

Evaluation of a screening program for older adults visiting the Emergency Department

No registrations found.

Ethical review	Positive opinion
Status	Recruiting
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON23854

Source

NTR

Brief title

APOP study

Health condition

EN: older patients, emergency department, geriatric emergency medicine, functional decline, mortality, cognitive impairment, screening, implementation

NL: acuut presenterende oudere patiënt, spoedeisende hulp, functionele achteruitgang, mortaliteit, cognitieve beperkingen, screening, implementatie

Sponsors and support

Primary sponsor: Leiden University Medical Center

Source(s) of monetary or material Support: ZonMw

Intervention

Outcome measures

Primary outcome

Reach and adherence of implementation.

To evaluate reach we will investigate patient centered factors of implementation, i.e. the screening rate, the representativeness of the patients who were reached with screening and how consistently the different parts of the program are achieved. To evaluate adherence we will investigate organisation and staff centered factors of implementation, i.e. ED crowding and staff numbers.

Secondary outcome

ED length of stay, patient satisfaction, awareness of care providers, hospital admissions, ED revisits, hospital LOS, 90 day mortality.

Study description

Background summary

Acute presentation to the emergency department (ED) of older patients associates with a high chance of poor outcome and poses great challenges to the healthcare system. Early identification in the ED of older patients at highest risk of various poor outcomes may contribute to the prevention of these adverse events and may lead to more efficient ED care.

Recently, we have therefore developed and validated the APOP screener for early identification of older patients at high risk for functional decline, mortality and cognitive impairment. A positive screening will result in follow-up interventions, as part of the screening program for older patients visiting the ED. The screening program will be implemented in everyday clinical practice as a part of standard care. Successful implementation generally requires a comprehensive approach, in which adherence and effectiveness on process of care indicators and patient outcomes are investigated. In this study we will evaluate the success of implementation of the APOP screening program for older patients in the emergency department.

Study objective

Early identification of and specific interventions for older ED patients at highest risk of various poor outcomes contribute to the prevention of adverse events and lead to more efficient ED care.

Study design

-Patient inclusion during before period: 1-12-2017 till 1-2-2018

-Implementation period: education month 1-2-2018 till 1-3-2018 and start with APOP

screening program on 1-3-2018

-Patient inclusion during after period: 1-4-2018-1-6-2018

Intervention

Implementation of the APOP screening program in routine ED care. The program consists of 4 parts:

1. The APOP-screener to identify individual risk of functional decline and/or mortality in the next 3 months and signs of impaired cognition on the ED.
2. Interventions for patients with high risk on one or both domains. The awareness generated by screening can lead to better shared decision making and more efficient care on the ED for high risk patients. For patients with signs of impaired cognition we can reduce negative effects of an ED stay by starting delirium prevention on the ED. Patients with a high change of admission can be admitted with a fast-track to reduce negative effects of an ED stay and to improve patient flow.
3. Transition of care and screening results to the following caregivers. After admission all high risk patients will receive a comprehensive geriatric assessment on the admitting ward thru geriatric consultation. The high risk patients discharged home will receive better (written) discharge instructions and telephone follow-up in 24hours by an ED-nurse. The high risk results and follow-up advises will be communicated with the patients general practitioner.
4. Development and delivery of an education program on geriatric emergency medicine to health care professionals working on the ED and admitting wards.

Contacts

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Eligibility criteria

Inclusion criteria

All consecutive ED patients aged 70 years and older.

Patients are included 2 months before and 2 months after implementation of the APOP screening program.

Exclusion criteria

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Study design

Design

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

Recruitment

NL	
Recruitment status:	Recruiting
Start date (anticipated):	01-12-2017
Enrollment:	2000
Type:	Anticipated

Ethics review

Positive opinion

Date: 24-04-2018

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	NL6982
NTR-old	NTR7171
Other	627005001 : ZonMw project nr.

Study results

Summary results

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