

# New perspectives in trauma care: effects of centralisation on quality of care

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|                             |   |
|-----------------------------|---|
| <b>Ethische beoordeling</b> | Positief advies                                     |
| <b>Status</b>               | Werving gestart                                     |
| <b>Type aandoening</b>      | -   |
| <b>Onderzoekstype</b>       | Observationeel onderzoek, zonder invasieve metingen |

## Samenvatting

### ID

NL-OMON21416

### Bron

NTR

### Verkorte titel

Centralisation polytrauma care

### Aandoening

centralisation, polytrauma care, quality and quantity of trauma care, mixed-methods study

## Ondersteuning

**Primaire sponsor:** Network Acute Care Limburg

**Overige ondersteuning:** Network Acute Care Limburg

## Onderzoeksproduct en/of interventie

## Uitkomstmatten

### Primaire uitkomstmatten

1. Qualitative interviews with health care professionals<br>- Expected positive and negative effects of centralisation of polytrauma care, leading to

solutions for bottlenecks <br><br>

## 2. Qualitative interviews with patients<br>

- Patients' experience with centralisation of polytrauma care<br><br>

## 3. Quantitative data collection<br>

- Distribution of (poly)trauma patients in Limburg, The Netherlands<br>

- Patient reported outcome measures (quality of life - EQ5D and SF36)

# Toelichting onderzoek

## Achtergrond van het onderzoek

In the Netherlands, more than 80.000 patients with traumatic injuries are hospitalized each year, of which almost 6.000 polytrauma patients. Centralisation of polytrauma patients will increase due to quality indicators drawn up by Zorginstituut Nederland, but may also cause negative effects within the regular trauma care.

The aim of the project is to gain insight into the effects of centralisation of polytrauma care on the quality of care provided by partners of the trauma care chain. In addition, we want to investigate whether there are adverse effects by shifting polytrauma care from regional hospitals to the trauma center. Therefore, a mixed-methods study with qualitative interviews, patient journeys and prospective observational data collection is proposed. In addition, a problem analysis with stimulating and impeding factors of centralisation of polytrauma care will occur in the region.

## Doel van het onderzoek

The aim of the project is to gain insight into the effects of centralisation of polytrauma care on the quality of care. We also want to investigate the effect on the quality and quantity of regular trauma care by shifting polytrauma care from regional hospitals to the trauma center.

## Onderzoeksopzet

### 1. Qualitative interviews with health care professionals

- Interview will take place at baseline, before implementation of centralisation of polytraumacare

- Follow-up at one and two years after implementation

### 2. Qualitative interviews with patients

- 3-6 months after trauma

### 3. Quantitative data collection

- quantitative data from Dutch Trauma Registry 2016, 2017 and 2018

- PROMs: 3-6 months after trauma

### Onderzoeksproduct en/of interventie

This mixed-methods study has been set up with qualitative interviews, focus group discussions, description of patient journeys, and prospective observational data collection.

## Contactpersonen

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### Wetenschappelijk

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## Deelname eisen

## **Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)**

### 1. Health care professionals

- core members of the primary trauma care chain (ambulance nurses, MMT staff, nursing centralists ambulance, emergency room physicians, trauma surgeons, anesthesiologists, rehabilitation physicians)

### 2. Patient journeys

- patients admitted to emergency department because of traumatic injury
- hospital admission
- transfer from regional hospital to trauma center
- 3-6 months after trauma
- Dutch language in word and writing

### 3. Patients included in Dutch Trauma Registry

- Included in Dutch Trauma Registry: admitted to emergency department because of traumatic injury, hospital admission, transfer from other location or hospital to trauma center

## **Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)**

### 2/3. Patient journeys and PROMs

- Age < 18 years
- Incapacitated

## **Onderzoeksopzet**

## Opzet

|                  |   |
|------------------|---|
| Type:            | Observationeel onderzoek, zonder invasieve metingen |
| Onderzoeksmodel: | Anders  |
| Blinding:        | Open / niet geblindeerd                             |
| Controle:        | N.v.t. / onbekend                                   |

## Deelname

|                         |                      |
|-------------------------|----------------------|
| Nederland               |                      |
| Status:                 | Werving gestart      |
| (Verwachte) startdatum: | 01-10-2017           |
| Aantal proefpersonen:   | 20                   |
| Type:                   | Verwachte startdatum |

## Ethische beoordeling

|                 |                  |
|-----------------|------------------|
| Positief advies |                  |
| Datum:          | 02-07-2018       |
| Soort:          | Eerste indiening |

## Registraties

### Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

### Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

## In overige registers

| Register | ID      |
|----------|---------|
| NTR-new  | NL7122  |
| NTR-old  | NTR7348 |

**Register**

Ander register

**ID**

: METC 16-4-280

## Resultaten