Care pathway for older adults presenting with non-specific complaints at the emergency department

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Rationale: Approximately, 10-20% of older adult patients present with non-specific complaints (NSCs) at the emergency department (ED). NSCs are known as poorly described symptoms, such as ‘weakness’ and ‘fatigue’, often leading to an extensive...

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

Summary

ID

NL-OMON26529

Source
Nationaal Trial Register

Brief title
Zorgpad NSK

Synonym
Geriatric Medicine Acute Medicine

Health condition

Older adults, often frail, frequently present with poorly-defined symptoms leading to an extensive differential diagnosis. These so called ‘non-specific’ complaints (NSCs), such as: ‘feeling unwell’, ‘feeling fatigued’ or ‘feeling dizzy’, are expressions of an acute medical problem in 50% of the cases

Research involving
Human

Sponsors and support

Primary sponsor: Netwerk Acute Zorg Brabant (NAZB)

Source(s) of monetary or material Support: Netwerk Acute Zorg Brabant (NAZB)

Intervention

Outcome measures

Primary outcome

The primary objectives of the care pathway are to evaluate: - Length of stay at the ED (ED-LOS) - Patient satisfaction on 4 domains 1. relief of symptoms (degree of relief and symptoms, duration until symptom relief, impact on function) 2. understanding the diagnosis and cause of symptoms, understanding prognosis 3. presence and understanding of the diagnostic, therapeutic and follow-up plan 4. reassurance during ED-stay

Secondary outcome

The secondary objectives of the care pathway are to evaluate: - Length of stay at the hospital (HOSP-LOS) - Discharge destination - Medical diagnosis (at admission versus discharge) - Frequency of readmissions / revisits - 30-day mortality - Loss of functional status - Costs-effectiveness of the care pathway

Study description

Background summary

Rationale: Approximately, 10-20% of older adult patients present with non-specific complaints (NSCs) at the emergency department (ED). NSCs are known as poorly described symptoms, such as ‘weakness’ and ‘fatigue’, often leading to an extensive differential diagnosis. Almost half of patients presenting with NSCs suffer from a serious underlying illness. Currently, a management protocol for patients with NSCs does not exist. Patients with NSCs are often under triaged, stay longer at the ED (ED-LOS) or hospital (HOSP-LOS) and are at a higher risk for complications during hospitalisation. A special care pathway for patients with NSCs was designed to resolve some of these problems and improve the efficiency of care at the ED. Objective: To implement and evaluate a care pathway for older adults presenting with non-specific complaints at the emergency department. Study design: A longitudinal multi-centre cohort with a stepped-wedge cluster design. Study population: Older adults ≥70 years of age presenting with NSCs at the practice of the general practitioner (GP), the elderly care physician at a nursing home or the emergency department of the hospital will be evaluated for inclusion. Data from control patients will be collected retrospectively. Recruitment: Recruitment will take place during workdays between Monday – Friday from 11:00 am – 20:00 pm and comprise of a study period of 6 months, according to the study protocol. The primary health care provider (such as a GP or elderly care physician at a nursing home) will indicate whether a patient is eligible for access to the care pathway and

inform the specialist at the ED. Every referring care professional will have a card, which provides information on how to refer a patient to the care pathway and to whom. Patients can also enter the care pathway after triage at the ED, if the main complaint is non-specific. If the ED specialist registers access to the care pathway and the patient gives consent, the patient will be included and baseline data collected . Intervention: If feasible, an ED-coach (passive or active form) will be appointed to each participant of the care pathway. The NSC will be evaluated in-depth, the patient will undergo APOP-screening during triage and if indicated, a comprehensive geriatric assessment will be performed after discharge from the ED at another department. The patient will be seen by a specialist or experienced resident in training at the ED, who will order a standard set of diagnostic tests and review the results. The APOP-risk score will guide further actions in the care pathway. A verification of the medication list will be performed <24 hours and a review of the medication will follow during admission. Control cohort: Recruitment of controls will occur before implementation of the care pathway and on workdays between Monday – Friday from 11:00 am – 20:00 pm. The study period is estimated at approximately 6 months, according to study protocol. Each participating hospital will inform participants regarding their policy on data collection prior to implementing the care pathway. Data for controls within hospitals with access to CTcue will be collected retrospectively. The other participating hospitals will include eligible patients prospectively for the same estimated study period. After 30 days, the research nurse will evaluate complications that occurred after the patient leaves the care pathway. Main study parameters/endpoints: Main endpoints are to evaluate the length of stay at the ED (ED-LOS) and exploring patient satisfaction on 4 established domains. Secondary objectives are evaluating the length of stay at the hospital (HOSP-LOS), discharge destination, medical diagnosis (at admission versus discharge), frequency of readmissions / revisits, 30-day mortality, loss of functional status and costs-effectiveness of the care pathway. Study parameters are age, gender, main non-specific complaint, main diagnosis at ED-arrival and discharge, way of arrival (per ambulance, public transportation, etc.), main domain of NSC (somatic, nutrition, psychosocial, functional, mobility, falls), living situation (independent, care at home), diagnostic tests, specialist seeing the patient and consulting specialists and ED-logistics (time of arrival at ED, duration of triage, triage colour). Nature and extent of the burden and risks associated with participation, benefit and group relatedness: Participation in the care pathway is non-invasive. It includes specialized care for older adult patients presenting with NSCs at the emergency department. The burden regarding participation in this care pathway can be considered minimal

