Cardiac Care Bridge trial

No registrations found.

Ethical review	Positive opinion
Status	Recruitment stopped
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON24273

Source
NTR

Brief title
CCB-trial

Health condition

Elderly, aged, older, geriatric, functional decline, functional loss, cadiovascular disease, heart failure, acute myocardial infarction, transitional care, disease management, case management, home-based cardiac rehabilitation, readmission, rehospitalization, mortality

Ouderen, geriatrie, functionele achteruitgang, functieverlies, cardiovasculaire aandoeiningen, hartfalen, acuut myocardinfarct, transmurale zorg, diseasemanagement, casemanagement, hartrevalidatie, heropname, overlijden

Sponsors and support

Primary sponsor: Academic Medical Center (AMC), Amsterdam, The Netherlands
Source(s) of monetary or material Support: ZonMw 'From knowledge to Action II program¡¯, grant number 520002002

Intervention

Outcome measures

Primary outcome

The incidence of the composite end-point of first all-cause unplanned hospital readmission or mortality.

Secondary outcome

- The incidence proportion of the composite end-point of first all-cause unplanned hospital readmission or mortality

- ADL-functioning and iADL-functioning

- Functional capacity

- Medication adherence

- Anxiety

- Depression

- Health-related quality of life

- Healthcare utilization

- Caregiver burden

Study description

Background summary

After a hospital admission for heart disease, older patients are at high risk of adverse outcomes such as readmission and death. The current treatment in older cardiac patients is focused on disease management while less attention is paid to general healthcare needs. In the Cardiac Care Bridge (CCB) program we aim to examine the effectiveness of a nurse-coordinated transitional intervention including case management, cardiovascular risk management and home-based rehabilitation for older cardiac patients at high risk of functional loss.

Study objective

With the Cardiac Care Bridge trial, we hypothesize a 12.5% absolute risk reduction on the composite endpoint of first all-cause unplanned hospital readmission or mortality within six months after randomization.

Study design

The primary outcome will be measured at six months. Secondary outcomes will be measured at three months (phone), six months (home visit) and twelve months (phone)

Intervention

Patients admitted to the department of cardiology or cardiac surgery of > 70 years, at high risk of functional loss and admitted > 48 hours are eligible for inclusion. The program combines case management, disease management and home-based cardiac rehabilitation. All participants will receive a comprehensive geriatric assessment (CGA), performed by a cardiac nuse. Participants in the intervention group will receive care based on identified problems from the CGA in three phases.

1.In the clinical phase, an integrated care plan will be established for all participants. The department of geriatrics will be consulted in case of at least 1 identified problem on the psychological domain or minimal 5 identified geriatric problems in general.

2. In the transitional phase, before discharge, a coordinating community care registered nurse (CCRN) visits the participant in the hospital to receive a face-to-face handover from the cardiac nurse.

3. The post-clinical phase consists of four home visits by the CCRN to continue care based on the integrated care plan, including cardiovascular risk management and evaluation of participants' health status. The CCRN works in close collaboration with the physiotherapist, who will perform nine home-based cardiac rehabilitation sessions to improve participants' functional status.

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Eligibility criteria

Inclusion criteria

- 70 years and older

- Admitted patients to the departments of cardiology or cardiac surgery

- Admission > 48 hours

- High risk of functional decline according to the VMS screening-tool for frailty of the Dutch Safety Management Program (screening on ADL-functioning, fall risk, malnutrition and delirium): score >=2 in patients aged 70-79 years and score >= 1 in patients aged 80 years and older

- Mini-Mental State Examination Score (MMSE) >= 15
- Per 28 February 2018, patients with an unplanned hospital admission in the previous six months are also eligible for inclusion (independent of the score on the VMS screening tool for frailty)

Exclusion criteria

- Congenital heart disease

- Terminal illness: defined as a life expectancy of less than three months, for example because of cancer or serious heart failure.

- Transferred from or planned discharge to a nursing home

- Planned discharge to another hospital not participating in this study

- Unable to communicate in Dutch

- Delirium as confirmed by the treating physician

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Single blinded (masking used)
Control:	Active

Recruitment

NL

Recruitment status:	Recruitment stopped
Start date (anticipated):	06-06-2017
Enrollment:	500
Type:	Actual

IPD sharing statement

Plan to share IPD: Undecided

Ethics review

Positive opinion

Date:	06-04-2017
Application type:	First submission

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL6169
NTR-old	NTR6316
Other	NL55636.018.16 (CCMO) : METC2016_024 (AMC)

Study results

Summary results

Verweij L, Jepma P, Buurman BM, et al. The cardiac care bridge program: design of a randomized trial of nurse-coordinated transitional care in older hospitalized cardiac patients at high risk of readmission and mortality. BMC Health Serv Res 2018;18(1):508-018-3301-9.