Research Brief

Synthesising research evidence to inform decision making

Effectiveness of supports delivered at the transition from hospital to home after stroke: A systematic review and meta-analysis.

O'Callaghan G, Fahy M, Murphy P, Langhorne P, Galvin R, Horgan F. Effectiveness of interventions to support the transition home after acute stroke: a systematic review and meta-analysis. BMC Health Services Research. 2022 Dec;22(1):1-2. Access published document at: https://rdcu.be/cUwjj

Executive Summary: For people who have had a stroke, the process of transitioning from hospital to home, and to the community, can be fraught with complexities. As people transition across these healthcare settings, co-ordinated and integrated care is acknowledged as key to optimal health outcomes, patient safety, and user satisfaction with services. This systematic review highlights that support interventions delivered before, during, or after hospital discharge (e.g. educational programmes, stroke passport, individualised discharge plan, stroke coordinator) can positively impact on patient function, quality of life, and depression, reassuring stroke patients and their families, and healthcare professionals. However, the variations across studies limit our ability to establish the key components of these support interventions. The review recommends adopting core outcome measures in stroke research, and including them in project design and funding applications, to further investigate support interventions and the role they play in assisting the transition to home.

What is the issue?

Stroke is the leading cause of severe long-term adult disability. Approximately 5,500 adults are admitted to Irish hospitals with stroke annually[(1)]. The term 'transition of care' describes a continuous process in which a person's care shifts from being provided in one setting to another setting[(2)]. People recovering from acute stroke experience significant challenges as they transition from hospital-to-home and adjust to a new diagnosis. Poorly co-ordinated care and transitions can impact health outcomes and healthcare costs, in addition to patient and family experiences. Supports such as educational programmes, stroke passports, and individualised discharge plans, provided when people with stroke are transitioning from hospital to home, may promote continuity and quality of care, enhance functional outcomes, decrease healthcare costs, and enhance user-experience. However, there is a dearth of evidence on the identified components for efficient management of this transition. This systematic review examines the effectiveness of supports, delivered at the transition from structured stroke services to independent living at home, on outcomes for stroke survivors, caregivers and healthcare systems.

What methods were used

- A systematic review and meta-analysis of randomised controlled trials.
- Any activity designed to support stroke survivors at transition from structured stroke services to home; early supported discharge (ESD) excluded.
- Functional status as outcome of interest, with secondary clinical, process and caregiver outcomes.
- Results synthesised using Transitional Care Intervention Framework[3]

What were the review findings?

- 17 studies were eligible for inclusion, most rated as average / low quality.
- Improvements in functional status, quality of life and mood.
- Multiple outcomes used limiting comparison across studies.
- Limited data available on outcomes, such as fatigue and cognition that are priorities for stroke survivors and caregivers.

Conclusion

Support interventions provided at transition to home after stroke can improve function, quality of life and mood, but there is a gap in knowledge on key components. Current studies lack consideration of outcomes such as fatigue and cognition that are priorities for people with stroke, for example fatigue and cognition, as well as healthcare and caregiver outcomes.

Recommendations

- The use of Core Outcome Measures is recommended in stroke research to allow for greater comparison across studies, so to enable researchers, policy makers and clinicians to make well-informed decisions about the support they provide to people with stroke as they leave hospital to go home.
- Engage stakeholders in the intervention design process, to better understand and align priorities for stroke survivors, caregivers and healthcare providers

References

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3. Prvu Bettger J, Alexander KP, Dolor RJ, Olson DM, Kendrick AS, Wing L, et al. Transitional care after hospitalization for acute stroke or myocardial infarction: a systematic review. Ann Intern Med. 2012;157(6):407-16.

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