Improving guideline adherence in atrial fibrillation using an EHR based clinical decision support system.

No registrations found.

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

Summary

ID

NL-OMON23867

Source
NTR

Health condition

Atrial Fibrillation, Prevention, Stroke, Bleeding, Anticoagulants

Sponsors and support

Primary sponsor: Academic Medical Center (AMC), Amsterdam
Source(s) of monetary or material Support: Academic Medical Center (AMC), Amsterdam

Intervention

Outcome measures

Primary outcome

The proportion of patients with atrial fibrillation whose anti-thrombotic treatment is in accordance with the ESC guideline for atrial fibrillation.

Secondary outcome

N/A

Study description

Background summary

A decision support system will be implemented in the cardiologists EHR. This system will calculate the bleeding and stroke risk of patients (CHA2DS2-VASc score and HAS-BLED score), triggered by entering the diagnosis atrial fibrillation in the EHR. The system calculates the risk scores based on values already available in the EHR, and advices on antithrombotic treatment in terms of OAC/NOAC.

Our main outcomes will be the percentage of accurate anti thrombotic prescriptions in patients with atrial fibrillation according to the ESC guideline for atrial fibrillation.

Study objective

The use of a decision support system will increase adherence to the ESC guideline for atrial fibrillation in terms of calculation of bleeding and stroke risk, and accurate anti-thrombotic treatment for stroke prevention.

Study design

Data of each patient visiting the cardiologist for AF are saved automatically. Adherence is measured at the end of the study.

Intervention

The decision support system is implemented within the electronic health record (EHR) of a patient. When entering the diagnoses atrial fibrillation in the EHR of the patient, the system calculates the risk of stroke (CHA2DS2-VASc score) and the risk of bleeding (HAS-BLED score) based on the values entered/saved in the EHR. Furthermore, based on the calculated bleeding and stroke risk, a medication advice is given in terms of OAC/NOAC.

The intervention arm received the embedded decision support withing the EHR, whereas the control arm uses the EHR without the decision support system.

Contacts

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Eligibility criteria

Inclusion criteria

Patients: All patients with atrial fibrillation visiting the cardiologist of one of the three selected hospitals.

Cardiologists: All cardiologists working at one of the three selected hospitals in the Netherlands

Exclusion criteria

N/A

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active

Recruitment

NL

Recruitment status:	Pending
Start date (anticipated):	01-02-2015
Enrollment:	500
Type:	Anticipated

Ethics review

Positive opinion

Date:	21-12-2014
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	NL4768
NTR-old	NTR5011
Other	: ExpertAF-EHR

Study results

Summary results

N/A