

The effect of early identification of and response to clinically deteriorating patients on the surgical ward by using automated continuous patient monitoring on patient related outcomes.

No registrations found.

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

Summary

ID

NL-OMON25813

Source

NTR

Health condition

deteriorating patient; monitoring vital signs

vitaal bedreigde patient; monitoring vitale functies

Sponsors and support

Primary sponsor: -Albert Schweitzer Hospital, Dordrecht; the Netherlands

Source(s) of monetary or material Support: -Albert Schweitzer Hospital, Dordrecht; the Netherlands

-Early Sense Company, Israel

Intervention

Outcome measures

Primary outcome

Number of unplanned ICU admissions per 1000 admissions.

Secondary outcome

1. Number cardiac arrests on the ward per 1000 admissions;
2. Mortality rate on the ward per 1000 admissions;
3. Number of MET (medical emergency Team) calls per 1000 admissions;
4. Assessment safety culture (% of respondents reporting a good safety climate).

Study description

Background summary

Many hospitals introduced rapid response teams (RRT) to provide appropriate care to patients with deteriorating vital functions. Still the number of deteriorating patients, and accompanying healthcare costs, are high and can possibly be reduced by improving the process of early detection. According to care professionals, early detection is crucial to provide timely care. The objective of this single-centre randomised pilot study is to improve early detection of deteriorating patients and investigate the (cost)effectiveness of automated continuous monitoring of patients in hospital wards compared to usual intermittent nurse monitoring. The intervention is the EverOn system. 850 patients in 1 intervention ward and 850 patients in 1 control ward will be monitored. The primary outcome measure is unplanned ICU transfers, secondary outcome measures are cardiac arrests on the ward, patient mortality on the ward, number and intensity of RRT calls and perceived safety culture. An economic evaluation will provide insight into cost effectiveness of continuous automated monitoring compared to usual intermittent nurse monitoring.

Study objective

Is automated continuous monitoring of vital signs of patients on the surgical ward more effective than standard practice (= intermittent monitoring)?

Study design

T=0 months; start of inclusions;

T=12 months; end of inclusions.

Intervention

1. Automated continuous patientmonitoring;
2. Intermittent patientmonitoring.

Contacts

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Eligibility criteria

Inclusion criteria

1. Adult patients (18 years and older);
2. Able to consent.

Exclusion criteria

1. Patients younger than 18 years;
2. Unable to consent.

Study design

Design

Study type:	Observational non invasive
Intervention model:	Parallel
Allocation:	Non-randomized controlled trial
Masking:	Open (masking not used)
Control:	Active

Recruitment

NL	
Recruitment status:	Recruitment stopped
Start date (anticipated):	18-06-2012
Enrollment:	1700
Type:	Actual

IPD sharing statement

Plan to share IPD: Undecided

Ethics review

Positive opinion	
Date:	10-01-2013
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	NL3621
NTR-old	NTR3787
Other	METC of Albert Schweitzer Hospital, Dordrecht : 2012.20
ISRCTN	ISRCTN wordt niet meer aangevraagd.

Study results

Summary results

N/A