PalliSupport, a transitional care pathway for elderly patients at the end of life

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The primary objective is to evaluate the effect of the PalliSupport care pathway on the likelihood of unplanned hospital readmission, deaths at place of preference, quality of life, symptom burden and informal caregiver burden.

Ethical review	Approved WMO
Status	Recruiting
Health condition type	Other condition
Study type	Interventional

Summary

ID

NL-OMON46089

Source
ToetsingOnline

Brief title
PalliSupport

Condition

- Other condition

Synonym
Life threatening disease and frailty

Health condition

Kwetsbaarheid en/of ongeneeslijke aandoening met een levensverwachting van minder dan een jaar

Research involving
Human

Sponsors and support

Primary sponsor: Academisch Medisch Centrum
Source(s) of monetary or material Support: ZonMw

Intervention

Keyword: Elderly, Palliatieve care, Transitional care

Outcome measures

Primary outcome

The primary outcome is the occurrence of (at least one) unplanned

hospitalisation in the six months after discharge.

Secondary outcome

Secondary outcomes are dying at the place of patient*s preference. Furthermore,

the quality of life, symptom burden, palliative outcomes, caregivers* burden

and health care utilisation will be assessed.

Study description

Background summary

Inadequate palliative care for older patients can result in unnecessary hospitalisation, reduced quality of life and patients not dying at their place of preference. Barriers to appropriate palliative care can be found at the organisational, communicational, educational and cultural levels. The PalliSupport care pathways aim to overcome these barriers by providing patient-centred care by means of timely identification of patients who could benefit and integral palliative assessment: timely conversations about their wishes and preferences. Furthermore, PalliSupport aims to enhance knowledge of health care providers and improve collaboration between care settings.

Study objective

The primary objective is to evaluate the effect of the PalliSupport care pathway on the likelihood of unplanned hospital readmission, deaths at place of

preference, quality of life, symptom burden and informal caregiver burden.

Study design

This study will be a pragmatic multicentre stepped-wedge randomised trial (SW-RCT) in 5 hospitals and surrounding regions (clusters). 300 patients will be included in the care a usual phase and 300 in the intervention phase.

Intervention

The intervention consists of a transitional care pathway that starts during an acute hospitalisation. The intervention consists of timely identification with the Surprise Question and SPICT criteria. After identification, conversations about end-of-life preferences will be initiated and an integral palliative assessment will be performed by the palliative care team. The patient will be discussed in a weekly multidisciplinary meeting (MDT), which is attended by the patient*s primary care physician and home care nurse, and an individualised palliative care plan will be formalised. During the MDT the intensity of follow-up will be determined. Before discharge the patient and their informal caregiver will receive a copy of the individualised care plan; a copy will also be sent to the primary care physicians and home care services. After discharge the patient is followed up by the palliative care team and discussed in the MDT until this is deemed no longer necessary. Primary care professionals can consult the palliative care team again if new problems occur.

Study burden and risks

The risks of participation are limited for patients and their informal caregivers. Most of the interventions occur on health care providers and organisational level. One of the interventions is conversations about the wishes and needs around the end of life. This could be confrontational and cause fear and sadness. On the other hand this could also result in care that is better adjusted to the needs and wishes of the patient. The burden for patients and their informal caregivers is low, during baseline and at four follow-up moments, four questionnaires will be presented. A small sample will also be approached for interviews which will last an hour.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

1) Age (*65 years);
2) Acutely admitted for *48 hours to the departments of internal medicine, geriatrics, cardiology, pulmonary disease, gastroenterology or oncology;
3) Positive SPICT* criteria*: a hospital admission in six months prior to admission, functional status decline and weight loss (65-79 years: two or more positive criteria, >80 years: 1 or more positive criteria);
4) Ability to read and speak the Dutch language;

Exclusion criteria

Patients who are not able to answer questionnaires due to severe cognitive impairment (MMSE<15) due to diagnosis of dementia or active delirium during the entire admission, will be excluded. Furthermore, patients who live far from the hospital and therefore cannot be visited by the palliative care team will be excluded (based on ZIP code area).

Study design

Design

Study type:	Interventional
Intervention model:	Other
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)

Primary purpose: Health services research

Recruitment

NL

Recruitment status:	Recruiting
Start date (anticipated):	07-01-2019
Enrollment:	600
Type:	Actual

Ethics review

Approved WMO Date:	26-10-2018
Application type:	First submission
Review commission:	METC Amsterdam UMC
Approved WMO Date:	13-12-2018
Application type:	Amendment
Review commission:	METC Amsterdam UMC

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
CCMO	NL66739.018.18