

Decision support for improving fall-management in elderly patients in the primary care setting.

No registrations found.

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

Summary

ID

NL-OMON25870

Source

Nationaal Trial Register

Brief title

PROFIT- Primary care

Health condition

Older adults, Geriatrics, Falling, Fall prevention, Fall management

Sponsors and support

Primary sponsor: Academic Medical Center (AMC)

Source(s) of monetary or material Support: ZON-MW, The Netherlands Organization for Health Research and Development

Intervention

Outcome measures

Primary outcome

Adherence to the clinical rules. In particular adherence will be calculated in the following ways:

1. We will calculate the pass rates for each rule. The pass rate of a rule is the proportion of times that a rule was followed when it was triggered;
2. We will calculate the pass rate without distinction to specific rules (the proportion of times any rules was followed when it was triggered);

We will compare our results with the results of our baseline measurements.

Secondary outcome

N/A

Study description

Background summary

Problem:

Falls, and balance and mobility problems in older ages form a serious health concerns for both elderly patients and health care systems. It is known that fall detection is under detected. Elderly in particular the vulnerable elders are in need of continuous assessment and they need receiving integrated and specific care adapted to their situation.

The fall set of quality indicators (QIs) of the ACOVE (Assessing Care Of the Vulnerable Elders) is a comprehensive instrument for measuring quality of fall-care and improving fall management for elderly people. However, the indicators are still used to assess, rather than improve, care delivery.

Objective:

The primary objective in the PROFIT-PC (Prevention Of Falls using Information Technology - Primary Care) study is the systematic improvement of fall prevention and management at primary care for older persons by increasing adherence to a carefully selected set of fall QIs.

Approach:

After the selection of the fall QIs we translated them into formal clinical rules for processing by a computer. The formal rules are then employed in a clinical decision support system (CDSS) that pro-actively reminds and alerts GPs to make the decisions consistent with the rules.

Intervention:

All the GPs will receive decision support pertaining to the selected fall clinical rules.

The reminders and alerts are not meant to be intrusive: They appear in a "ToDo" list which will be displayed at the edge of the computer screen of the GP. When GPs comply to a rule they will receive positive feedback. Color-coding will be used to display the status of the rule in terms of adherence.

Primary outcome:

Adherence to the selected clinical rules. This will be measured based on the (1) pass rates of the individual rules (2) general pass rates regardless of specific rules

Study objective

User-driven computerized decision support provided to general practitioners will improve their adherence to clinical rules pertaining to fall management for elderly patients.

Study design

Measurements are automatically collected by the computer as soon as they become available. We will measure adherence at the end of the study.

Intervention

A subset of fall clinical rules originating from the ACOVE (Assessing care of Vulnerable Elders), complete set of rules which was translated to the Dutch settings, has been selected based on surveys and focus groups with General Practitioners (GPs).

The intervention consists of helping GPs to better document fall history for elders (65 years old and older) and providing, when needed, alerts and reminders based on the selected clinical rules.

The reminders and alerts are not meant to be intrusive: they appear in a "ToDo" list which will be displayed at the edge of the GP's computer screen. Color-coding will be used to display the status of the rule in terms of adherence.

Contacts

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Eligibility criteria

Inclusion criteria

Patients:

All patients 65 years or older visiting their general practitioner.

Physicians:

All primary care physicians in the practices of GAZO (Gezondheidscentra in Amsterdam Zuid-Oost).

Exclusion criteria

N/A

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Non-randomized controlled trial
Masking:	Open (masking not used)

Control: N/A , unknown

Recruitment

NL

Recruitment status: Pending

Start date (anticipated): 01-07-2013

Enrollment: 174

Type: Anticipated

Ethics review

Positive opinion

Date: 05-08-2013

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	NL3941
NTR-old	NTR4107
Other	/ W13_005 #13.17.0061 ZonMW / MEC waiver : 30002001
ISRCTN	ISRCTN wordt niet meer aangevraagd.

Study results

Summary results

N/A