

Relocation of hospitalized older people to long-term care homes following a recent loss of functional independence: A scoping review protocol

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Abstract

Background. Many older people who experience a loss of functional independence, following a hospitalization must move to a long-term care home. These transitions are often unexpected and can have significant consequences. Several studies have explored different aspects of these transitions, but no knowledge synthesis addressing this phenomenon has been identified.

Aim. Our aim is to map available knowledge about the relocation of older people from the hospital to a long-term care home, following a decline in health and loss of functional independence.

Methods. Following the Joanna Briggs Institute (JBI) Manual, a scoping review will be conducted of the relocation of older people, aged 65 and over, from the hospital to a long-term care home. It will also include the perspectives of stakeholders involved in this process. We will search seven databases and gray literature, as well as conduct a retrospective search. Documents published since 2004 and from all countries will be included. The search will be limited to English and French texts. After a calibration exercise, records will be selected by two independent researchers in duplicate, first by title and abstract, and then by full text. Data extraction and quality assessment will be conducted according to the JBI Manual. Analysis of evidence will consist in content analysis and descriptive statistics. Results will be presented by means of charts, graphs, and narrative descriptions.

Discussion. Our findings will help to identify areas of research that should be developed in order to gain insight into the process of integrating a long-term care home from a hospital.

Keywords: experience of care, healthcare services, healthcare organization, relatives, systematic review, transitional long-term care

Background. Many older people with a loss of functional independence following a hospitalization must be relocated to a long-term care home (Rinfret, 2021). This relocation is often unexpected, because it can occur during an acute illness or due to the progression of a chronic disease (Harrison et al., 2017). It can have significant consequences for older people and their relatives. For example, it can lead to psychological distress (Campbell-Enns et al., 2020; Koppitz et al., 2017; Sussman et Orav-Lakaski, 2020), loss of control and autonomy (Koppitz et al., 2017; Sussman et Orav-Lakaski, 2020); further loss of independence (Koppitz et al., 2017); and multiple relocations, which may cause additional suffering (Sussman et Orav-Lakaski, 2020). In Western countries, the need to be admitted in a long-term care home is greater than the resources available. This phenomenon is likely to increase as populations age, which may lead to multiple or expedited relocations and difficulties in accessing a permanent long-term care home (Koppitz et al., 2017; Lavallée, 2014; Rinfret, 2021; Skudlik et al., 2023; Sussman et Orav-Lakaski, 2020). For example, in Québec (Canada), nearly half of older people waiting to be admitted in a long-term care home are hospitalized and are occupying, for no medical reasons, an acute care bed. In addition to having negative consequences for these older people as well as their relatives, this poses daily challenges for those who manage hospitals—who are already struggling to meet the acute care needs of the aging population (Rinfret, 2021). Moreover, disruptions in information continuity have been identified during transitions between hospitals and long-term care homes, which may affect the quality of care provided by healthcare professionals (Caruso et al., 2014; Parker et al., 2021). Consequently, the relocation from a hospital to a long-term care home is one that can be unexpected and traumatic for the older person, their relatives, and healthcare professionals (Campbell-Enns et al., 2020; Shah et al., 2010).

Studies have explored relocations of older people in various settings on the long-term care continuum. Some have investigated different aspects of relocation after a stay in the hospital to home (Leithaus, 2022; Meulenbroeks et al., 2021) or between long-term care homes (Weaver et al., 2020). Others have examined predictors of relocation from the hospital to a long-term care home (Harrison et al., 2017; Heppenstall et al., 2011). However, no systematic review has mapped the available evidence on relocation between a hospital and a long-term care home, despite its impact on all stakeholders.

A scoping review by Skudlik et al. (2023) aimed to summarize evidence on challenges and care strategies during an admission to a long-term care home, but the context was restricted to Germany, which limited the transferability of their results (Nguyen, 2024). Furthermore, other literature reviews exist on relocations of older people to care settings other than long-term care home. For example, a systematic review by Le Berre et al. (2017) described the effectiveness of interventions to support the transition of older people relocated from a hospital to home. Another scoping review (Weaver et al., (2020) looked at involuntary relocation between long-term care homes, but not from a hospital to a long-term care home, which is a different context. We found some qualitative studies on the relocation from the hospital to a long-term care home for older patients (Koenig et al., 2014; Koppitz et al., 2017; Sussman et Orav-Lakaski, 2020). Although there are some studies on relocation from hospital to long-term care homes for older people, we found no type of systematic review on the topic.

