# What matters most to patients in the acute care

No registrations found.

**Ethical review** Positive opinion

**Status** Pending

Health condition type -

**Study type** Observational non invasive

## **Summary**

#### ID

NL-OMON22286

Source

NTR

**Brief title** 

GPS@Acute

#### **Health condition**

Acute patients
What matters most to you
Communication
Flash Mob research

Ned:

Acute patienten Wat is er belangrijk voor u Communicatie Flash Mob onderzoek

## **Sponsors and support**

**Primary sponsor:** Amsterdam University Medical Center, location VUmc

Source(s) of monetary or material Support: Amsterdam University Medical Center,

location VUmc

#### Intervention

#### **Outcome measures**

#### **Primary outcome**

Wat matters most to patients

#### **Secondary outcome**

To determine if communication between the patient and doctor covers what is most important to the patient.

To explore the differences between different countries in what matters most to patients.

## **Study description**

#### Study objective

One of the priorities for improving the quality of care is to make care more patient centred. Current acute medical practice focuses strongly on the medical diagnosis and treatment of the medical condition. Many of the conversations in these settings are about the patients and not actually with them. This medical focus often does not address the patient's needs, values and preferences. It also provides little opportunity for patients and their loved ones to actively participate in designing a treatment plan with outcomes that are most relevant for them. A doctor's focus is for example often on 'treating the infection', while the patient might be more concerned about 'will I be able to be back at work next week?'

To illustrate, Lee at al. found that in only seven percent of patients with breast cancer avoiding mastectomy was the main priority, whereas medical doctors predicted this to be the main concern in more than seventy percent of their patients. These communication gaps may lead to poorly informed patients, doctors and suboptimal medical care. In some studies decisions on treatments choices have proven to change once a patient is well informed about the possibilities, risks and expectations of the treatment. Focusing more on what actually matters to patients may lead to better outcomes and patient satisfaction because it goes beyond the 'sick role' of the patient and contributes to patient involvement.

#### Study design

During a 50 hours flash mob, each participating hospital will approach all patients of 18 years and older who have been admitted with an acute medical condition.

#### Intervention

Digital questionnaire

## **Contacts**

#### **Public**

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#### Scientific

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# **Eligibility criteria**

#### Inclusion criteria

- 18 years and older
- Unplanned admission due to an acute medical condition
- Medical specialties are: cardiology, geriatrics, gastroenterology, haematology, internal medicine, nephrology, oncology, pulmonary medicine, rheumatology
- Inclusion within 24 hours after arriving at a regular ward
- Patient is mentally competent, able to understand the study and give written informed consent

#### **Exclusion criteria**

- <18 years old

- Lack of ability to give informed consent
- Patients with known cognitive impairment (eg. Alzheimer's disease, delirium)- Planned admission
- Patient not reached within 24 hours after decision to admit to regular ward
- Surgical/trauma patient (because of difference in healthcare systems worldwide)
- Patients who are admitted for childbearing

## Study design

### **Design**

Study type: Observational non invasive

Intervention model: Other

Allocation: Non controlled trial

Masking: Open (masking not used)

Control: N/A, unknown

#### Recruitment

NL

Recruitment status: Pending

Start date (anticipated): 14-11-2018

Enrollment: 1000

Type: Anticipated

## **Ethics review**

Positive opinion

Date: 09-10-2018

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 NL7322 NTR-old NTR7538

Other : VUmc 2018-2946

# **Study results**