# The effects of the National Quality Improvement Program Palliative Care

No registrations found.

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

## Summary

### ID

NL-OMON26353

**Source**
NTR

**Brief title**
N/A

**Health condition**

palliative care; lifetreathening disease;

### Sponsors and support

**Primary sponsor:** NIVEL, Netherlands institute for health services research.
**Source(s) of monetary or material Support:** ZonMw, The Netherlands Organization for Health Research and Development.

### Intervention

### Outcome measures

**Primary outcome**

Quality indicators palliative care:

a. the number of patients that die at the preferred place

b. the patients’ and family’s experienced control regarding end-of-life care

c. the patients’ and family’s experienced coordination of end-of-life care

d. the patients’ and family’s experienced concordant care with their needs, preferences and values

e. the number of patients and families that receive care for their needs in the physical, psychosocial, and spiritual domains

### Secondary outcome

2. a. In which way and to what extent are the good practices implemented?

b. What are barriers and facilitators of the implementation of the good practices and what are the realised conditions for future sustainability of the ‘good practices’?

c. Are implementation processes realised as planned beforehand?

3. What other factors might have influenced the measured effects within the organisations?

## Study description

### Background summary

N/A

### Study objective

The national quality improvement program palliative care will improve quality of palliative care on a national level and the separate trajectories implementing ‘good practices’ will improve quality of palliative care on the regional and institutional level.

### Study design

Month 0
Month 9

### Intervention

National Quality Improvement Program Palliative Care. Implementing 'good pracitces';

• PaTz – a systematic approach to improve the quality and organization of care by timely

identification of patients in need of palliative care and by drafting an advance care plan. (Dutch equivalent of the Golden Standard Framework)

• Signal box for nursing assistants to timely identify palliative care needs in their patients

• Dutch version of the Liverpool Care pathway for the Dying patient

• STEM-inspirational cycle – a trajectory with professionals to accelerate expertise, to create awareness of the diversity of patients' wishes and needs at the end of life, to improve communication-skills and to improve professionals' ability to support patients and relatives at the end-of-life

• Informare - a tailored method to provide timely information about end-of-life care to patients and relatives

• Decision-making in palliative care – a decision tool for professionals to make decisions on end-of-life care by using clinical assessment for palliative care in a multidisciplinary team

• Implementation of national guideline for Palliative Sedation in primary care

• Advance Care Planning – a training for general practitioner to better recognize patients with palliative care needs in consultation with a specialist palliative care consultant

• Utrecht Symptom Diary – training of using this tool systematically evaluate the symptom burden of the patient and of adequately responding to the burden

## Contacts

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# Eligibility criteria

## Inclusion criteria

Inclusion criteria for patients are;

• Adult patients (18 years and older)

• Patient has a life expectancy of less than 6 months, measured by the surprise question, and/or undergoes palliative treatment, such as palliative chemotherapy, palliative radiotherapy, palliative surgery, or other treatments that aim to improve the quality of life and/or to extend life, but do not aim to cure the disease

• Patient is physically and mentally capable to respond to questionnaires and to understand Dutch.

Inclusion criteria for bereaved relatives are;

• Adult person (18 years and older)

• Has been a contact person (first contact person) of a deceased patient and has been involved in the care of the deceased patient who died after a sickbed

• The decease of the patient has been no shorter than 6 weeks ago and not longer than 6 months ago.

## Exclusion criteria

Exclusion criteria for patients are;

• Comatose, deeply sedated, or dying patients

• Patients who have a care relationship shorter than one week

Exclusion criteria for bereaved relatives are;

• A contact person of a patient who died suddenly and unexpected.

# Study design

## Design

| | |
|---|---|
| Study type: | Interventional |
| Intervention model: | Parallel |
| Allocation: | Non controlled trial |
| Masking: | Open (masking not used) |
| Control: | N/A , unknown |

## Recruitment

NL

| | |
|---|---|
| Recruitment status: | Recruiting |
| Start date (anticipated): | 01-02-2013 |
| Enrollment: | 510 |
| Type: | Anticipated |

# Ethics review

Positive opinion

| | |
|---|---|
| Date: | 22-07-2013 |
| 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 | NL3915 |
| NTR-old | NTR4085 |
| Other | : VNV-071 |
| ISRCTN | ISRCTN wordt niet meer aangevraagd. |

# Study results

**Summary results**
N/A