

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
Registration date 05/02/2008	Overall study status Completed	☐ Statistical analysis plan
		☒ Results
Last Edited 15/09/2020	Condition category Other	☐ Individual participant data

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
Montreal Heart Institute Research Center
5000 Belanger St
Montreal
Canada
H1T 1C8

-

sylvie.cossette.inf@umontreal.ca

Additional identifiers

Protocol serial number

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).

Primary study design

Interventional

Study design

Randomised controlled trial

Study type(s)

Quality of life

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. 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
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(s)

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

Key secondary outcome(s)

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

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

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 Years

Sex

All

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

Canada

H1T 1C8

Sponsor information**Organisation**

Montreal Heart Institute Research Center (Canada)

ROR

Funder(s)

Funder type

Industry

Funder Name

AstraZeneca (Canada) (ref: 10187)

Alternative Name(s)

AstraZeneca PLC, Pearl Therapeutics, AZ

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

Individual participant data (IPD) sharing plan

IPD sharing plan summary

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