Improving guideline adherence in atrial fibrillation using an EHR based clinical decision support system.

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The use of a decision support system will increase adherence to the ESC guideline for atrial fibrillation in terms of calculation of bleeding and stroke risk, and accurate anti-thrombotic treatment for stroke prevention.

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

Samenvatting

ID

NL-OMON23867

Bron
NTR

Aandoening

Atrial Fibrillation, Prevention, Stroke, Bleeding, Anticoagulants

Ondersteuning

Primaire sponsor: Academic Medical Center (AMC), Amsterdam
Overige ondersteuning: Academic Medical Center (AMC), Amsterdam

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

The proportion of patients with atrial fibrillation whose anti-thrombotic treatment is in accordance with the ESC guideline for atrial fibrillation.

Toelichting onderzoek

Achtergrond van het onderzoek

A decision support system will be implemented in the cardiologists EHR. This system will calculate the bleeding and stroke risk of patients (CHA2DS2-VASc score and HAS-BLED score), triggered by entering the diagnosis atrial fibrillation in the EHR. The system calculates the risk scores based on values already available in the EHR, and advices on antithrombotic treatment in terms of OAC/NOAC.

Our main outcomes will be the percentage of accurate anti thrombotic prescriptions in patients with atrial fibrillation according to the ESC guideline for atrial fibrillation.

Doel van het onderzoek

The use of a decision support system will increase adherence to the ESC guideline for atrial fibrillation in terms of calculation of bleeding and stroke risk, and accurate anti-thrombotic treatment for stroke prevention.

Onderzoeksopzet

Data of each patient visiting the cardiologist for AF are saved automatically. Adherence is measured at the end of the study.

Onderzoeksproduct en/of interventie

The decision support system is implemented within the electronic health record (EHR) of a patient. When entering the diagnoses atrial fibrillation in the EHR of the patient, the system calculates the risk of stroke (CHA2DS2-VASc score) and the risk of bleeding (HAS-BLED score) based on the values entered/saved in the EHR. Furthermore, based on the calculated bleeding and stroke risk, a medication advice is given in terms of OAC/NOAC.

The intervention arm received the embedded decision support withing the EHR, whereas the control arm uses the EHR without the decision support system.

Contactpersonen

Publiek

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Wetenschappelijk

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

Patients: All patients with atrial fibrillation visiting the cardiologist of one of the three selected hospitals.

Cardiologists: All cardiologists working at one of the three selected hospitals in the Netherlands

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

N/A

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blindering:	Open / niet geblindeerd

Controle:	Geneesmiddel

Deelname

Nederland

Status:	Werving nog niet gestart
(Verwachte) startdatum:	01-02-2015
Aantal proefpersonen:	500
Type:	Verwachte startdatum

Ethische beoordeling

Positief advies

Datum:	21-12-2014
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	NL4768
NTR-old	NTR5011
Ander register	: ExpertAF-EHR

Resultaten

Samenvatting resultaten
N/A