To ensure there was no existing systematic review, we also consulted ongoing reviews registered in *PROSPERO* about or related to our topic of interest. We found an ongoing review on relocation from the hospital to home for patients with dementia (Xiao et al., 2019). Semelka et Frechman (2022) are conducting a review looking at rehabilitation in long-term care homes for patients with dementia, and another review on adaptation after experiencing relocation to a long-term care home is currently underway (Zhao et Wang, 2022). None of these ongoing reviews focus on the specific relocation from the hospital to a long-term care home, which presents particular challenges. Moreover, no review has presented a holistic, comprehensive perspective that includes all key stakeholders/actors—that is, not only older people and their relatives, but also healthcare professionals and managers.

In view of the previous, in order to guide future research, our scoping review aims to explore the extent of the literature to identify the type of available evidence and knowledge gaps on the relocation to a long-term care home (concept) of older people (population) who are hospitalized and whose health condition or functional status does not allow them to return home (context). Our project will be guided by four research questions:

- 1) What is known about the experience of stakeholders (older people, relatives, health professionals, managers, others) with regard to the relocation of older people from the hospital to a long-term care home?
- 2) What is known about the factors (context, predictors, etc.) associated with the relocation of older people from the hospital to a long-term care home?
- 3) What is known about the consequences of this relocation for the stakeholders involved (older people, relatives, health professionals, managers, others)?
- 4) What is known about interventions/strategies to support this relocation?

Methods

Review Design

A scoping review will be conducted, because this type of review is useful for summarizing knowledge on broad research questions and mapping available evidence on a phenomenon. To conduct our review, we will follow the Joanna Briggs Institute (JBI) Manual for Evidence Synthesis framework (Peters et al., 2020), which includes nine steps: defining and aligning objectives and questions (Step 1); developing and aligning the inclusion criteria with the objectives and questions (Step 2); describing the planned approach to evidence searching, selection, data extraction, and presentation of the evidence (Step 3), searching; selecting, extracting, and analyzing the evidence (Steps 4–7). Step 8, in turn, involves presenting the results. And Step 9 involves summarizing the evidence, drawing conclusions, and discussing the implications of our review. This protocol is not registered, because registration in the International Prospective Register of Systematic Review (PROSPERO) is currently not possible. However, it will be made available on *Figshare*.

Inclusion criteria

Our inclusion criteria follow the mnemotechnic PCC (Population-Concept-Context) elements (Peters et al., 2020). These elements will be described separately in the following paragraphs.

Population. Based on the research questions, our population is older people. This population also includes the stakeholders involved in their relocation from a hospital to a long-term care home, that is their relatives, healthcare professionals, managers, or other people involved in their care. Thus, we will include texts that concern any stakeholder involved in the relocation of older people to a

long-term care home. We will include texts on people aged 65 years and older, or on groups for whom the mean or median age is 65 years old or above. We define their relatives as family members or others who offer significant support to the older person. Texts that do not specify results about the relocation of older people will be excluded.

Concept. The main concept of our scoping review is the relocation of an older person from the hospital to a long-term care home due to deterioration in health or functional status deterioration that does not allow the older person to return home. Texts that describe the experiences of various stakeholders (older people, relatives, healthcare professionals, managers, others) regarding this relocation, the factors associated with relocation, the consequences of the relocation, and the interventions/strategies to support this relocation will be included. Texts that deal exclusively with temporary relocation will be excluded.

Context. The context is related to the type of relocation. In this review, only texts about relocations from a hospital to a long-term care home (or a similar setting) will be included. A long-term care home (LTCH) is defined as a facility that provides the presence of a registered nurse 24 hours per day to people who require nursing care as well as assistance in daily life activities and instrumental daily activities. In the context of this review, we define a hospital as a healthcare institution, open 24 hours a day, 7 days per week, offering acute care for all people who acquire assistance. Texts about the various contexts of relocation, for example from somewhere other than the hospital, will only be included if the results allow us to distinguish a subgroup specific to hospital-long-term care home relocation. Other types of relocation will be excluded (e.g., from hospital to home, between long-term care homes, or long-term care home to hospital).

