Zorgpad voor ouderen die zich presenteren met niet-specifieke klachten op de SEH

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Ethische beoordeling	Positief advies
Status	Beëindigd
Type aandoening	-
Onderzoekstype	Observationeel onderzoek, zonder invasieve metingen

Samenvatting

ID

NL-OMON26529

Bron
Nationaal Trial Register

Verkorte titel
Zorgpad NSK

Aandoening

Older adults, often frail, frequently present with poorly-defined symptoms leading to an extensive differential diagnosis. These so called ‘non-specific’ complaints (NSCs), such as: ‘feeling unwell’, ‘feeling fatigued’ or ‘feeling dizzy’, are expressions of an acute medical problem in 50% of the cases

Betreft onderzoek met
Mensen

Ondersteuning

Primaire sponsor: Netwerk Acute Zorg Brabant (NAZB)
Overige ondersteuning: Netwerk Acute Zorg Brabant (NAZB)

Onderzoeksproduct en/of interventie

Trefwoord: Zorgpad op de Spoedeisende Hulp

Uitkomstmaten

Primaire uitkomstmaten

The primary objectives of the care pathway are to evaluate: - Length of stay at the ED (ED-LOS) - Patient satisfaction on 4 domains 1. relief of symptoms (degree of relief and symptoms, duration until symptom relief, impact on function) 2. understanding the diagnosis and cause of symptoms, understanding prognosis 3. presence and understanding of the diagnostic, therapeutic and follow-up plan 4. reassurance during ED-stay

Toelichting onderzoek

Achtergrond van het onderzoek

Rationale: Approximately, 10-20% of older adult patients present with non-specific complaints (NSCs) at the emergency department (ED). NSCs are known as poorly described symptoms, such as ‘weakness’ and ‘fatigue’, often leading to an extensive differential diagnosis. Almost half of patients presenting with NSCs suffer from a serious underlying illness. Currently, a management protocol for patients with NSCs does not exist. Patients with NSCs are often under triaged, stay longer at the ED (ED-LOS) or hospital (HOSP-LOS) and are at a higher risk for complications during hospitalisation. A special care pathway for patients with NSCs was designed to resolve some of these problems and improve the efficiency of care at the ED. Objective: To implement and evaluate a care pathway for older adults presenting with non-specific complaints at the emergency department. Study design: A longitudinal multi-centre cohort with a stepped-wedge cluster design. Study population: Older adults ≥70 years of age presenting with NSCs at the practice of the general practitioner (GP), the elderly care physician at a nursing home or the emergency department of the hospital will be evaluated for inclusion. Data from control patients will be collected retrospectively. Recruitment: Recruitment will take place during workdays between Monday – Friday from 11:00 am – 20:00 pm and comprise of a study period of 6 months, according to the study protocol. The primary health care provider (such as a GP or elderly care physician at a nursing home) will indicate whether a patient is eligible for access to the care pathway and inform the specialist at the ED. Every referring care professional will have a card, which provides information on how to refer a patient to the care pathway and to whom. Patients can also enter the care pathway after triage at the ED, if the main complaint is non-specific. If the ED specialist registers access to the care pathway and the patient gives consent, the patient will be included and baseline data collected . Intervention: If feasible, an ED-coach (passive or active form) will be appointed to each participant of the care pathway. The NSC will be evaluated in-depth, the patient will undergo APOP-screening during triage and if indicated, a comprehensive geriatric assessment will be performed after discharge from the

ED at another department. The patient will be seen by a specialist or experienced resident in training at the ED, who will order a standard set of diagnostic tests and review the results. The APOP-risk score will guide further actions in the care pathway. A verification of the medication list will be performed <24 hours and a review of the medication will follow during admission. Control cohort: Recruitment of controls will occur before implementation of the care pathway and on workdays between Monday – Friday from 11:00 am – 20:00 pm. The study period is estimated at approximately 6 months, according to study protocol. Each participating hospital will inform participants regarding their policy on data collection prior to implementing the care pathway. Data for controls within hospitals with access to CTcue will be collected retrospectively. The other participating hospitals will include eligible patients prospectively for the same estimated study period. After 30 days, the research nurse will evaluate complications that occurred after the patient leaves the care pathway. Main study parameters/endpoints: Main endpoints are to evaluate the length of stay at the ED (ED-LOS) and exploring patient satisfaction on 4 established domains. Secondary objectives are evaluating the length of stay at the hospital (HOSP-LOS), discharge destination, medical diagnosis (at admission versus discharge), frequency of readmissions / revisits, 30-day mortality, loss of functional status and costs-effectiveness of the care pathway. Study parameters are age, gender, main non-specific complaint, main diagnosis at ED-arrival and discharge, way of arrival (per ambulance, public transportation, etc.), main domain of NSC (somatic, nutrition, psychosocial, functional, mobility, falls), living situation (independent, care at home), diagnostic tests, specialist seeing the patient and consulting specialists and ED-logistics (time of arrival at ED, duration of triage, triage colour). Nature and extent of the burden and risks associated with participation, benefit and group relatedness: Participation in the care pathway is non-invasive. It includes specialized care for older adult patients presenting with NSCs at the emergency department. The burden regarding participation in this care pathway can be considered minimal

