

DATA NOTE

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# Care transition from hospital to home: cancer patients' perspective

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## Abstract

**Objectives:** The present database contains information on sociodemographic and clinical data as well as data from the Care Transition Measure (CTM 15-Brazil) of cancer patients undergoing clinical or surgical treatment. Data collection was carried out 7 to 30 days after patients' hospital discharge from June to August 2019. Understanding these data can contribute to improving quality of care transitions and avoiding hospital readmissions.

**Data description:** This data set encompasses 213 cancer patients characterized by the follow variables: gender, age range, place of residence, race, marital status, schooling, paid work activity, type of treatment, cancer staging, metastasis, comorbidities, main complaint, main complaint grouped as, continuing medication, diagnosis, diagnosis grouped as, cancer type, year of diagnosis, oncology treatment, first hospitalization, readmission in the last 30 days, number of hospitalizations in the last 30 days, readmission in the last 6 months, number of hospitalizations in the last 6 months, readmission in the last year, number of hospitalizations in the last year and the questions 1–15 from CTM 15-Brazil.

**Keywords:** Care transitions, Continuity of patient care, Measure, Neoplasms, Patient discharge, Patient readmission

## Objective

Care transition (CT) is defined as a set of planned actions aimed at ensuring the coordination and continuity of care provided to patients, from admission to hospital discharge, and/or in the transfer of patients between units of the same location or different health services [1]. Further, it is understood as the time interval that begins with the preparation of the individual to be discharged from one service to another or being discharged home [2]. Continuity of care is one of the most significant challenges in health care services. Patients are attended by different professionals in various services of the health care network, requiring integration and connectivity of care over time [3]. In view of this scenario, cancer patients are part of the group of patients affected by chronic diseases,

who need continuous care throughout the network care. Cancer patient's hospital discharge requires commitment from the team, patient and family. CT is being considered an important strategy to contribute to continuity of care, reducing the number of hospital admissions, as well as impacting the decrease in readmissions caused by complications [4]. Furthermore, this strategy may reduce the cost of health services, contribute to more effective treatment of patients, the longevity of people with comorbidities and improve the quality of life for patients and their families [5–8]. The present database contains relevant information about cancer patients' discharge and CTs. Understanding the variables of the CTM and its relation with cancer patients' characteristics may contribute to developing effective strategies for the continuity of care.

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**Table 1 Overview of data file**

Label	Name of data file/data set	File types (file extension)	Data repository and identifier (DOI or accession number)
Data file 1	Cancer patient's care transition database	Cancer patient's care transitions dataset.xlsx.	<a href="https://doi.org/10.6084/m9.figshare.11831343.v3">https://doi.org/10.6084/m9.figshare.11831343.v3</a> [10]

### Data description

These data were collected for a cross-sectional study, developed with cancer patients undergoing clinical or surgical treatment, after hospital discharge during the period of 7 to 30 days in a philanthropic Hospital in the Northwest of the State of Rio Grande do Sul, Brazil. All cancer patients aged 18 years or older who were hospitalized for at least 24 h were included. Patients unable to answer the questionnaire and who were not accompanied by caregivers or family members were excluded (8 patients). The patient was invited to participate in the study during hospitalization; those who agreed to participate signed the consent form as approved by the hospital's Ethics and Human Research Committee. After hospital discharge, the patient was contacted by telephone to answer the questionnaires. When collecting data from the CTM-15, by telephone, those who did not answer the calls after the third attempt were considered missing, within seven to 30 days after hospital discharge (10 losses). Data collection was carried out between the months of June and August 2019, using the sociodemographic and clinical questionnaires and the Care Transitions Measure instrument (CTM 15-Brazil) [9]. The CTM 15-Brazil was adapted and validated in 2016, being the first Brazilian instrument used to analyze the quality of CTs for inpatients discharged home. This survey measures and evaluates, from the patient's perspective, the quality of the transition from hospital discharge to home or between different health services. It consists of 15 items, organized into four factors: health management preparation; medication understanding; important preferences, and care plan. It is usually applied by telephone and allows the caregiver/familiar to answer as a proxy informant if the participant has a very compromised health condition [9]. This data set encompasses 213 patients characterized by the following variables: gender, age range, place of residence, race, marital status, schooling, paid work activity, type of treatment, cancer staging, metastasis, comorbidities, main complaint, main complaint grouped as, continuing medication, diagnosis, diagnosis grouped as, cancer type, year of diagnosis, oncology treatment, first hospitalization, readmission in the last 30 days, number of hospitalizations in the last 30 days, readmission in the last 6 months, number of hospitalizations in the last 6 months, readmission in the last year, number of hospitalizations in the last year and the questions 1–15 from CTM 15-Brazil. The analysis of this

data can be performed by using descriptive statistics and measures of central tendency (mean and median) and variability (standard deviation and interquartile range), as well as absolute and relative distributions (n–%). The symmetry of continuous distribution can be assessed by the Kolmogorov–Smirnov test. The comparison of continuous variables between two or more independent groups can be performed using the Variance Analysis technique—ANOVA (One Way)—Post Hoc Tukey (independent groups of similar sizes) or Scheffé (independent groups of very different sizes and/or heterogeneity variances), for example. Also, multivariate logistic regression analysis, odds ratio and relative risk analyses can be performed (Table 1).

### Limitations

The limitation of this data set is its restriction to a local single hospital. However, it remains relevant as this field is still unexplored in Brazil. This data is the first of its kind from Brazil to be available online. There is no national policy on CTs in Brazil. Researchers who are interested in CTs of cancer patients can extensively explore the variables described here.

### Abbreviations

CT: Care transition; CTM: Care Transitions Measure.

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### Authors' contributions

EL and ACBK made substantial contributions to the conception and design of the work, the acquisition, analysis, interpretation of data, drafting the work, and revising it critically for important intellectual content. They made a final approval of the version published and agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. JEWB, NDO, CDR, LFT, VDBW, MMM, GCF, PP made substantial contributions to the acquisition of the data and to drafting the work. They have approved the final version and agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. All authors read and approved the final manuscript.

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**Availability of data materials**

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**Ethics approval and consent to participate**

The project was approved by the institution's research ethics committee (approval n. 3.266.259/2019) at Associação Hospital de Caridade Ijuí, Rio Grande do Sul, Brazil. All participants who agreed to participate signed the consent form as approved by the hospital's Ethics and Human Research Committee. No submissions using these data has been made until the publication of this article.

**Consent for publication**

Not applicable.

**Competing interests**

The authors declare that they have no competing interests.

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