Type of records. Our review will include all types of texts (primary studies, reviews, theoretical articles, and gray literature) that are relevant to our research questions. Studies conducted in all countries will be included. Since we only master the French and English language, our search will be limited to English and French texts. Texts published since 2004 will be included. As healthcare systems have undergone significant changes in the last decades (e.g., 1980 vs. 2020, shorter hospital stays, see Jackson et al. (2000)), a more contemporary view of the studied phenomenon is needed. The following types of documents are excluded: conference abstracts, protocols only,

commentaries, expert opinions, letters, journal abstracts without full-text, book reviews, full books, book chapters, magazines, anonymous publications, blog posts, media, social media posts, and personal editorials.

Search Strategy

Various information sources will be used, including published and unpublished literature. We will search in seven databases identified as the most relevant by a librarian specialized in healthcare: CINAHL (Complete EBSCOhost), MEDLINE (Ovid), PsycInfo (Ovid), EMBASE (Ovid), EBM Reviews Cochrane Database of Systematic Review (Ovid), JBI EBP Database (Ovid), and Web of Science (Clarivate). With the help of the same librarian, we determined the relevant keywords and descriptors for each database. Four major concepts were used: (1) relocation (2); hospital (3); long-term care home; and (4) older people (see Table 1).

Table 1. Major concepts and related initial keywords used for search strategy.

Concepts	Relocation	Hospital	Long-term care home	Older people
Keywords	Relocati* Patient* transfer Patient* turfing Patient* dumping Patient* discharge Transition* Transition* of care Transitional care Care transition*	Hospital* Inpatient*	Nursing cent* Nursing facilit* Nursing residence* Nursing home* Long-term care Long-term care facilit* Long term care residence* Long-term care cent* Residential care facilit* Residential care home* Residential care cent* Institutionalization	Old* person Old* people Old* adults Old* population* Old* patient* Elder* Frail elder* Aged Senior Geriatric* Gerontology Centenarian* Nonagenarian* Octogenarian*

In accordance with the JBI Manual, our search strategy consists of three steps. The first two steps have already been completed. After identifying the keywords and descriptors, we conducted an initial exploratory search in CINAHL, MEDLINE, and Web of Science (Step 1). This initial search gave us an idea of the existing literature on the hospital to long-term care home relocation, which

confirmed the need to conduct our scoping review. Subsequently, we evaluated the keywords used to index these records, which we included in our refined research equations for all the selected databases (Step 2). This was helpful for creating a balance between the sensitivity and specificity of our search strategy (Fontaine et al., 2022). After completing our search of all the databases, the third step will expand the search beyond records identified. Thus, we will manually search the reference lists of the included records for a more comprehensive search strategy (retrospective search). We will also search for gray literature (e.g., governmental and healthcare systems websites) relevant to our review by using a snowballing approach. In addition, to retrieve non-indexed or unpublished studies, key authors on the topic of relocation of older people will be contacted. All references will be imported into EndNote 21 and then into the Covidence web application. This application will be used to remove duplicates and proceed with the data selection and extraction.

Source of evidence selection

Selection of records will be performed independently by two researchers in duplicate. All identified texts will be screened based on titles and abstracts, using a guide describing eligibility criteria and relevant definitions. The selected publications will then be read in full to confirm the inclusion, again independently by two researchers working in duplicate. Reasons for exclusion will be documented at this stage. Disagreements between researchers will be discussed to reach a consensus within the research team. Before starting each part of the selection (screening and full-text), a calibration exercise with at least 10 references will be planned to improve the eligibility criteria. Once the selection has started, additional meetings will be organized within the research team, if necessary, to discuss these criteria.

Data extraction

Data extraction will be performed independently by two researchers in duplicate for at least 15 publications. If there are more publications, one researcher will extract the data and discuss uncertainty with another researcher, as needed. Prior to this, a draft template will be pilot tested with all researchers involved in the process to improve it using four documents. Once the extraction template is finalized, the data will be extracted into the template that is reproduced in Covidence. Based on Peters et al.'s work (2020), the following information will be extracted:

- name and discipline of the first author
- year of publication
- country of origin of first author
- type of publication
- aims and hypotheses or questions
- specific setting
- types of stakeholder
- sample size
- age (mean or median)
- proportion of women
- main health condition involved
- type of research design (if empirical study)
- data collection methods
- results regarding experiences with relocation, factors associated with a relocation, consequences of a relocation, interventions/strategies to support relocation (reported according to some elements of the TIDieR checklist (intervention name, description, goal, activities, providers, modes of delivery, location, number and period of time, length) (Hoffmann et al., 2014)

