

# Decision support for improving fall-management in elderly patients in the primary care setting.

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

User-driven computerized decision support provided to general practitioners will improve their adherence to clinical rules pertaining to fall management for elderly patients.

<b>Ethische beoordeling</b>	Positief advies
<b>Status</b>	Werving nog niet gestart
<b>Type aandoening</b>	-
<b>Onderzoekstype</b>	Interventie onderzoek

## Samenvatting

### ID

NL-OMON25870

### Bron

Nationaal Trial Register

### Verkorte titel

PROFIT- Primary care

### Aandoening

Older adults, Geriatrics, Falling, Fall prevention, Fall management

### 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

Adherence to the clinical rules. In particular adherence will be calculated in the following ways:<br>

1. We will calculate the pass rates for each rule. The pass rate of a rule is the proportion of times that a rule was followed when it was triggered;<br>
  2. We will calculate the pass rate without distinction to specific rules (the proportion of times any rules was followed when it was triggered);
- <br><br>

We will compare our results with the results of our baseline measurements.

## Toelichting onderzoek

### Achtergrond van het onderzoek

Problem:

Falls, and balance and mobility problems in older ages form a serious health concerns for both elderly patients and health care systems. It is known that fall detection is under detected. Elderly in particular the vulnerable elders are in need of continuous assessment and they need receiving integrated and specific care adapted to their situation.

The fall set of quality indicators (QIs) of the ACOVE (Assessing Care Of the Vulnerable Elders) is a comprehensive instrument for measuring quality of fall-care and improving fall management for elderly people. However, the indicators are still used to assess, rather than improve, care delivery.

Objective:

The primary objective in the PROFIT-PC (Prevention Of Falls using Information Technology - Primary Care) study is the systematic improvement of fall prevention and management at primary care for older persons by increasing adherence to a carefully selected set of fall QIs.

Approach:

After the selection of the fall QIs we translated them into formal clinical rules for processing by a computer. The formal rules are then employed in a clinical decision support system (CDSS) that pro-actively reminds and alerts GPs to make the decisions consistent with the rules.

Intervention:

All the GPs will receive decision support pertaining to the selected fall clinical rules. The reminders and alerts are not meant to be intrusive: They appear in a "ToDo" list which will be displayed at the edge of the computer screen of the GP. When GPs comply to a rule

they will receive positive feedback. Color-coding will be used to display the status of the rule in terms of adherence.

Primary outcome:

Adherence to the selected clinical rules. This will be measured based on the (1) pass rates of the individual rules (2) general pass rates regardless of specific rules

### **Doel van het onderzoek**

User-driven computerized decision support provided to general practitioners will improve their adherence to clinical rules pertaining to fall management for elderly patients.

### **Onderzoeksopzet**

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

### **Onderzoeksproduct en/of interventie**

A subset of fall clinical rules originating from the ACOVE (Assessing care of Vulnerable Elders), complete set of rules which was translated to the Dutch settings, has been selected based on surveys and focus groups with General Practitioners (GPs).

The intervention consists of helping GPs to better document fall history for elders (65 years old and older) and providing, when needed, alerts and reminders based on the selected clinical rules.

The reminders and alerts are not meant to be intrusive: they appear in a "ToDo" list which will be displayed at the edge of the GP's computer screen. Color-coding will be used to display the status of the rule in terms of adherence.

## **Contactpersonen**

### **Publiek**

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## Wetenschappelijk

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## Deelname eisen

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

Patients:

All patients 65 years or older visiting their general practitioner.

Physicians:

All primary care physicians in the practices of GAZO (Gezondheidscentra in Amsterdam Zuid-Oost).

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

N/A

## Onderzoeksopzet

### Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Niet-gerandomiseerd

Blinding:	Open / niet geblindeerd
Controle:	N.v.t. / onbekend

## Deelname

Nederland	
Status:	Werving nog niet gestart
(Verwachte) startdatum:	01-07-2013
Aantal proefpersonen:	174
Type:	Verwachte startdatum

## Ethische beoordeling

Positief advies	
Datum:	05-08-2013
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	NL3941
NTR-old	NTR4107
Ander register	/ W13_005 #13.17.0061 ZonMW / MEC waiver : 30002001
ISRCTN	ISRCTN wordt niet meer aangevraagd.

# Resultaten

## Samenvatting resultaten

N/A