

HAIN, K., PATERSON, C. and SCARVELL, J.M. [2022]. The transition of care between emergency department and primary care: an integrative systematic review. [Protocol]. *PROSPERO* [online], item number CRD42022316165. Available from: https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42022316165

The transition of care between emergency department and primary care: an integrative systematic review. [Protocol]

HAIN, K., PATERSON, C. and SCARVELL, J.M.

2022

The Transition of Care Between Emergency Department and Primary Care: An Integrative Literature Review

To enable PROSPERO to focus on COVID-19 submissions, this registration record has undergone basic automated checks for eligibility and is published exactly as submitted. PROSPERO has never provided peer review, and usual checking by the PROSPERO team does not endorse content. Therefore, automatically published records should be treated as any other PROSPERO registration. Further detail is provided [here](#).

Citation

Kathleen Hain, Catherine Paterson, Catherine Paterson, Jennie Scarvell. The Transition of Care Between Emergency Department and Primary Care: An Integrative Literature Review. PROSPERO 2022 CRD42022316165 Available from: https://www.crd.york.ac.uk/prospéro/display_record.php?ID=CRD42022316165

Review question

What are the barriers and enablers of care transition from the emergency department to primary care? An integrative literature review.

Searches

CINAHL, MEDLINE, PsycINFO, Scopus, Proquest Nursing and Allied Health database will be searched up to and including 2022. Citation tracking using the database Scopus, handsearching the reference lists, reviewing existing systematic reviews, will complement the search. Resulting papers will be exported to the reference manager software Endnote and de-duplicated (Bramer, Giustinie, de Jonge, Holland, & Bekhuis, 2016). The papers will be exported into Covidence.

Types of study to be included

Inclusion criteria:

- Published in English language
- Published up to 2022
- Peer reviewed
- Quantitative, qualitative, and mixed methods studies
- original articles
- Adults and children discharged from the emergency department
- International context
- Related to transition of care from ED to primary care providers
- Related to barriers and facilitators of effective ED follow up

Exclusion criteria:

- Published in language other than English
- Non-peer reviewed literature, opinion pieces, editorials, discussions, research protocol, theses, and dissertations
- Patients transferred to another health facility, nursing home or admitted to the hospital
- Related to discharge from hospital wards to primary health providers
- Studies focused on follow up to ambulatory care clinics, outpatient clinics, urgent care clinics, speciality clinic, specialists
- Related to barriers and facilitators of effective hospital discharge follow up
- Studies that focused on the transfer of care in the opposite direction (e.g. primary care to ED)

Condition or domain being studied

Included are studies that focus on the transition of care from ED to primary care.

- Adults and children discharged from the emergency department
- Related to transition of care from ED to primary care providers
- Related to barriers and facilitators of effective ED follow up

Excluded are studies that focus on:

- Patients transferred to another health facility, nursing home or admitted to the hospital
- Related to discharge from hospital wards to primary health providers
- Studies focused on follow up to ambulatory care clinics, outpatient clinics, urgent care clinics, speciality clinic, specialists
- Related to barriers and facilitators of effective hospital discharge follow up
- Studies that focused on the transfer of care in the opposite direction (e.g. primary care to ED)

Participants/population

Included are studies that focus on all patients who are discharged from the emergency department with instructions to follow up with a primary care provider, inclusive of all ages and diagnostic groups.

Excluded are those patients who did not wait for treatment, left against medical advice, or died in the ED.

Intervention(s), exposure(s)

The quantitative component of the review will consider studies that evaluate the barriers and enablers of follow up for patients to primary care post ED.

Comparator(s)/control

No comparison or control group as this is an integrative review methodology

Context

The review will consider studies involving the transition of care from ED to primary care. The follow up care may be provided by GPs, nurses, nurse practitioners, allied health practices, and via communications technologies such as telehealth and video consultations (Australian Institute of Health and Welfare, 2016). Primary health services can be delivered in settings such as general practices, community health centres, allied health practices, and other health care settings such as Aboriginal Medical Services (Australian Institute of Health and Welfare, 2016). The inclusion and exclusion criteria will guide the context.

Main outcome(s)

Included are papers that record the barriers and facilitators of primary care follow up post ED discharge.

This integrative review will address the gaps in knowledge by analysing and synthesizing research and evaluation the quality of evidence in relation to the transition of care from ED to primary care.

Additional outcome(s)

Not applicable

Data extraction (selection and coding)

The main researcher will independently extract outcome data. The quality of data will be checked by a second reviewer. A standardised data extraction form will be developed and piloted before its use. In case of any incompletely reported data, study authors will be contacted.

Data to be extracted and included in the 'characteristics of included studies' table are author, year, country, setting, institution; study design; study purpose; age range/mean; sample characteristics; diagnostic groups; data collection method; outcome measure and findings.

Risk of bias (quality) assessment

For this review, articles will be assessed using the Mixed Methods Appraisal Tool (MMAT) Version 2018 (Hong et al., 2018). MMAT was developed systemically (Pluye, Robert, & Cargo, 2013), can be used quickly and reliably (Pace, Pluye, & Bartlett, 2012), and has separate subsets of items appraising the quality of qualitative methods, quantitative methods, and mixed methods (Hong et al., 2018).

The MMAT consists of six subsets of items. Firstly, assessment of articles will determine whether the studies have a mixed methods research question and report relevant data to allow further quality appraisal. Secondly, five items will assess the quality of qualitative components.

The quantitative component if it has a randomised controlled design; the quantitative component if it has more than one group but no randomisation; quality of the quantitative component if it a descriptive design such as a case study or survey); and combination of qualitative and quantitative component in mixed methods research (Hong et al., 2018) .

The main researcher will independently review the appraisal process (Hong et al., 2018).

The study selection will be described using a PRISM flow diagram (Moher et al, 2009).

Strategy for data synthesis

The review will use a narrative synthesis and tabulation of primary research studies to generate broad findings and conclusions (Whittemore & Knaf1, 2005). More specifically, the narrative synthesis will undertake the following steps data reduction (sub-group classification based on levels of evidence and the review questions, narrative data comparison

(iterative process of making comparisons and identifying relations) and finally, drawing conclusions.

Analysis of subgroups or subsets

This is an integrative literature review which will include all patients that are discharged from the the emergency department who are referred to primary care providers for follow up consultations.

Contact details for further information

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Type and method of review

Systematic review

Anticipated or actual start date

11 March 2022

Anticipated completion date

31 December 2022

Funding sources/sponsors

nil funding

Conflicts of interest

Language

English

Country

Australia

Stage of review

Review Ongoing

Subject index terms status

Subject indexing assigned by CRD

Subject index terms

Emergency Service, Hospital; Humans; Patient Transfer

Date of registration in PROSPERO

29 April 2022

Date of first submission

30 March 2022

Details of any existing review of the same topic by the same authors

Not applicable

Stage of review at time of this submission

The review has not started

Stage	Started	Completed
Preliminary searches	No	No
Piloting of the study selection process	No	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

29 April 2022

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