

Timely recognition of palliative care needs of patients with advanced chronic heart failure:

Translation, adaptation and feasibility testing of the Dutch version of the 'Needs Assessment Tool: Progressive Disease - Heart Failure (NAT: PD-HF)'

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We hypothesize a priori that the Dutch NAT: PD-HF will be a feasible and acceptable tool to identify palliative care needs in patients with CHF and will initiate appropriate management.

Ethische beoordeling	Positief advies
Status	Werving gestopt
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON27043

Bron

NTR

Verkorte titel

Dutch NAT:PD-HF

Aandoening

Chronic Heart Failure; Congestive Heart Failure

Ondersteuning

Primaire sponsor: Maastricht University Medical Centre, Maastricht, the Netherlands

Overige ondersteuning: Stoffels-Hornstra Foundation, The Hague, the Netherlands

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

1. acceptability of the NAT: PD-HF according to the heart failure nurse specialist using a numeric rating scale (NRS) and option of free text feedback;

2. completeness of clinician completion of the NAT: PD-HF;

3. time to complete the NAT: PD-HF.

Toelichting onderzoek

Achtergrond van het onderzoek

Rationale: In patients with advanced Chronic Heart Failure (CHF), palliative care needs remain frequently unrecognized and palliative care consultations are not routinely incorporated in clinical care, despite their potential benefit. Recently, the 'Needs Assessment Tool: Progressive Disease – Heart Failure (NAT:PD-HF)' has been developed with the potential to be used as part of a strategy to identify and triage the management of palliative care needs experienced by people with CHF.[1] To date, a Dutch version of the NAT: PD-HF is not available and the feasibility, acceptability and impact of this tool is unknown.

Objective: To study the feasibility and acceptability of the use of the NAT: PD-HF among outpatients with advanced CHF and to gain preliminary data regarding the effect of the NAT: PD-HF on patient and caregiver palliative care needs.

Study design: a single centre feasibility study.

Study population: 30 consecutive outpatients with a diagnosis of advanced CHF (New York Heart Association class III or IV) who receive a home visit by a heart failure nurse specialist of the Maastricht UMC+, Maastricht, the Netherlands and their family caregivers.

Intervention: The heart failure nurse specialist will complete the translated and adapted NAT: PD-HF during a usual clinical care home visit with the patient.

Main study parameters/endpoints: acceptability of the NAT: PD-HF according to nurses; recruitment rate of patients and their carers; completeness of nurses completion of the NAT:

PD-HF; and time to complete the NAT: PD-HF.

Nature and extent of the burden and risks associated with participation and benefit: The study includes two home visits of about one hour during which participants are asked to complete questionnaires and/or interviews. Burden for patients will be low, because all interviews are done using home visits and questionnaires have been kept to a minimum and short-forms used where possible. Participation might be beneficial because palliative care needs will be assessed and addressed if present.

Doel van het onderzoek

We hypothesize a priori that the Dutch NAT: PD-HF will be a feasible and acceptable tool to identify palliative care needs in patients with CHF and will initiate appropriate management.

Onderzoeksopzet

baseline and 4 months

Onderzoeksproduct en/of interventie

Heart failure nurse specialists will complete the NAT: PD-HF during a regular home visit. The NAT: PD-HF is a one-page assessment tool that can be completed by healthcare professionals across a range of disciplines.(Waller et al. 2013)

Contactpersonen

Publiek

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

In order to be eligible to participate in this study, a patient must meet all of the following criteria:

- a diagnosis of CHF according to the European Society of Cardiology (ESC) guidelines[22];
- receiving a home visit by a heart failure nurse specialist of the Maastricht UMC+, Maastricht, the Netherlands. Patients who receive a home visit are in general patients with severe CHF for whom a visit to the cardiologist or heart failure nurse specialist in the hospital is too burdensome;
- classified as NYHA III or IV;
- able to complete written questionnaires or participate in interviews;
- able to provide informed consent.

Family caregivers must meet all of the following criteria:

- provide assistance and support;
- able to complete a written questionnaire;
- able to provide informed consent.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

A patient already referred to the palliative care team within the previous 6 months will be excluded from participation in this study.

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Anders
Toewijzing:	N.v.t. / één studie arm
Blinding:	Open / niet geblindeerd
Controle:	N.v.t. / onbekend

Deelname

Nederland	
Status:	Werving gestopt
(Verwachte) startdatum:	01-03-2016
Aantal proefpersonen:	30
Type:	Werkelijke startdatum

Voornemen beschikbaar stellen Individuele Patiënten Data (IPD)

Wordt de data na het onderzoek gedeeld: Nee

Ethische beoordeling

Positief advies	
Datum:	05-01-2016
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	NL5481
NTR-old	NTR5616
Ander register	METC AZM/UM : METC 15-4-170

Resultaten

Samenvatting resultaten

Janssen, D.J.A., Boyne, J., Currow, D.C., Schols, J.M.G.A., Johnson, M.J., Brunner-La Rocca, H.-P. Timely recognition of palliative care needs of patients with advanced chronic heart failure: a pilot study of a Dutch translation of the Needs Assessment Tool: Progressive Disease – Heart Failure (NAT:PD-HF). Eur J Cardiovasc Nurs. 2019. 18(5):375-88.