Improving patient handovers: implementation of the Transfer Intervention Procedure (TIP)

No registrations found.

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

Summary

ID

NL-OMON26721

Source NTR

Brief title

Health condition

Discharge Bundle, Patient Handovers, Implementation, Hospitals, Interrupted Time Series

Ontslagbundel, overdracht, implementatie, ziekenhuis, Interrupted Time Series

Sponsors and support

Primary sponsor: Academisch Medisch Centrum Universiteit van Amsterdam **Source(s) of monetary or material Support:** The Dutch Ministry of Health, Welfare and Sport [grant number: 324798].

Intervention

Outcome measures

Primary outcome

The primary outcome is the number of medical, medication and nursing handovers being sent within 24 hours after discharge

Secondary outcome

Secondary outcomes are length of hospital stay unplanned readmission within 30 days rates.

Study description

Background summary

This study is set to implement the Transfer Intervention Procedure (TIP); a discharge bundle to improve discharge care on an organizational level. We aim for a one hundred percent of medical, medication and nursing handovers being sent within 24 hours to the next health care provider. Yet at the same time, professionals should be aware that this does not come at the expense of the content of the patient handovers. To our knowledge this is the first study that investigates the implementation of such a discharge bundle on a large, national-scale, in eight different Dutch hospitals: Haven hospital Rotterdam; Maxima Medical Center Veldhoven; Lange Land Hospital Zoetermeer, OLVG Amsterdam; Gelre Hospitals Apeldoorn; Catharina Hospital Eindhoven; Reinier de Graaf Hospital Delft and the Academic Medical Center, University of Amsterdam. If effective, nationwide implementation of the discharge bundle may result from this study protocol.

Study objective

We aim to investigate the effect of a comprehensive discharge bundle, the Transfer Intervention Procedure (TIP), on the time between discharge and the time when the medical, medication and nursing handovers are sent to the next health care provider. Our goal is to reduce this time to 24 hours after hospital discharge. Secondary outcomes are length of hospital stay and unplanned readmission within 30 days rates

Study design

An interrupted time-series (ITS) study will be conducted from March 2016 until June 2017. There will be six pre-implementation measurements and six post-implementation measurements with one-month intervals. During the transition period, i.e. two months, implementation activities are set up and no measurements will be conducted.

Intervention

The Transfer Intervention Procedure (TIP), which provides the foundation for a safe and reliable discharge process.

The TIP discharge bundle consists of four elements: 1) determining the discharge date within

2 - Improving patient handovers: implementation of the Transfer Intervention Procedu ... 12-05-2025

48 hours after admission and communication of the discharge date with the patient, 2) start with arrangement of required post-discharge care within 48 hours after admission, 3) set up patient handover (medical, medication, nurse) and personalized patient discharge letter (PPDL) within 48 hours after admission, 4) plan a discharge conversation with the patient to explain information from the PPDL 12 to 24 hours before discharge.

Contacts

Public

Department of Internal Medicine, Division of Geriatric Medicine, Academic Medical Center

Rosanne van Seben PO Box 22660

Amsterdam 1100 DD The Netherlands **Scientific** Department of Internal Medicine, Division of Geriatric Medicine, Academic Medical Center

Rosanne van Seben PO Box 22660

Amsterdam 1100 DD The Netherlands

Eligibility criteria

Inclusion criteria

Patients over the age of 18 admitted for more than 48 hours to the participating wards are eligible for inclusion.

Exclusion criteria

Patients younger than 18 years are excluded. Patients admitted for less than 48 hours to the participating wards are excluded.

3 - Improving patient handovers: implementation of the Transfer Intervention Procedu ... 12-05-2025

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:	Recruiting
Start date (anticipated):	01-03-2016
Enrollment:	2000
Туре:	Anticipated

Ethics review

Positive opinion	
Date:	14-07-2016
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	NL5788
NTR-old	NTR5951
Other	The Dutch Ministry of Health, Welfare and Sport : 324798

Study results

Summary results