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**POSTER ABSTRACT****Healthcare interventions to improve transitions from hospital to home in  
low-income countries: a scoping review of systematic reviews.**

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**Background:** The quality of transition from hospital to home is important for effective healthcare delivery. Hospital discharge is often associated with a lack of continuity that results in fragmented care. Over the past two decades, there have been sustained research activities with intervention addressing transitions. This has generated hundreds of primary studies and lots of systematic reviews. Most of the available guidelines are designed for developed countries. To our knowledge, no study has considered applicability of these interventions in the context of low-income countries.

**Objective:** We aimed to determine the effectiveness of interventions for transition of care from hospital to home and informed about the relevance of the identified interventions to the context of low-income countries.

**Methods:** A scoping review of systematic reviews and meta-analyses was performed. The scoping review followed the framework by Arksey and O'Malley. Interventions were classified into effective, ineffective, uncertain or undesirable, based on estimated effects of outcomes (readmission rate, mortality, cost, quality of life and adverse outcomes) and certainty of evidence. Authors from low income country assessed the relevance of the effective interventions for low-income countries using the SUPPORT summary criteria.

**Results and discussion:** Of 3276 articles that were identified and 72 that were reviewed, a total of 10 were included in the scoping review. A total of 279 individual studies were included across all systematic reviews. Of the 279 trials, 250 (87%) were conducted in high-income countries, none in a low-income country. We created 16 summaries of finding tables. We found seven effective interventions, one ineffective and no intervention with undesirable effect. We were uncertain about the effect of eight interventions. The uncertainty is mainly caused by heterogeneity of included interventions and high risk of bias. The effective interventions were includes home visits, , self-management, virtual ward, case management model and multidisciplinary team models. The relevancy of these interventions to low-income countries is threatened by scarcity of human resources, telecommunication instability and anticipated inequality.

**Conclusions:** The wide variation in the type of interventions, outcomes, and study designs, suggests that caution be advised in attributing those interventions to all contexts. This study highlights the importance of studies that focus on in-depth understanding of the contextual factors influencing implementations and their dynamics.