteristics	Client characteristics (ie, age, condition, gender, race/ethnicity), volunteer characteristics (ie, age, condition, gender, race/ethnicity), type of volunteer (student, peer, health professional, retirees, etc)
Evaluation and outcomes (if applicable)	Programme evaluation procedures, programme outcomes, client outcomes

Data extraction
A copy of each article/document will be obtained, reviewed and charted by two research team members. Data extraction will be completed by specified research team members for all articles (ie, two researchers per article, with adjudication by a third researcher) using an extraction form that will be pilot tested before use. During pilot testing, extraction criteria may be modified for full extraction of the included articles. Any discrepancies that occur during extraction will be reviewed and resolved by a senior member of the research team. Table 1 outlines the preliminary data extraction plan for the study.

Critical appraisal of available literature
As the primary aim of this scoping review is to provide an overview of the existing literature, we will not undertake a formal quality assessment of each study. We will, however, assign a 'level of evidence' rating to each citation using JBI's well-established categories.[61] This level of analysis will allow for an evaluation of the types of research that has been undertaken in terms of established evidence hierarchies, and to comment on the existing evidence base as a whole.

Analysis and presentation of results
A scoping review is designed to provide an overview of the extent and nature of a body of literature. To do this, we will employ three reporting and presentation strategies: (a) a

modified PRISMA-SR,[62] (b) a basic numerical account of the amount, type and distribution of the studies included in the review (addressing objective 1) and (c) a thematic analysis and visual representations of included literature reporting key data extraction categories (ie, geographic distribution of programmes, programme characteristics, volunteer management processes, client characteristics) which address objectives 2 and 3.

The specific reporting products will be organised and their structure determined by the results and needs of our identified knowledge users. Identified knowledge users for our research findings include TSO programme developers, researchers and health system leaders focused on hospital discharge and transitions from hospital to home. The anticipated breadth of the literature spanning conditions, setting, age and location makes it challenging to adopt an existing conceptual framework to comprehensively map the literature. As a result, we anticipate that we will have to develop a framework to best summarise and present the results of this review.

Knowledge translation

Throughout study conduct, we will consult members of an existing international special interest group focused on volunteers and the third sector in the design and delivery of integrated care; a network led by members of the research team. This international research, policy and practice-oriented group will provide insight and feedback on study findings, help with dissemination of the results, and engage in the development of future research proposals. Traditional end of grant dissemination activities, including peer-reviewed publications and academic presentations at local, national and international conferences are planned.

PATIENT AND PUBLIC INVOLVEMENT

Patients or the public were not involved in the design, conduct, reporting or dissemination of our research.

ETHICS AND DISSEMINATION

Throughout data extraction and analysis of the included studies, we will consult with members of an existing international special interest group focused on the voluntary sector in integrated care. This group will provide insight and feedback on study findings, help with dissemination of the results, and engage in the development of future research proposals. Traditional end of grant dissemination activities, including peer reviewed publications and academic presentations at local, national and international conferences are planned. As this is a scoping review protocol, ethics approval is not applicable.

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