The effects of the National Quality Improvement Program Palliative Care

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The national quality improvement program palliative care will improve quality of palliative care on a national level and the separate trajectories implementing ‘good practices’ will improve quality of palliative care on the regional and...

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

Samenvatting

ID

NL-OMON26353

Bron
Nationaal Trial Register

Verkorte titel
N/A

Aandoening

palliative care; lifetreathening disease;

Ondersteuning

Primaire sponsor: NIVEL, Netherlands institute for health services research.
Overige ondersteuning: ZonMw, The Netherlands Organization for Health Research and Development.

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

Quality indicators palliative care:

a. the number of patients that die at the preferred place
b. the patients’ and family’s experienced control regarding end-of-life care
c. the patients’ and family’s experienced coordination of end-of-life care
d. the patients’ and family’s experienced concordant care with their needs, preferences and values
e. the number of patients and families that receive care for their needs in the physical, psychosocial, and spiritual domains

Toelichting onderzoek

Achtergrond van het onderzoek

N/A

Doel van het onderzoek

The national quality improvement program palliative care will improve quality of palliative care on a national level and the separate trajectories implementing ‘good practices’ will improve quality of palliative care on the regional and institutional level.

Onderzoeksopzet

Month 0
Month 9

Onderzoeksproduct en/of interventie

National Quality Improvement Program Palliative Care. Implementing 'good pracitces';

• PaTz – a systematic approach to improve the quality and organization of care by timely identification of patients in need of palliative care and by drafting an advance care plan. (Dutch equivalent of the Golden Standard Framework)

• Signal box for nursing assistants to timely identify palliative care needs in their patients

• Dutch version of the Liverpool Care pathway for the Dying patient

• STEM-inspirational cycle – a trajectory with professionals to accelerate expertise, to create awareness of the diversity of patients’ wishes and needs at the end of life, to improve communication-skills and to improve professionals’ ability to support patients and relatives at the end-of-life

• Informare - a tailored method to provide timely information about end-of-life care to patients and relatives

• Decision-making in palliative care – a decision tool for professionals to make decisions on end-of-life care by using clinical assessment for palliative care in a multidisciplinary team

• Implementation of national guideline for Palliative Sedation in primary care

• Advance Care Planning – a training for general practitioner to better recognize patients with palliative care needs in consultation with a specialist palliative care consultant

• Utrecht Symptom Diary – training of using this tool systematically evaluate the symptom burden of the patient and of adequately responding to the burden

Contactpersonen

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

Inclusion criteria for patients are;

• Adult patients (18 years and older)

• Patient has a life expectancy of less than 6 months, measured by the surprise question, and/or undergoes palliative treatment, such as palliative chemotherapy, palliative radiotherapy, palliative surgery, or other treatments that aim to improve the quality of life and/or to extend life, but do not aim to cure the disease

• Patient is physically and mentally capable to respond to questionnaires and to understand Dutch.

Inclusion criteria for bereaved relatives are;

• Adult person (18 years and older)

• Has been a contact person (first contact person) of a deceased patient and has been involved in the care of the deceased patient who died after a sickbed

• The decease of the patient has been no shorter than 6 weeks ago and not longer than 6 months ago.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

Exclusion criteria for patients are;

• Comatose, deeply sedated, or dying patients

• Patients who have a care relationship shorter than one week

Exclusion criteria for bereaved relatives are;

• A contact person of a patient who died suddenly and unexpected.

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	N.v.t. / één studie arm

Blindering:	Open / niet geblindeerd
Controle:	N.v.t. / onbekend

Deelname

Nederland

Status:	Werving gestart
(Verwachte) startdatum:	01-02-2013
Aantal proefpersonen:	510
Type:	Verwachte startdatum

Ethische beoordeling

Positief advies

Datum:	22-07-2013
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	NL3915
NTR-old	NTR4085
Ander register	: VNV-071
ISRCTN	ISRCTN wordt niet meer aangevraagd.

Resultaten

Samenvatting resultaten
N/A