Hospital at home care for older patients with cognitive impairment and an acute medical illness

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Ethische beoordeling	Positief advies
Status	Werving nog niet gestart
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON22701

Bron
Nationaal Trial Register

Verkorte titel
H@H

Aandoening

Dementia, Cognition disorders, Central Nervous System Diseases, Aged, Home Care Services; Hospital-Based, Hospitalization, Feasibility Study, Hospital at Home

Dutch: Dementie, Cognitieve Stoornissen, Ziektes van het Centrale Zenuwstelsel, Ouderen, Thuiszorg, ziekenhuisopname, Haalbaarheidsstudie, Ziekenhuiszorg thuis, Hospital at Home

Ondersteuning

Primaire sponsor: University of Groningen, University Medical Center Groningen, University Center for Geriatric Medicine, Groningen, The Netherlands
Overige ondersteuning: Deltaplan Dementie (ZonMw), project number #733050401.
Additional funding is provided by the Dutch Ministry of Health, Welfare and Sport (Ministerie

van Volksgezondheid, Welzijn en Sport) and the University Medical Center Groningen.

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

Participation rates, reasons for non-participation and data on characteristics of non-participants will be collected. Quality of care will be measured by collecting data on mortality, institutionalization (e.g. to hospital or nursing home), ADL-functioning, prevalence of hospital-associated geriatric syndromes, the length of stay in hospital or in Hospital at Home care program and the contact with health care professionals.

Toelichting onderzoek

Achtergrond van het onderzoek

Hospital at Home care aims to avoid hospital-associated geriatric syndromes and nursing home admission in older patients with cognitive impairment by providing hospital care in a patients' own environment. Hospital at Home is a monocenter, randomized, unblinded feasibility trial in older patients with cognitive impairment referred to the emergency department of the hospital for an acute medical illness. Eligible patients will be randomized either to hospital care in their own environment, Hospital at Home care, or usual hospital care. The intervention consists of hospital level care provided at the patients' own home. The control group will receive usual hospital care. Measurements will be conducted at baseline, during admission, at discharge and at 3 and 6 months after the baseline assessment.

Doel van het onderzoek

The aim of the study is to assess the feasibility of conducting a randomized controlled trial in terms of recruitment, use and acceptability of Hospital at Home care, and to evaluate the quality of care and the advantages and disadvantages of the Hospital at Home care program in comparison to usual hospital care.

Onderzoeksopzet

Data will be collected at baseline at the emergency department, during admission (in Hospital at Home or hospital), at discharge and at three and six months following randomization, plus or minus two weeks.

Onderzoeksproduct en/of interventie

After informed consent is obtained, the participant completes two brief cognitive tests and participant and caregiver complete the baseline assessment. Subsequently, randomization takes place to either (a) H@H-intervention; translocation of care from the hospital to a participants' home or (b) Control; usual hospital care. In case of nonparticipation, reasons for declination, date of birth, sex and the presence of a caregiver are reported, if possible.

Participants allocated to Hospital at Home will receive hospital level care in their own home under responsibility of the hospital. Hospital at Home care will be described in care protocols.

Contactpersonen

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

1. Age ≥ 65 years

2. Cognitive impairment; dementia, delirium or other cause of cognitive impairment, either previously diagnosed, documented in medical record or;Identified by the ED-clinician (e.g. with the IQCODE-sf, 4AT-test and/or Short Blessed Test or another screening test of choice)

3. Presentation at the ED with a defined acute illness

4. Felt to require hospital admission by attending ED physician, but not expected to require emergency interventions

o Modified Early Warning Score (MEWS) ≤ 2 points

5. Living in hospital's catchment area (< 25 km)

6. Informal caregiver is present and able to understand and perform instructions and consented to participate in the trial

7. Home suitable for hospital at home care (available informal caregiver, running water, adequate heating, safety)

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

1. Previously enrolled

2. Hospitalized within 7 days preceding ED presentation

3. Nursing home residents or awaiting a nursing home place on an active waiting list (excluding so called sleeping waiting list candidates)

4. Need for surgical assessment

5. Suspected acute coronary syndrome or cardiac arrythmia

6. Dialysis dependent patients

7. Expected terminal events or in need of palliative care due to oncological illness

8. Acute illness requiring hospital admission independent of the target diagnosis of presentation

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek

Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blindering:	Open / niet geblindeerd
Controle:	Actieve controle groep

Deelname

Nederland

Status:	Werving nog niet gestart
(Verwachte) startdatum:	04-12-2017
Aantal proefpersonen:	143
Type:	Verwachte startdatum

Ethische beoordeling

Positief advies

Datum:	26-07-2017
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	NL6406
NTR-old	NTR6581
Ander register	ZonMw projectnumber: 733050401 : ABR: NL60371.042.16

Resultaten