Doel van het onderzoek

We hypothesize that the care pathway will primarily improve patient satisfaction and reduce the ED-length of stay. Reduced hospital length of stay, decreased 30-day mortality, improved functional status (daily activities, mobility, cognition), a reduction of (re-)admission rates for older adults with NSCs and reduced costs of care for this patient population might follow as a result of implementing this care pathway.

Onderzoeksopzet

Participating patients in the intervention group will fill in a questionnaire at baseline (time of inclusion at the ED). Control patients will not fill in a questionnaire due to the retrospective character of inclusion.

Onderzoeksproduct en/of interventie

If feasible, an ED-coach (passive or active form) will be appointed to each participant of the care pathway. The NSC will be evaluated in-depth, the patient will undergo APOP-screening during triage and if indicated, a comprehensive geriatric assessment will be performed after

discharge from the ED at another department. The patient will be seen by a specialist or experienced resident in training at the ED, who will order a standard set of diagnostic tests and review the results. The APOP-risk score will guide further actions in the care pathway. A verification of the medication list will be performed <24 hours and a review of the medication will follow during admission.

Contactpersonen

Publiek

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Wetenschappelijk

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Deelname eisen

Leeftijd
65 jaar en ouder
65 jaar en ouder

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

In order to be eligible to participate in this study, a subject must meet all of the following criteria: - Indicated for admission to hospital, and - Age ≥ 70 years, and - A non-specific main complaint at presentation, such as:–– 1. somatic problems: - weakness: physical weakness in the body limiting the patient to perform daily activities - not feeling well: patients expressing a passive behaviour due to not feeling well physically or mentally - change in nutritional status: an abrupt decline of eating and/or drinking, compared to previous eating habits - unexplained weight loss: an ongoing weight loss or recent weight loss of more than 10% of baseline in the previous month, not related to a modified diet or exercise 2. a higher demand of care: - loss of independency: an abrupt or ongoing decline of being able to perform daily activities independently - a necessity for a change in the living situation, due to a higher

demand of care - a necessity for 24-7 care, not indicated previously 3. cognitive problems: - disorientation: inability to recall current date, name or current environment - changes in behaviour: unexplained agitation, abrupt changes in behaviour - cognitive decline: abrupt decline in cognitive performances 4. functional status: - loss of mobility: change in functional status leading to limited mobility 5. unexplained falls: a fall not related to extrinsic factors such as poor lighting, unsafe stairways, and irregular floor surfaces or to a precise medical or drug-induced cause

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

A potential subject who meets any of the following criteria will be excluded from participation in this study: - Specific (main) complaint coupled to a diagnosis (pain, dyspnea, cough, localised weakness, swollen extremity, diarrhea, dysuria, bleeding, syncope, skin lesions, vertigo, palpitations, e.g.) - Age <70 years - Patient refusing data collection or participation in the care pathway

Onderzoeksopzet

Opzet

Fase onderzoek:	N.V.T.
Type:	Observationeel onderzoek, zonder invasieve metingen
Onderzoeksmodel:	Anders
Toewijzing:	Niet-gerandomiseerd
Blindering:	Open / niet geblindeerd
Controle:	Historische controle groep
Doel:	Organisatorisch/zorgonderzoek

Deelname

Nederland

Status:	Beëindigd
(Verwachte) startdatum:	01-04-2021
Aantal proefpersonen:	233
Type:	Werkelijke startdatum

Voornemen beschikbaar stellen Individuele Patiënten Data (IPD)

Wordt de data na het onderzoek gedeeld: Nee

Ethische beoordeling

Positief advies

Datum:	18-04-2019
Soort:	Eerste indiening
Toetsingscommissie:	METC Maxima Medisch Centrum (Veldhoven);METC Maxima Medisch Centrum (Veldhoven)

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	NL8960
Ander register	METC Máxima MC : N19.034

Resultaten