

## BACKGROUND

Transitional cares: set of actions with the goal of ensure coordination and continuity of health care during the transition between different health settings.

Aim is to improve the outcomes of subjects discharged from the hospital with an elevated risk of re-hospitalization.

Several studies have been published to define access criteria, feasibility and safety of domiciliary care during the chemotherapy induced neutropenia.

## AIM

To evaluate the impact of comprehensive transitional care programs on re-hospitalization and emergency services accesses of discharged hematological to patient's home from published randomized controlled trials.

### Criteria for considering studies

Randomized controlled trials  
Adults (>16years old) admitted for treatment of hematological malignancies and discharged from a hematological department to patient's or caregiver's home.

### Experimental arm

Comprehensive care-programs for onco-hematological patients discharged from the hospital to the home. The programs should include an activation during the in-hospital stay, a multidisciplinary team, the use of IT or telemedicine.

### Control arm

Discharge from the hematological department to patient's or caregiver's home according to the gold standard procedure

### Outcome

Re-hospitalization and accesses to emergency services for complications hematological malignancies or their treatments

Re-hospitalization and accesses to emergency services related to (also pre-existing) comorbidity

## METHODS

### Search methods

Databases searched: Cochrane Central Register of Controlled Trials, The CochraneLibrary MEDLINE, OvidSP EMBASE, OvidSP CINAHL, Ebsco Host Science Citation Index, ISI Web of Knoledge Web of Science, ISI Web of Knoledge

Search strategy has been adapted to all databases

Gray literature also was included in search

Authors of unpublished studies or published with incomplete data has been contacted.

No limits of publication time has been considered.

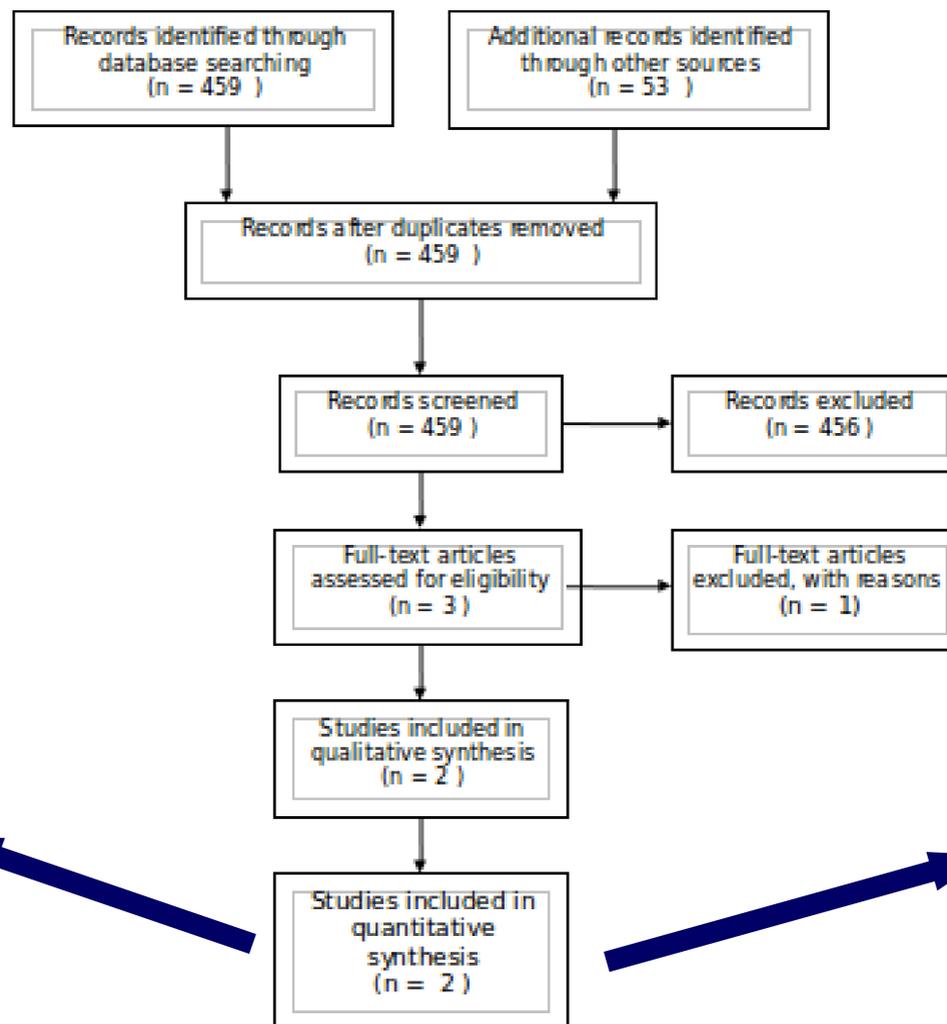
### Selection of studies

Two authors searched independently electronic databases.

### Assessment of risk of bias in included studies

Critical appraisal has been assessed using CONSORT check list (GIMBE Foundation Italian translation).

## RESULTS



Faucher et al. 2012  
**Randomized study of early hospital discharge following autologous blood SCT: medical outcomes and hospital costs**

Talcott et al. 2011  
**Safety of early discharge for low - risk patients with febrile neutropenia: a multicenter randomized controlled trial**

Electronic research has done between October and December 2016.

No studies have been found that would respect fully the inclusion criteria, but two studies are considered for their relevancy.

## DISCUSSIONS

Domiciliary care can reduce patient's hospitalization that could be dangerous for hematological patients (Innes H 2007). To reduce hospital readmissions, clinical complications, patient's safety and health system's costs, it is possible to care at home patients with specific multidimensional characteristic and with a strict collaboration between hospital and territorial health services (Talcott 1992; Klastersky 2000).

## CONCLUSIONS

Although many studies on transitional care are reported, we found little evidence by published RCT about the potential efficacy of a comprehensive transitional care model to reduce the hospital readmission in onco-hematological patients.

