The pediatric nurse: link between pediatrics and youth health care

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The deployment of the pediatric nurse as linking pin between pediatrics and the social domain, shortens the duration of referral to appropriate support for children with (psycho)social problems and it increases the satisfaction of parents and...

Ethische beoordeling	Niet van toepassing
Status	Werving nog niet gestart
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON27040

Bron
Nationaal Trial Register

Verkorte titel
JIVES

Aandoening

Mental problems, social problems, psychosocial problems, psycho-somatic problems, interdisciplinary collaboration
Dutch:
Mentale problematiek, sociale problematiek, psychosociale problematiek, psychosomatische problematiek, interdisciplinaire samenwerking

Ondersteuning

Primaire sponsor: GGD West-Brabant
Overige ondersteuning: ZonMw

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

Parental and children’s satisfaction with the care provided (Exit questionnaire)
Parental and children’s satisfaction with the care provided is measured by use of the validated Youthand parental help questionnaire, Exit. The Exit questionnaire contains a parental and children’s (12 years and over version.

Throughput
The timespan between the first consultation with the pediatrician and the first contact with follow-up care, after the child is referred by the pediatric nurse

Toelichting onderzoek

Achtergrond van het onderzoek

Dutch pediatricians are confronted with several problems in which (psycho)social factors are involved. Because of these problems pediatricians feel the need to a close cooperation with the Dutch Youth healthcare.

The Amphia hospital in Breda in the Netherlands has started with an integral model of cooperation concerning the care for children with these types of problems. Two pediatric nurses are present at the outpatient clinic of the Amphia hospital. They form the linking pin between pediatrics and the social domain.
Purpose: Is this model of cooperation effective and is it of added value compared to usual care?
Study design: Randomized Controlled Trial.

Study population: The study population concerns of children aged 0-18 years, in which (psycho)social factors are involved.

Intervention: The intervention is the new cooperation model at the outpatient clinic of the Amphia hospital. Whenever the anamneses of the paediatrician shows that the child suffers from (psycho)social problems, the study will be explained to the child and its parents and the research information as well as an informed consent form will be hand over by the paediatrician. Once the informed consent form is signed, the child is included in the study and allocated by randomization to the intervention group, the child is referred to the pediatric nurse for (psycho)social problems.If the child is suffering from somatic problems for which specialist help is necessary, these problems will be treated by the paediatrician. The children

(and parents) in the intervention group will be contacted by the pediatric nurse. Together with the children and parents she considers what is necessary for the child. If necessary she transfers the children to other professional authorities. Children in the control group receive ‘care as usual’, which implies in this study that the parents/child get the advice to contact youth healthcare or their general practitioner

Primary study parameters: The primary study parameters are parental and children’s satisfaction with the care provided (Exit questionnaire) and the throughput from the first consultation to fitting care. Other study parameters are parenting stress and taxation of problem severity from the professional’s point of view.

Secondary study parameters:

The secondary study parameters are problem severity from a parental- (VAS: for children 0-2 years, SDQ: for children 2-19 years) and professional (VAS) perspective as well as costs involved in the new working method.

Record: May 8th 2017

Doel van het onderzoek

The deployment of the pediatric nurse as linking pin between pediatrics and the social domain, shortens the duration of referral to appropriate support for children with (psycho)social problems and it increases the satisfaction of parents and children with the care provided.

Onderzoeksopzet

Throughput

Intervention group: first consultation with the pediatrician, first consultation with the pediatric nurse, last consultation with the pediatric nurse.

Control group: first consultation with the pediatrician, first consultation with youth healthcare or general practitioner, last consultation with youth healthcare or general practitioner.

Parental and children’s satisfaction (Exit-questionnaire)

First measurement

Intervention group: immediately upon ending the intervention

Control group: Three months after the first consultation with the pediatrician

Second measurement

Intervention group: Three months upon ending the intervention

Control group: Six months after the first consultation with the pediatrician

Parenting stress

First measurement: immediately after inclusion

Second measurement: at the end of the intervention (intervention group)/ three months after the first consultation with the pediatrician (control group)

Problemseverity

Parental perspective VAS:

0-2 years: the VAS will be completed immediately after inclusion and end of the intervention (intervention group)/three months after the first consultation with the pediatrician (control group).
2-19 years: The SDQ will be completed immediately after inclusion and at the end of the intervention (intervention group)/three months after the first consultation with the pediatrician (control group).

Both parents and children aged 11 and over will complete this questionnaire.

