

Optimalisatie van telefonische triage op huisartsenposten bij patiënten verdacht voor acute hart- en vaatziekten.

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

Samenvatting

ID

NL-OMON20507

Bron

Nationaal Trial Register

Verkorte titel

Safety First

Aandoening

Acute cardiovascular disease, acute coronary syndrome, transient ischemic attack, stroke.

Acute hart- en vaatziekten, acuut coronair syndroom, beroerte.

Ondersteuning

Primaire sponsor: Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, the Netherlands.

Overige ondersteuning: This research was funded by the department of general practice of the University Medical Center Utrecht, UHD-promotion grant of D.L. Zwart (MD, PhD), the foundation 'Netherlands Triage Standard' and the foundation 'Stoffels-Hornstra'. This research will be conducted without direct involvement from funding foundations.

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

The diagnostic accuracy of the NTS will be analyzed in terms of sensitivity, specificity, positive and negative predictive values of the urgency allocation (high; U1-U2, and low; U3-U5) on the outcomes ACS, and TIA/stroke.

Toelichting onderzoek

Achtergrond van het onderzoek

The “Netherlands Triage Standard” (NTS) is the most often used digital decision support system for telephone triage at out-of-hours primary care services (OHS-PC) in the Netherlands. The aim of the NTS is to guarantee accessible, efficient and safe care. However, the NTS has only been validated against expert opinion. Studies that assessed the clinical validity in primary care setting are lacking. In the Safety First study we want to describe, understand and improve the diagnostic process, urgency allocation and safety of patients suspected of an acute cardiovascular disease.

The Safety First study is a cross-sectional study in which 3000 telephone triage recordings will be analyzed and information on patient and call characteristics, e.g. history taking and triage information is collected. The patients' own general practitioners are contacted about the final diagnosis. We included recordings of patients with symptoms of chest discomfort and neurological deficit. With multivariable logistic regression analyses the diagnostic accuracy of symptoms and patient characteristics will be analyzed in terms of sensitivity, specificity, positive and negative predictive values with respectively urgency level, and ACS and TIA/stroke as outcomes.

Onderzoeksopzet

N.A.

Onderzoeksproduct en/of interventie

N.A.

Contactpersonen

Publiek

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

- (I) Recordings of triage conversations of patients with chest discomfort suspected of having an ACS
- (II) Recordings of triage conversations of patients with neurological symptoms suspected of having a TIA or stroke

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

- (I) No triage conversation (recordings of conversations between colleagues or about medication questions)
- (II) Recordings of poor quality

(III) Patients younger than 18 years

(IV) Patients that don't live in the vicinity of Utrecht

(V) Patients' whose GP refuses to cooperate

Onderzoeksopzet

Opzet

Type: Observationeel onderzoek, zonder invasieve metingen

Onderzoeksmodel: Anders

Controle: N.v.t. / onbekend

Deelname

Nederland

Status: Werving gestart

(Verwachte) startdatum: 01-01-2016

Aantal proefpersonen: 3000

Type: Verwachte startdatum

Ethische beoordeling

Positief advies

Datum: 26-06-2018

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	NL7134
NTR-old	NTR7331
Ander register	METC UMC Utrecht : 16-065/C

Resultaten