

Improving fall prevention by providing tailored information to elderly patients

Gepubliceerd: 15-05-2013 Laatste bijgewerkt: 18-08-2022

We hypothesize: (a) that providing patient specific risk information to elders when they visit the emergency department will improve their willingness to visit the FOC; and (b) that elders may underestimate their risk for a recurrent fall.

Ethische beoordeling	Positief advies
Status	Werving nog niet gestart
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON23017

Bron

NTR

Verkorte titel

PROFIT fall-outpatient clinic

Aandoening

Older adults, Geriatrics, Falling, fall outpatient clinic

Ondersteuning

Primaire sponsor: Academic Medical Center (AMC)

Overige ondersteuning: ZON-MW, The Netherlands Organization for Health Research and Development

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

Primary outcome is the percentage of patients who are invited to the outpatient fall clinic

who actually visit the clinic.

Toelichting onderzoek

Achtergrond van het onderzoek

The fall prevention outpatient clinic aims at preventing (recurrent) falls of elders (≥ 65 years) that visited the Emergency Department (ED) due to an injurious fall. There are however various problems in the current fall prevention processes such as: (a) patients are currently identified by a nurse visiting the ED which then sends the CTI questionnaire to the patient by post and so many patients do not even fill the questionnaire; (b) Many of those completing the questionnaire and invited to the fall prevention clinic, do actually visit the outpatient fall prevention clinic; (c) the information conveyed to the elders are not individualized. Our aim is to investigate whether providing patient specific risk information to elders when they visit the ED will increase the percentage of actual visits. Our secondary aim is to measure (a) effect on percentage completed questionnaires and (b) difference between perceived and predicted risk of a recurrent fall.

Doel van het onderzoek

We hypothesize: (a) that providing patient specific risk information to elders when they visit the emergency department will improve their willingness to visit the FOC; and (b) that elders may underestimate their risk for a recurrent fall.

Onderzoeksopzet

Measurements are automatically calculated/collected by the computer as soon as they become available. We will measure outcomes at the end of the study.

Onderzoeksproduct en/of interventie

When an elderly patient visits the Emergency Department (ED) due to a fall they will be asked to fill in the CTI (CAREFALL Triage Instrument) questionnaire on a laptop. They will also be asked about their subjective assessment of the risk of falling in the coming year. Upon completion of the CTI the risk estimate for a recurrent fall will be automatically calculated via a prediction model. Based on the criteria and the existing risk factors the patients will be categorized in one of the following groups and receive a specific message for that group at the end of filling in the questionnaire.

1. Those patients who, based on current policy, will not be invited to the fall outpatient clinic will be merely thanked for filling in the questionnaire.
2. Patients who, based on current policy, will be invited to the fall outpatient clinic will be randomized (sample size 104 patients per group):

(a) In the intervention group the patients will be presented with their probability of recurrent falling within one year (and their relative risk in comparison to elders not having their risk factors). They will also be informed that they will be contacted via a letter from the geriatrician within two weeks (similar to the current process) inviting them to visit the outpatient fall prevention clinic.

(b) In the control group patients will be informed that they will be contacted via a letter within two weeks (similar to the current process) inviting them to the outpatient fall prevention clinic.

Contactpersonen

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

Patients aged 65 or older who visit the emergency department due to a fall are included.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

Those patients who entered the emergency department with an ambulance and/or are not able to fill in the questionnaire are excluded.

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blinding:	Dubbelblind
Controle:	Geneesmiddel

Deelname

Nederland	
Status:	Werving nog niet gestart
(Verwachte) startdatum:	01-07-2013
Aantal proefpersonen:	208
Type:	Verwachte startdatum

Ethische beoordeling

Positief advies	
Datum:	15-05-2013
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	NL3806
NTR-old	NTR3994
Ander register	ZonMW / MEC waiver : 30002001 / W13_005 #13.17.0061
ISRCTN	ISRCTN wordt niet meer aangevraagd.

Resultaten

Samenvatting resultaten

[Askari 2013] Marjan Askari, Richard Westerhof , Saied Eslami, Stephanie Medlock, Sophia E. de Rooij, Ameen Abu-Hanna.

A combined disease management and process modeling approach for assessing and improving care processes: A fall management case-study. International Journal of Medical Informatics informatics - DOI:10.1016/j.ijmedinf.2013.06.011.