

# Implementation 'Nierteam aan Huis':

No registrations found.

<b>Ethical review</b>	Positive opinion
<b>Status</b>	Recruiting
<b>Health condition type</b>	-
<b>Study type</b>	Interventional

## Summary

### ID

NL-OMON29434

### Source

Nationaal Trial Register

### Health condition

Cost-effectiveness analysis

End-stage renal disease

Kidney failure

Kidney Transplantation

Home-based intervention

Educational program

## Sponsors and support

**Primary sponsor:** Erasmus Medical Center

**Source(s) of monetary or material Support:** Nierstichting<br>Zorgverzekeraars Nederland

## Intervention

## Outcome measures

### Primary outcome

Increasing knowledge and communication skills about renal replacement therapies among the patients and the invitees of the intervention.

ICERs

### Secondary outcome

Amount of living kidney donations.

## Study description

### Background summary

Kidney transplantation with a kidney from a living donor is the optimal treatment for most patients with end-stage renal failure. However, there is a significant number of patients who can not find a living kidney donor. Research shows that both knowledge of different renal replacement therapies and discussing this knowledge with family and friends, play an important role. The 'NierTeam aan Huis' of the Erasmus MC has investigated the effectiveness of home education in patients without a living donor. Patients and their family/friends received two home visits in addition to the regular hospital information. The first visit took only place with the patient and partner and was intended to map the family and household culture. The patient could then invite family and friends for the second home visit. The aim of this second visit was to provide information on kidney disease, dialysis, kidney transplantation and living kidney donation with highlighting the psychosocial aspects. Central to this was promoting communication between the patient and his/her social network about the different forms of treatment. For this the communication model and skills as elaborated in the 'multi-system therapy' (MST) were used. This therapy systematically takes into account the stability of relations and ensures that the conversation takes place with respect for individual feelings and autonomy. For this the quality system of 'multi-systemic therapy' was applied which involves supervision and a telephone, anonymous quality check afterwards by the patient and family members. Analyses of the NierTeam aan Huis research show that home education has a beneficial effect. The patient and family/friends who were present at the education show a significant improvement in their knowledge, a decrease in their concerns and fears related to living donation and an improvement in the mutual communication about the various treatment options. Further, preliminary analysis shows that after the home education there has been a substantial increase in the number of living kidney donations.

The activities of the NierTeam aan Huis Rotterdam have been discontinued after the planned inflow of the randomized study subsidized by the Nierstichting and the results are currently

being published in international scientific presentations and publications. Given the positive results, the current project proposal describes an implementation of the 'NierTeam aan Huis' approach at four Dutch Academic Centres: Groningen, Amsterdam (AMC), Nijmegen and Rotterdam. The first objective of the implementation project is to map the generalizability while maintaining quality, by creating a secure framework and quality checks. The second objective is to evaluate the cost effectiveness of the education.

### **Study objective**

The implementation of group education in kidney patients' home is cost-effective

### **Study design**

After two years.

### **Intervention**

Home-based Educational intervention in the home of kidney patients

## **Contacts**

### **Public**

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### **Scientific**

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## **Eligibility criteria**

### **Inclusion criteria**

Within each center (UMCG, ZGT, OLVG, Maasstad Ziekenhuis, Erasmus MC, Radboud UMC, JBZ, AMC), own pre-dialysis and dialysis patients will be approached for having home education; and who do not have a donor yet.

## Exclusion criteria

Patients who cannot undergo a transplantation.

## Study design

### Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Non controlled trial
Masking:	Open (masking not used)
Control:	N/A , unknown

### Recruitment

NL	
Recruitment status:	Recruiting
Start date (anticipated):	01-11-2016
Enrollment:	550
Type:	Anticipated

## Ethics review

Positive opinion	
Date:	01-09-2017
Application type:	First submission

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

## Other (possibly less up-to-date) registrations in this register

No registrations found.

## In other registers

Register	ID
NTR-new	NL6529
NTR-old	NTR6717
CCMO	NL/sl/287026 / 105890

## Study results