New perspectives in trauma care: effects of centralisation on quality of care

No registrations found.

Ethical review	Positive opinion
Status	Recruiting
Health condition type	-
Study type	Observational non invasive

Summary

ID

NL-OMON21416

Source
NTR

Brief title
Centralisation polytrauma care

Health condition

centralisation, polytrauma care, quality and quantity of trauma care, mixed-methods study

Sponsors and support

Primary sponsor: Network Acute Care Limburg
Source(s) of monetary or material Support: Network Acute Care Limburg

Intervention

Outcome measures

Primary outcome

1. Qualitative interviews with health care professionals

- Expected positive and negative effects of centralisation of polytrauma care, leading to solutions for bottlenecks

2. Qualitative interviews with patients

- Patients' experience with centralisation of polytrauma care

3. Quantitative data collection

- Distribution of (poly)trauma patients in Limburg, The Netherlands

- Patient reported outcome measures (quality of life - EQ5D and SF36)

Secondary outcome

3. Quantitative data collection

- Structure indicators (hospital location, availability of operating room, intensive care bed)

- Proces indicators (number of polytraumapatients directly presented to the trauma center, number of polytrauma patients)

- Outcome indicators (mortality at 30 and 90 days after trauma, duration till first CT scan, duration till first intervention, triage, ambulance response time, duration of transport, number of secundary transports, duration of treatment at emergency department, presence of trauma team, number of intensive care recordings, recording time intensive care and hospital

Study description

Background summary

In the Netherlands, more than 80.000 patients with traumatic injuries are hospitalized each year, of which almost 6.000 polytrauma patients. Centralisation of polytrauma patients will increase due to quality indicators drawn up by Zorginstituut Nederland, but may also cause negative effects within the regular trauma care.

The aim of the project is to gain insight into the effects of centralisation of polytrauma care on the quality of care provided by partners of the trauma care chain. In addition, we want to investigate whether there are adverse effects by shifting polytrauma care from regional hospitals to the trauma center. Therefore, a mixed-methods study with qualitative interviews, patient journeys and prospective observational data collection is proposed. In addition, a problem analysis with stimulating and impeding factors of centralisation of polytrauma care will occur in the region.

Study objective

The aim of the project is to gain insight into the effects of centralisation of polytrauma care on the quality of care. We also want to investigate the effect on the quality and quantity of regular trauma care by shifting polytrauma care from regional hospitals to the trauma center.

Study design

1. Qualitative interviews with health care professionals

- Interview will take place at baseline, before implementation of centralisation of polytraumacare

- Follow-up at one and two years after implementation

2. Qualitative interviews with patients

- 3-6 months after trauma

3. Quantitative data collection

- quantitative data from Dutch Trauma Registry 2016, 2017 and 2018

- PROMs: 3-6 months after trauma

Intervention

This mixed-methods study has been set up with qualitative interviews, focus group discussions, description of patient journeys, and prospective observational data collection.

Contacts

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Eligibility criteria

Inclusion criteria

1. Health care professionals

- core members of the primary trauma care chain (ambulance nurses, MMT staff, nursing centralists ambulance, emergency roon physicians, trauma surgeons, anesthesiologists, rehabilitation physicians)

2. Patient journeys

- patients admitted to emergency department because of traumatic injury

- hospital admission

- transfer from regional hospital to trauma center

- 3-6 months after trauma

- Dutch language in word and writing

3. Patients included in Dutch Trauma Registry

- Included in Dutch Trauma Registry: admitted to emergency department because of traumatic injury, hospital admission, transfer from other location or hospital to trauma center

Exclusion criteria

2/3. Patient journeys and PROMs

- Age < 18 years

- Incapacitated

Study design

Design

Study type:	Observational non invasive
Intervention model:	Other
Masking:	Open (masking not used)
Control:	N/A , unknown

Recruitment

NL

Recruitment status:	Recruiting
Start date (anticipated):	01-10-2017
Enrollment:	20
Type:	Anticipated

Ethics review

Positive opinion

Date:	02-07-2018
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	NL7122
NTR-old	NTR7348
Other	: METC 16-4-280

Study results