

# Models of provider care in long-term care: rapid scoping review

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## Summary

Many healthcare service delivery and implementation strategy interventions have been assessed in the published literature during the past decade. Some areas are well represented, including dementia care, oral care, exercise/mobility, overall resident care, and optimal/appropriate medication use; these topics may present opportunities for formal systematic reviews. Other areas have not been as well researched (e.g., hearing care, vision care, foot care), and have the potential to have an impact on balance, falls, subsequent acute care hospitalization, and the downstream effects of hospitalization.

## Implications

There remains a need to establish improvements for models of care in long-term care homes. A comprehensive systematic review of the literature identified in this work may provide valuable insights toward further improving resident care and quality of life in the long-term care setting.

**Reference:** *Models of provider care in long-term care: A rapid scoping review.* Hamel C, Garrity C, Hersi M, Butler C, Esmaeilisaraji L, Rice D, Straus S, Skidmore B, Hutton B. *PLoS One.* 2021 Jul 16;16(7):e0254527.

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## What is the current situation?

- For long-term care (LTC) homes, there is no consensus regarding complement or scope of care delivered by care providers including nursing, specialty physicians, personal support workers and others. There is no repository of studies that evaluate the various models of care.

## What is the objective?

Research questions were as follows:

1. What care provider models or services in LTC homes have been evaluated to improve quality of life, quality of care, and health outcomes of residents?
2. What interventions delivered by care providers in LTC homes have been evaluated to improve quality of life, quality of care, and health outcomes of residents?

## How was the review conducted?

- A rapid scoping review was performed over a 10-week period. Search strategies for databases (e.g., MEDLINE) were run on July 9, 2020.
- We sought studies that evaluated models of provider care to residents, or interventions delivered to facility, staff, and residents of LTC homes. Care provider models encompassed the makeup of the healthcare provider team (e.g., adding a nurse practitioner), and care provider services encompassed an additional service provided by a new healthcare team member.
- Study selection was performed independently, by two reviewers. Study mapping was performed by two reviewers, and data were extracted by one reviewer, with verification by a second reviewer. No risk of bias appraisals were performed.

## What did the review find?

- A total of 7,574 citations were screened based on the title/abstract, 836 were reviewed at full text, and 366 studies were included. Studies were classified according to two main categories: healthcare service delivery (n = 92) and implementation strategies (n = 274).
- Eight subcategories were identified within these studies, with the condition/focus of the intervention used to further classify the interventions. Studies were identified from across 36 countries and were published between 2010 and 2020. Study designs were primarily randomized/quasi-randomized (n=291). Due to the complexity of the interventions, studies may have been grouped into multiple categories.
- Within the 92 healthcare service delivery studies, the most predominantly studied aspects of care were: allied team health care (n=37 studies); specialty physician care (n=10); direct patient care (n=10); combined direct and primary care (n=9); and primary care (n=8). Within these studies, 15 different conditions/ intervention focus were identified, including: activity involvement; dementia care; depression; exercise/mobility; foot care; hearing care; hip fracture; nutrition; appropriate medication use; oral health; overall care; overall care: stroke-related disabilities; pain management; palliative care; and vision care.
- Within the set of 274 studies of implementation strategies, 61 studies were mapped to strategies to support multidisciplinary teams; 207 were mapped to strategies targeting specific conditions/ risk factors; and 6 were mapped to both of these implementation strategy categories.