Study objective

Rationale: Approximately, 10-20% of older adult patients present with non-specific complaints (NSCs) at the emergency department (ED). NSCs are known as poorly described symptoms, such as ‘weakness’ and ‘fatigue’, often leading to an extensive differential diagnosis. Almost half of patients presenting with NSCs suffer from a serious underlying illness. Currently, a management protocol for patients with NSCs does not exist. Patients with NSCs are often under triaged, stay longer at the ED (ED-LOS) or hospital (HOSP-LOS) and are at a higher risk for complications during hospitalisation. A special care pathway for patients with NSCs was designed to resolve some of these problems and improve the efficiency of care at the ED.
Objective: To implement and evaluate a care pathway for older adults presenting with non-

specific complaints at the emergency department.

Study design

Study design: A longitudinal multi-centre cohort with a stepped-wedge cluster design.

Intervention

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Study burden and risks

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Contacts

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Eligibility criteria

Age

Elderly (65 years and older)
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Inclusion criteria

In order to be eligible to participate in this study, a subject must meet all of the following criteria: - Indicated for admission to hospital, and - Age ≥ 70 years, and - A non-specific main complaint at presentation, such as:–– 1. somatic problems: - weakness: physical weakness in the body limiting the patient to perform daily activities - not feeling well: patients expressing a passive behaviour due to not feeling well physically or mentally - change in nutritional status: an abrupt decline of eating and/or drinking, compared to previous eating habits - unexplained weight loss: an ongoing weight loss or recent weight loss of more than 10% of baseline in the previous month, not related to a modified diet or exercise 2. a higher demand of care: - loss of independency: an abrupt or ongoing decline of being able to perform daily activities independently - a necessity for a change in the living situation, due to a higher demand of care - a necessity for 24-7 care, not indicated previously 3. cognitive problems: - disorientation: inability to recall current date, name or current environment - changes in behaviour: unexplained agitation, abrupt changes in behaviour - cognitive decline: abrupt decline in cognitive performances 4. functional status: - loss of mobility: change in functional status leading to limited mobility 5. unexplained falls: a fall not related to extrinsic factors such as poor lighting, unsafe stairways, and irregular floor surfaces or to a precise medical or drug-induced cause

Exclusion criteria

A potential subject who meets any of the following criteria will be excluded from participation in this study: - Specific (main) complaint coupled to a diagnosis (pain, dyspnea, cough, localised weakness, swollen extremity, diarrhea, dysuria, bleeding, syncope, skin lesions, vertigo, palpitations, e.g.) - Age <70 years - Patient refusing data collection or participation in the care pathway

Study design

Design

Study phase:	N/A
Study type:	Observational non invasive
Intervention model:	Other
Allocation:	Non-randomized controlled trial
Masking:	Open (masking not used)

Control:	Historical
Primary purpose:	Health services research

Recruitment

NL

Recruitment status:	Completed
Start date (anticipated):	01-04-2021
Enrollment:	233
Type:	Actual

IPD sharing statement

Plan to share IPD: No

Ethics review

Positive opinion

Date:	18-04-2019
Application type:	First submission
Review commission:	METC Maxima Medisch Centrum (Veldhoven);METC Maxima Medisch Centrum (Veldhoven)

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	NL8960

Register	ID
Other	METC Máxima MC : N19.034

Study results