Professional perspective

at the end of the first and control consultation with the child.

Evaluation new working method

At months 8, 11 and 14 a focus group interview will be held with professionals to evaluate the

program integrity, the efficiency and effectivity of the new working method, the collaboration process and the total approach.

Intervention costs and structural funding

At the end of 2017/beginning of 2018 information concerning the costs will be collected and interviews with experts concerning structural funding of the new working method will be planned.

Onderzoeksproduct en/of interventie

The intervention comprises the procedure that started in 2015 at the Amphia hospital, Breda, The Netherlands. In this procedure, pediatric nurses act as the linking pin between pediatrics, Dutch Youth healthcare and youth counselors within the social domain.

Two pediatric nurses are present at the outpatient clinic of the Amphia hospital during one shift/week for the execution of the intervention. In addition as part of the intervention, they have the availability to pay visits to other locations (i.e. the clients home) during 1.5 day/week. The procedure starts at the moment a child (and its parents) consults a pediatrician. If it appears from the anamnesis by the pediatrician that the child suffers from problems in which (psycho)social factors are involved, the child can be considered for inclusion in the study. If so, the pediatrician explains the study to the child and its parents, hands them over the research information as well as an informed consent form. Once the informed consent form is signed, the child is included in the study and allocated by randomization to the intervention group, the child is referred to the pediatric nurse for (psycho)social problems. The pediatric nurse contacts the family by telephone within two weeks after the consultation with the pediatrician. In consultation with the child and the parents an appointment is made at the parents' house or at the outpatient clinic. During this consultation the pediatric nurse clarifies the problem and together with the parents and the child she considers which care fits best to the child. This procedure can take several consultations. When necessary, the pediatric nurse connects the child to other professional authorities in the field as for example the infant welfare center (i.e. teaching in upbringing) or specialized youth assistance. When it becomes clear that the family is able to go on by itself or when they are transferred to another professional authority the pediatric nurse closes the contact after a written feedback to the family, the pediatrician and (with parental consent) the general practitioner and other professional parties involved. Three months after closing down the contact with the pediatric nurse there is a control consultation with the pediatrician. Whenever the child suffers from somatic problems which need attention of a pediatrician, the pediatrician takes care of this.

'Care as usual'

For the control group the procedure starts with a consultation to the pediatrician as well. If it

appears from the anamnesis by the pediatrician that the child suffers from problems in which (psycho)social factors are involved, the child can be considered for inclusion in the study. If so, the pediatrician explains the study to the child and its parents, hands them over the research information as well as an informed consent form. Once the informed consent form is signed, the child is included in the study and allocated by randomization to the control group, the child is offered ‘care as usual’. In this study ‘care as usual’ implies that the parents/child get the advice to contact youth healthcare or their general practitioner. Whenever the child suffers from somatic problems which need attention of the pediatrician, the pediatrician takes care of this. Six months after the consultation with the pediatrician there is a control consultation with the pediatrician.

Contactpersonen

Publiek

GGD West-Brabant

S Kuiper
PO Box3024

Tilburg 5003 DA
The Netherlands
+31612919590

Wetenschappelijk

GGD West-Brabant

S Kuiper
PO Box3024

Tilburg 5003 DA
The Netherlands
+31612919590

Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

All children, aged 0-19 years, who visit the outpatient clinic of the Amphia hospital from June

2017 to February 2018, and suffer from psycho(social) problems are eligible for the study:

During the consultation, the pediatrician checks whether the child is eligible for inclusion in the study. If a child is eligible, the pediatrician explains the study and hands over an informed consent form. At the moment a parent of the child or the child itself (age 16 and over) has signed the informed consent, the child is included in the study.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

Whenever, at the moment of inclusion, the child is suffering from serious psychiatric problems or (complex) medical problems for which acute care is required, the child will not be included. There are two forms of urgency:

- Acute care concerning another form of specialized medical care

- Acute care which needs extra assistance from the social domain

Whenever these problems reveal themselves during the study, the child will be excluded from the study. It will be documented how many and for what reason children will be excluded from the study.

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blindering:	Enkelblind
Controle:	Actieve controle groep

Deelname

Nederland

Status:	Werving nog niet gestart

(Verwachte) startdatum:	01-04-2017
Aantal proefpersonen:	150
Type:	Verwachte startdatum

Ethische beoordeling

Niet van toepassing

Soort:	Niet van toepassing

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	NL5863
NTR-old	NTR6287
Ander register	ZonMw : 736200015

Resultaten

Samenvatting resultaten
N.A.