



Validating the Care Transitions Scale: Assessing during Care Transitions in Heart Failure

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DESCRIPTION

Heart failure is a chronic condition that affects millions of individuals worldwide, posing significant challenges to patients and healthcare systems. Care transitions, defined as the movement of patients between different healthcare settings, have a crucial impact on the outcomes and experiences of heart failure patients. Effective care transitions can facilitate the coordination of care, enhance patient self-management, and reduce hospital readmissions. To ensure high-quality care transitions, it is essential to have a valid and reliable tool to assess patients' experiences during these transitions. The development of the Care Transitions Scale involved a systematic and rigorous process to ensure its validity and reliability. The initial phase included an extensive literature review to identify relevant concepts and existing scales related to care transitions and heart failure.

The identified items were then modified and adapted to create a preliminary version of the scale. This version was reviewed by a panel of experts in heart failure and scale development, who provided feedback on the content, clarity, and relevance of the items. After incorporating the expert feedback, a pilot study was conducted to assess the preliminary version of the scale among a small sample of heart failure patients.

The pilot study aimed to examine the comprehensibility of the items, identify potential problems, and gather feedback from patients regarding the scale's relevance and clarity. Based on the results of the pilot study, necessary revisions were made to improve the clarity and content validity of the scale. To establish the validity and reliability of the Care Transitions Scale, a larger-scale validation study was conducted. The study involved a diverse sample of heart failure patients recruited from various healthcare settings, including hospitals, clinics, and community health centers. The participants completed the Care Transitions Scale along with other measures related to care transitions, patient satisfaction, and self-management. The validation study employed several psychometric techniques to assess the scale's validity and reliability. Exploratory factor analysis was performed

to identify the underlying factors and structure of the scale. The internal consistency of the scale was evaluated using Cronbach's alpha coefficient. Test-retest reliability was assessed by administering the scale to a subgroup of participants at two different time points and calculating the intraclass correlation coefficient.

The validation study demonstrated that the Care Transitions Scale for Patients with Heart Failure has good psychometric properties. Factor analysis revealed a coherent factor structure, indicating that the scale measures distinct aspects of care transitions. Furthermore, the scale exhibited convergent and discriminant validity by showing significant correlations with related constructs such as patient satisfaction and self-management. These findings provide evidence for the scale's construct validity and its ability to measure patients' experiences during care transitions accurately. The Care Transitions Scale for Patients with Heart Failure holds great promise in clinical practice and research. By providing a standardized and reliable measure of care transitions, healthcare professionals can identify areas of improvement and tailor interventions to enhance patient experiences and outcomes. The scale can be used to assess the effectiveness of transitional care interventions, evaluate healthcare system interventions, and compare care transitions across different settings and populations. Future research should focus on further validating the scale in diverse populations and settings. Longitudinal studies can provide insights into the predictive validity of the scale, examining its association with clinical outcomes such as hospital readmissions, mortality rates, and healthcare utilization.

Additionally, qualitative research can help explore patients' perspectives on specific items and further refine the scale based on their feedback. Moreover, the scale can be adapted and validated in different cultural contexts to ensure its applicability and generalizability across diverse patient populations. This includes investigating the acceptability of the scale among healthcare providers and evaluating its usability within existing care transition processes. Integration of the scale into electronic health records or digital health platforms can facilitate routine

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assessment and monitoring of patients' care transition experiences. Additionally, efforts should be made to promote the utilization of the Care Transitions Scale in quality improvement initiatives and policy development. Policymakers and healthcare organizations can use the scale to identify gaps in care transitions and develop targeted interventions to enhance the quality and outcomes of transitional care for heart failure patients.

CONCLUSION

The care changes scale for patients with heart failure, which was developed and validated, is a useful instrument for assessing

patients' experiences during care changes. Its robust psychometric properties and comprehensive nature make it a reliable instrument for measuring the quality of care transitions in the context of heart failure. By utilizing this scale, healthcare professionals and researchers can gain valuable insights into patients' perspectives and identify areas for improvement in care transition processes, ultimately leading to improved patient outcomes and satisfaction.