Feasibility of implementation of the International Early Warning Score in the Emergency Department

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Objective 1: To assess knowledge, attitude health-care professional satisfaction andperceived barriers and facilitators of use and implementation by health care professional inthe ED.Objective 2: To assess process of care and outcome indicators...

Ethical review	Not available
Status	Pending
Health condition type	Other condition
Study type	Observational non invasive

Summary

ID

NL-OMON57500

Source
Onderzoeksportaal

Brief title
Feasibility of implementation of the International Early Warning Score in the Emergency Department

Condition

- Other condition

Synonym
All Emergency Department patients with the age of 18 or above

Research involving
Data

Sponsors and support

Primary sponsor: Leids Universitair Medisch Centrum
Source(s) of monetary or material Support: Eerste geldstroom (geld van Ministerie van

OC&W aan universiteiten)

Intervention

- Other intervention

Explanation

N.a.

Outcome measures

Primary outcome

Primary outcomes.
Knowledge, attitude, health-care professional satisfaction and perceived barriers and
facilitators of use and implementation by health care professional in the ED.

Secondary outcome

Process of care and outcome indicators. Initial and last IEWS during ED stay, number of
patients receiving oxygen, fluid resuscitation and medication (antibiotics, antihypertensives,
vasopressors), ED length of stay, number of hospital admissions to ward and Intensive Care
Unit, in-hospital length of stay and mortality.

Study description

Background summary

Annually, ~2 million patients visit the emergency department (ED) of whom ~30% arrive by ambulance and 39% require hospitalization, resulting in considerable costs. (www.stichtingneed.
nl, https://puc.overheid.nl/nza/doc/PUC_301126_22/1/), www.rivm.nl/acute-zorg/ambulancezorg). Early warning scores (EWS) have been developed to facilitate recognition of vital thread. This is important because in time sensitive medical conditions like sepsis and trauma, early treatment is associated with better outcomes. The recently developed age and sex adjusted International EWS (IEWS) is superior to existing EWS and classifies patients better in low and high risk. However, it has not been investigated whether implementation of the IEWS is feasible and affects patient outcomes.
Early recognition of vital sign abnormalities is facilitated by the age-adjusted International Early Warning Score (IEWS), representing potentially reversible disease severity.1 Use of this quick, simple and easy to automate score would help ED personnel to recognize physiological deterioration in frail older patients and initiate early treatment in those who

need it, preventing further deterioration of existing co-morbidities. However, health care providers should use it in order to be beneficial and implementation of new scores have been shown to be difficult because of all sorts of barriers.

Study objective

Objective 1: To assess knowledge, attitude health-care professional satisfaction and perceived barriers and facilitators of use and implementation by health care professional in the ED.
Objective 2: To assess process of care and outcome indicators using the Netherlands Emergency department Evaluation Database (NEED, www.stichting-need.nl).

Study design

Prospective study

Intervention

Intervention
Objective 1.
Questionaires will be distributed in the ED on paper and sent
electronically to all health care professionals working in the ED. Two reminder e-mails will be sent. During morning and afternoon hand-overs awareness of this study will be raised.
Objective 2.
Incorporation of the IEWS in all Philips MP52 monitors and the overview screens in the ED of the Leiden University Medical Centre.

Study burden and risks

No additional risk

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Not applicable

Inclusion criteria

Objective 1. ED nurses, ED physicians and physician assistant and residents in the ED.
Objective 2. All consecutive ED patients aged 18 years and older.

Exclusion criteria

Objective 1. None.
Objective 2. All ED visits younger than 18 years.

Study design

Design

Study phase:	N/A
Study type:	Observational non invasive
Intervention model:	Single
Allocation:	Non controlled trial
Masking:	Open (masking not used)
Control:	Uncontrolled

Primary purpose:	Health services research

Recruitment

NL

Recruitment status:	Pending
Start date (anticipated):	01-05-2025
Enrollment:	700
Type:	Anticipated

Medical products/devices used

Product type:	N.a.

IPD sharing statement

Plan to share IPD: No

Plan description
N.a.

Ethics review

Not available

Date:	08-04-2025
Application type:	First submission
Review commission:	Validatie nWMO registratie door CCMO

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
Research portal	NL-009802