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Evaluation of the effectiveness of a nursing intervention aiming at facilitating the hospital to home transition within a cardiologic Emergency Room (ER) [Évaluation de lefficacité dun modèle dinterventions infirmières de soutien à la transition hôpital-domicile dans une urgence cardiologique]

Submission date
29/10/2007

Recruitment status
No longer recruiting

Registration date
06/02/2008

Overall study status
Completed

Last Edited
08/02/2008

Condition category
Other

[_] Prospectively registered
[_] Protocol
[_] Statistical analysis plan
[_] Results
[_] Individual participant data
[_] Record updated in last year

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

Contact name
Dr Sylvie Cossette

Contact details
R-1520
5000, Belanger Street
Montreal, Quebec
Canada
H1T 1C8
+1 514 376 3330 ext. 4012
sylvie.cossette.inf@umontreal.ca

Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers
FRSQ 10187

Study information

Scientific Title

Acronym
TRANSIT-ER [TRANSIT-URGENCE]

Study objectives
We are studying the nursing discharge interventions modalities provided in the Emergency Room (ER) of a cardiology tertiary care centre where an important proportion of patients make repeated visits to the ER in the year following their discharge to home (24% of the patients).

It is hypothesised that the return rates to the ER in the month following discharge to home will be less important in the group receiving the intervention than in the control group.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Ethics approval received from the research ethics committee of the Institut de Cardiologie de Montréal on the 7th September 2007 (ref: 07-963).

Study design
Randomised controlled trial - one ER (single centre)

Primary study design
Interventional

Secondary study design
Randomised controlled trial

Study setting(s)
Hospital

Study type(s)
Quality of life

Participant information sheet

Health condition(s) or problem(s) studied

Facilitation of hospital to home transition after a visit to the ER

Interventions

All eligible patients will meet with the research nurse after discharge care. Then, the study will be presented to the patient. After informed consent, the participants will be randomly assigned to the intervention or control group. The two groups will answer a questionnaire about the secondary outcomes and the baseline characteristics will be recorded.

Intervention group:
After randomisation, the nurse will proceed with an assessment of the patient's risks of repeated visits to the ER following discharge to home. The evaluation will include the following themes:
1. Patient's perception in regard to his discharge to home
2. Patient's self-management of his disease, symptoms and co-morbidities
3. Patient's self-management of his treatment
4. Patient's self-management of his daily living and domestic activities
5. Patient's self-management of his emotions and cognitions
6. Patient's external resources management
7. Patient's health-services utilisation management

Following the assessment, the nurse will propose tailored interventions to the patient aiming at managing the repeated emergency department visits risk factors identified. Those interventions include:
1. Teaching
2. Legitimisation and normalisation
3. Listening and empathy
4. Reassurance
5. Reframing
6. Confrontation
7. Recommendations
8. Warnings
9. Reinforcement
10. Referral to external resources
11. Support to external resources already in place

The research nurse will proceed with this assessment-intervention process thrice:
1. In person at the patient's discharge from the ER
2. By telephone 4 ± 3 days following discharge
3. By telephone 10 ± 3 days following discharge

Finally, the patient will be able to contact the nurse by telephone during working hours in the 30 days following discharge for any concerns he would like to address her.

Control group:
No specific intervention by the research nurse, the patient will return to home.

Intervention Type

Other

Phase

Not Specified

Primary outcome measure
'Return to ER: the occurrence of any visits to the cardiologic ER in the month following randomisation. This will be measured using the hospital patient's registry.

Secondary outcome measures
The secondary outcomes will be measured at baseline and one month following randomisation by a telephone interview and are as followed:
1. Health care continuity using the Heart Continuity of Care Questionnaire (HCCQ), a 41-item questionnaire using a 5 points Likert scale (score 1 to 5, 1 = strongly disagree, 5 = strongly agree) measuring the patients' perception of continuity of care in regard to eight different dimensions. A higher score indicate a better continuity of care process according to the patient.
2. Patient's self-care management using the Therapeutic Self-Care Tool (TSCT), a 12-item questionnaire using a 5 points Likert scale (score 0 to 5, 0 = not at all, 5 = very much so) measuring the patients' ability to initiate and perform activities aiming at maintaining health, managing health problems and restoring functioning. A higher score indicate better self-care capacities in the patient.
3. Medication adherence scale using the Self-Reported Medication-Taking Scale (SR-MTS), a 4-item questionnaire using a dichotomous (yes or no) scale measuring patients' adherence to prescribed medication. A higher score indicate a poorer adherence to medication.
4. Patients' perception of control over the disease and of its consequences using three subscales of the Illness Perception Questionnaire - Revised (IPQ-R), a 38-item questionnaire using a 5 points Likert scale (score 1 to 5, 1 = totally agree, 5 = totally disagree) measuring the patients' perception of his disease. The three subscales used are:
4.1. Consequences (6 items)
4.2. Personal control (6 items)
4.3. Treatment control (5 items)
Higher scores on the consequences subscale represent strongly held beliefs about the negative consequences of the disease. Higher scores on the control subscales represent positive beliefs about the controllability of the illness.
5. Anxiety and depressing feelings using the Hospital Anxiety and Depression Scale (HADS), a 14-item questionnaire using a 4 points ordinal rating scale and composed of two subscales (anxiety and depression - each score from 0 to 21). A higher score to each of the subscales indicate a higher degree of symptoms (anxiety or depression).
6. Health services utilisation using the medicare provincial registry (Régie de lassurance maladie du Québec). The occurence of ER visits, hospitalisation or medical consultations by the patient within the province of Québec will be collected at 1, 3, 6 and 12 months following discharge.

Overall study start date
01/11/2007

Completion date
01/03/2010

Eligibility

Key inclusion criteria
1. Male and female aged 18 years old or more presenting both of the following repeated visits to the ER criterion:
1.1. Taking six medications or more a day
1.2. Having made one visit or more to the cardiologic ER in the last 12 months
2. Visiting the ER for an unplanned visit (i.e. not coming to the ER on a planned basis, e.g. to

receive a laboratory or diagnosis procedure result)
3. Being discharged from the ER directly to their home
4. Having the physical and cognitive capacities to answer a written questionnaire and to communicate by telephone
5. Being able to communicate in French or in English

Participant type(s)
Patient

Age group
Adult

Lower age limit
18 Years

Sex
Both

Target number of participants
462

Key exclusion criteria
1. Having already another nursing follow-up in the 10 days following discharge (e.g. from another research project or from a specialised clinic) to avoid duplication of the nursing interventions being provided to the patient
2. Having already been recruited in the study in a precedent visit to the cardiologic ER

Date of first enrolment
01/11/2007

Date of final enrolment
01/03/2010

Locations

Countries of recruitment
Canada

Study participating centre
R-1520
Montreal, Quebec
Canada
H1T 1C8

Sponsor information

Organisation
Montreal Heart Institute (MHI) Research Centre (Canada)

Sponsor details
5000, Belanger Street
Montreal, Quebec
Canada
H1T 1C8
+1 514 376 3330
Richard.Maheu@icm-mhi.org

Sponsor type
Research organisation

Website
http://www.icm-mhi.org/en/index.html

ROR
https://ror.org/03vs03g62

Funder(s)

Funder type
Research organisation

Funder Name
Quebec Health Research Fund (Fonds de recherche en Santé du Québec [FRSQ]) (Canada) (ref: 10187)

Results and Publications

Publication and dissemination plan
Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration