

# Evaluation of the effectiveness of a nursing intervention aiming at facilitating the hospital to home transition within a cardiologic Emergency Room (ER) [Évaluation de l'efficacité d'un modèle d'interventions infirmières de soutien à la transition hôpital-domicile dans une urgence cardiologique]

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|----------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>Submission date</b><br>29/10/2007   | <b>Recruitment status</b><br>No longer recruiting | <input type="checkbox"/> Prospectively registered<br><input type="checkbox"/> Protocol                       |
| <b>Registration date</b><br>06/02/2008 | <b>Overall study status</b><br>Completed          | <input type="checkbox"/> Statistical analysis plan<br><input type="checkbox"/> Results                       |
| <b>Last Edited</b><br>08/02/2008       | <b>Condition category</b><br>Other                | <input type="checkbox"/> Individual participant data<br><input type="checkbox"/> Record updated in last year |

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

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## Additional identifiers

**Protocol serial number**

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).

**Primary study design**

Interventional

**Study design**

Randomised controlled trial - one ER (single centre)

**Study type(s)**

Quality of life

**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. Legitimation 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  $4 \pm 3$  days following discharge
3. By telephone  $10 \pm 3$  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(s)**

'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.

## **Key secondary outcome(s)**

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 l'assurance maladie du Québec). The occurrence 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.

### **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

### **Healthy volunteers allowed**

No

### **Age group**

Adult

### **Lower age limit**

18 Years

**Sex**

All

**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

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## **Sponsor information**

**Organisation**

Montreal Heart Institute (MHI) Research Centre (Canada)

**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**

**Individual participant data (IPD) sharing plan**

**IPD sharing plan summary**

Not provided at time of registration