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Evaluation of the effectiveness of a nursing intervention aiming at facilitating the hospital to home transition for acute coronary syndrome admitted patients

Submission date 07/11/2007	**Recruitment status** No longer recruiting	[_] Prospectively registered [_] Protocol [_] Statistical analysis plan [X] Results [_] Individual participant data
Registration date 05/02/2008	**Overall study status** Completed	
Last Edited 15/09/2020	**Condition category** Other	

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers
FRSQ 10187

Study information

Scientific Title
Evaluation of the effectiveness of a nursing intervention aiming at facilitating the hospital to home transition for acute coronary syndrome admitted patients

Acronym
TRANSIT-UC

Study objectives
It is hypothesised that entering secondary prevention will be more 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 Montreal Heart Institute Research Ethics Committee on the 11th April 2006 (ref: 06-854).

Study design
Randomised controlled trial

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 hospitalisation for Acute Coronary Syndrome (ACS)

Interventions
The research nurse will meet all eligible patients and present the study to them before obtaining informed consent. At the discharge, 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:
The research nurse will give the discharge care using the study's intervention tool. The intervention will include the following theme:
1. Patient's medication
2. Patient's symptom and complication
3. Patient's care comprehension
4. Patient's adaptation's problem
5. Patient's change of lifestyle
6. Patient's projection in regard to his lifestyle change

Following the assessment, the nurse will propose tailored interventions to the patient for ameliorate the self management of his disease. 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
2. By telephone 1 - 3 days following discharge
3. By telephone or by a visit of the patient to research centre 8 - 10 days following discharge

Finally, the patient will be able to contact the nurse by telephone during working hours in the 6 weeks following discharge for any concerns he would like to address her.

Control group:
No specific intervention by the research nurse, the discharge care will do by the patient's nurse.

Intervention Type
Other

Phase
Not Specified

Primary outcome measure
Participant who join in a secondary prevention programme from discharge to 6 weeks.

Secondary outcome measures
The secondary outcomes will be measured at baseline and 6 weeks following randomisation by a telephone interview and are as followed:
1. Medication adherence scale
2. Anxiety
3. Patient's perception of control over the disease and of its consequences
4. Health services utilisation

5. Family support
6. Risk factors

Overall study start date
03/10/2006

Completion date
03/10/2008

Eligibility

Key inclusion criteria
1. Male and female aged 18 years old or more
2. Being discharged from the Coronary Intensive Care Unit (ICU) directly to their home
3. Having the physical and cognitive capacities to answer a written questionnaire and to communicate by telephone
4. 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
242

Key exclusion criteria
1. Patient transferred in bypass surgery
2. Hospitalised for more than 7 days
3. Patient transferred in a convalescence centre or living in a prolonged care centre
4. Already having a follow up in specialised clinic

Date of first enrolment
03/10/2006

Date of final enrolment
03/10/2008

Locations

Countries of recruitment
Canada

Study participating centre
R -1520
Montreal
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Sponsor information

Organisation
Montreal Heart Institute Research Center (Canada)

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Sponsor type
Research organisation

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

ROR
https://ror.org/03vs03g62

Funder(s)

Funder type
Industry

Funder Name
AstraZeneca (Canada) (ref: 10187)

Alternative Name(s)
AstraZeneca PLC, Pearl Therapeutics

Funding Body Type
Government organisation

Funding Body Subtype
For-profit companies (industry)

Location
United Kingdom

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

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/03/2012		Yes	No
Other publications	secondary analysis	01/07/2019	15/09/2020	Yes	No