Although a quality assessment is not a requirement for conducting a scoping review, we chose to perform this assessment to understand the knowledge gaps better in light of the quality of the included records. The result of the quality assessment will be presented using tables that will show whether the text has been assessed as good, fair, or poor quality (Aromataris et al., 2024). During the data extraction phase, each included record will be assessed using the appropriate JBI critical appraisal tools, according to each type of publication, for example:

- If randomized/experimental study: checklist for randomized controlled trials (Barker et al., 2023);
- If quasi-experimental or non-randomized quantitative intervention study: checklist for quasi-experimental studies (Barker et al., 2024);
- If qualitative study: checklist for qualitative research (Lockwood et al., 2015);

- If a review (with or without meta-analysis): checklist for systematic reviews and research synthesis (Aromataris et al., 2015);
- If cross-sectional, quantitative descriptive or correlational study: checklist for analytical cross-sectional studies (Moola et al., 2020);
- If cohort or longitudinal study: checklist for cohort studies (Moola et al., 2020);
- If case reports or report of clinical case(s): checklist for case reports (Moola et al., 2020);
- If case series study: checklist for case series (Munn et al., 2020)
- If case-control study: checklist for case-control studies (Moola et al., 2020);
- If mixed-methods study, the JBI does not offer a critical appraisal checklist. Hence, we will use the Mixed Methods Appraisal Tool (MMAT) (Hong et al., 2018; Hong et al., 2019).
- If textual evidence policy or narrative or other type of literature: checklist for text and opinion (McArthur et al., 2015);

Knowledge users' consultation

Although consultation with knowledge users is not a mandatory step, it is increasingly recommended because of its added value for supporting methodological decisions, for enhancing the credibility of the review, as well as for disseminating the results to those affected by the problem more effectively. Knowledge users can be, for example, clinicians, managers, care partners, or researchers (Pollock et al., 2022). We plan to consult a person with advanced scholarly skills who has lived experience as a care partner of an older person and a senior manager of a health program focused on the care of older people in a large integrated healthcare centre in the province of Québec (Canada). They will be invited to comment on the preliminary results and to help identify the most important aspects and possible recommendations. This will enrich the discussion and provide suggestions for future research.

Analysis of the evidence

Consistent with the aim of a scoping review, our analysis of the evidence will use descriptive statistics to report frequency counts for various extracted data (Peters et al., 2020). A qualitative approach inspired by Miles et al. (2018) will be used to analyze extracted data that require textual analysis. We will condense the data extracted by applying codes. We will then create

representations of the codes, which we will organize by similarities and differences, before drawing conclusions. The overall evidence provided by a scoping review, whether qualitative or quantitative in nature, is intended to map the available evidence, not to provide in-depth analysis (Aromataris et al., 2024).

Presentation of the evidence

The results will be presented in the form of graphs, figures, tables, and narrative descriptions. In this regard, we will follow the PRISMA-ScR reporting tool (Tricco et al., 2018). The results will be organized according to the research questions and the main conceptual categories relevant to the relocation of older people from the hospital to a long-term care home.

Discussion

Our scoping review aims to map the existing knowledge and gaps in the literature on the relocation of hospitalized older people to a long-term care home. Some studies have reported on various aspects of this relocation. However, based on our preliminary research, no review has examined this phenomenon from a holistic, comprehensive perspective—i.e., including older people, relatives, healthcare professionals, managers, and others. Using a pragmatic epistemological lens, we find it important to explore different points of view, as they may influence the overall care experience during the relocation. We also aim to review the literature on the experiences of older patients at different stages of the relocation (pre-during-post), in order to provide a broad view of the entire relocation continuum. It is expected that this continuum is not a linear one, warranting a wider perspective of the care experience.

Our scoping review will identify priorities for improvement in practice and provide recommendations for future research and policymaking. Our findings will provide useful insights into the experience of care and the consequences for various stakeholders. As populations age, healthcare systems will come under increased pressure, which will be challenging for all stakeholders involved in the relocation of older hospitalized people to long-term care homes. Organizational decisions are sometimes made based on cost-effectiveness and efficiency, which often produce detrimental consequences for older people and their relatives, as well as for healthcare professionals and managers. Hence, deepening our understanding of the literature on

the relocation of older people from a hospital to a long-term care home will be useful, for it will help advance research on the experiences of these stakeholders who are faced by these challenges.

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Conflict of interest. None to declare.

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