Optimization of complex palliative care at home by making use of expert consultation via telemedicine - a quantitative study

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Ethical review	Approved WMO
Status	Recruiting
Health condition type	Other condition
Study type	Interventional

Summary

ID

NL-OMON34360

Source
ToetsingOnline

Brief title
Telemedicine palliative care

Condition

- Other condition

Synonym
cancer, malign neoplasmata

Health condition

palliatieve fase als gevolg van kanker

Research involving

Human

Sponsors and support

Primary sponsor: Universitair Medisch Centrum Sint Radboud
Source(s) of monetary or material Support: NWO

Intervention

Keyword: clinical outcome, palliative care, telemedicine, video consultation

Outcome measures

Primary outcome

The primary parameter is the symptom burden of the patient. This will be measured on a weekly base, both in the intervention group and in the control group. After the inclusion period, it will be analysed whether the symptom burden in the intervention group was lower compared to the symptom burden in the control group. Symptoms will be measured by making use of the Edmonton Symptom Assessment Scale (ESAS).

Secondary outcome

A number of secondary parametes will be investigated:

- recognition of psychosicial and spiritual problems in the palliative phase

- satisfaction with the teleconsultation

- number of admissions to a hospital

- quality of care as experienced by the patient

-level of distress of the informal caregiver

Study description

Background summary

Due to the aging population and the wish of most people to die at home , palliative care at home will gain increasing importance during the coming years. However, many terminal patients at home experience a burdensome transfer to the hospital at the end of life due to problematic symptom burden. The availability of a telemedicine application for care at a distance brings palliative expertise from the academic expertise center into home care. This will support palliative care at home and may also prevent these home-hospital transfers. For this reason, the suitability of the use of telemedicine for palliative care at home deserves further research.

Study objective

The primary objective of the study is to improve palliative care at home by making use of teleconsultation. This application makes the expertise of the specialist team of the knowledge center for palliative care from the UMC St. Radboud directly accessible for patients at home. The presumptiom is that the use of telemedicine for palliative care at home stimulates a better symptom control in advanced cancer patients. Note that this system is developed to support the care of the general practitioners who is the final responsible doctor at home.

Secondary objectives are: 1) to investigate the satisfaction with the teleconsultation, 2) to investigate the recognition of psychosocial and spiritual problems, 3) to investigate the number of hospital admissions, and 4) to investigate the level of distress of informal caregivers, 5) to investigate the quality of care as experienced by the patient.

Study design

The study design is a cluster randomised clinical trial. There will be a measurement between the intervention group and the control group to compare the symptom burden of the patients of both groups (based on repeated measures).

General practitioners will be approached to consider patients for inclusion. After that, patients who consent to participate will be included in the study by the researchers.

Intervention

The intervention concerns a teleconsult palliative care. This will be performed by the palliative care team of the UMC St. Radboud as a co-treater (the general practitioners remains the main responsible physician). In a digital screen to screen contact between the palliative team and the patient, a protocolised pallitative care intervention of the patient will be made. This will be followed by a digital treatment advice towards patient and general practitioner. The videocontact will be held weekly and a patient record will be

held by the palliative care team. The general practitioners remains the main responsible and together with the patients he/she needs to agree with the treatment advices of the team.

Study burden and risks

The patient has to consent to a weekly video consult. This involves that an ICT-technician will bring in and prepare the system for videoconsultation. In addition, the patient needs to attend a weekly consultation. This can be burdensome for patients in the last phase of life. Notwithstanding, not all video consultation need to involve much time. Probably the first (the inventarisation) will be the most intensive. Another source of burden may be the efforts to provide answers to the questionnaires. We have tried to make this easier for the patient by having only one short questionnaire on a weekly base, whereas other questionnaires will be on a 4 weekly base. We do not see direct risks for the health of the patient because the telemedicine application does not replace usual care, but tries to optimize it. This is also the advantage of the patients who participate. There is an expectation that patients with telemedicine will experience improved care during the last phase of their live.

Contacts

Public
Universitair Medisch Centrum Sint Radboud

geert grote plein zuid
6500 hb nijmegen
NL
Scientific
Universitair Medisch Centrum Sint Radboud

geert grote plein zuid
6500 hb nijmegen
NL

Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

-cancer patient
-an estimated life expectancy of 3 months or less
-an indication for homecare

Exclusion criteria

-patient is decision-incompetent
-patient is <18 years old
-patient does not speak/understand Dutch

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)

Primary purpose: Health services research

Recruitment

NL

Recruitment status:	Recruiting
Start date (anticipated):	20-05-2011
Enrollment:	100
Type:	Actual

Ethics review

Approved WMO Date:	21-12-2010
Application type:	First submission
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

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

ID: 23729
Source: Nationaal Trial Register
Title:

In other registers

Register	ID
CCMO	NL34426.091.10
OMON	NL-OMON23729