

Assessment of rehabilitation potential in frail older people

Submission date 04/08/2021	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 05/10/2021	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 10/10/2022	Condition category Other	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Background and study aims

The primary goal of rehabilitation is to enable individuals to maximise their participation in society through their daily activities. Clinicians increasingly recognise that this can be achieved with even the most physically and cognitively impaired adults. Therapists are often required to make decisions about a patient's potential to respond to rehabilitation interventions. Decisions about 'rehabilitation potential' can determine what rehabilitation services if any, older patients with complex health and social care needs are able to access as part of NHS care. In the hospital setting therapists may have limited time to assess and work with patients, families, and carers and the complexities of ageing may not always be fully appreciated. Structured approaches for assessing rehabilitation potential are needed.

The aim of this study is to evaluate whether it is feasible to deliver the Rehabilitation Potential Assessment Tool (RePAT) in the acute hospital setting and whether it is acceptable to healthcare professionals, older people living with frailty, and their carers.

Who can participate?

Physiotherapists and occupational therapists (staff participants) working on geriatric wards in the acute hospital setting.

Patient participants aged 65 years and older who are receiving rehabilitation assessments from staff participants and are willing to participate in the study. Family members of staff participants will be invited to take part in interviews to explore their views of the RePAT intervention.

What does the study involve?

Staff participants will attend a 60 minute RePAT intervention training session. They will be asked to fill in a demographic information sheet detailing their profession, job banding, and clinical experience in geriatrics. Staff participants and members of the study team will identify potential patient participants and assess them for capacity and suitability. Patient participants will receive usual care and then will be reassessed using RePAT by the staff participant. Patient characteristics that may inform predictions of rehabilitation potential will be recorded from medical notes and electronic records on a case report form.

All staff and patient participants will take part in a semi-structured interview to explore their experiences and views of RePAT. A sample of family participants will also be invited to take part in an interview.

What are the possible benefits and risks of participating?

Participants taking part in this study will receive no immediate therapeutic benefit. Participation in this study may influence how rehabilitation services are designed and provided for older people living with frailty. The RePAT intervention includes items frequently used in rehabilitation assessments but in a structured fashion.

Where is the study run from?

Nottingham University Hospitals NHS Trust and the University of Nottingham (UK)

When is the study starting and how long is it expected to run for?

November 2017 to November 2019

Who is funding the study?

National Institute for Health Research (UK)

Who is the main contact?

Dr Alison Cowley, alison.cowley@nottingham.ac.uk

Contact information

Type(s)

Scientific

Contact name

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Additional identifiers

EudraCT/CTIS number

Nil known

IRAS number

227288

ClinicalTrials.gov number

Nil known

Secondary identifying numbers

IRAS 227288, CPMS 36257

Study information

Scientific Title

A non-randomised feasibility study of the Rehabilitation Potential Assessment Tool (RePAT) in frail older people in the acute healthcare setting .

Acronym

RePAT

Study objectives

To evaluate whether the RePAT intervention was feasible in the acute hospital setting and whether it was acceptable to healthcare professionals, older people living with frailty and their carers.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Approved 03/01/2018, The Yorkshire & The Humber – Bradford Leeds Research Ethics Committee (Jarrow Business Centre, Rolling Mill Road, Jarrow NE32 3DT, UK: +44(0)297 1048081; bradfordleeds.rec@hra.nhs.uk), ref: 17/YH/0356

Study design

Non-randomized single centre feasibility study

Primary study design

Interventional

Secondary study design

Non randomised study

Study setting(s)

Hospital

Study type(s)

Other

Participant information sheet

Not available in web format, please use contact details to request a participant information sheet.

Health condition(s) or problem(s) studied

Older people living with frailty (multi-morbidity)

Interventions

RePAT comprises 15 items/questions relating to components of rehabilitation potential where clinicians document their assessment findings and clinical reasoning behind rehabilitation assessments. Staff participants attend a 60 minute training session on RePAT which includes: background to the development of RePAT, patient participant recruitment process, mental capacity, data collection and RePAT completion. A member of the study team will meet with staff participants after they complete their first RePAT intervention to provide support and mentorship and clarify questions on intervention completion.

Staff participants assess patient participants as per usual clinical care and then re-assess using RePAT.

Intervention Type

Other

Primary outcome measure

1. Feasibility is tested by recruiting physiotherapy and occupational therapy participants delivering the RePAT intervention to patients alongside usual clinical care and uses the following criteria

1.1. Five staff members recruited within one month

1.2. Twenty five patient participants recruited within two months

1.3. Intervention delivered to 25 participants

1.4. Fidelity of item completion achieved on RePAT intervention at 80%

2. Acceptability is tested by conducting semi-structured interviews with staff, patient and carer participants. For staff participants interviews were completed within two weeks of completing all RePAT assessments. For patients and carers, interviews were completed within two days of receiving the RePAT intervention. Interview data were analysed using thematic analysis.

Secondary outcome measures

There are no secondary outcome measures

Overall study start date

01/11/2017

Completion date

01/11/2019

Eligibility

Key inclusion criteria

Staff participants

1. Physiotherapists or occupational therapists working in the acute care setting with older people living with frailty, specifically carrying out rehabilitation assessments or programmes of rehabilitation.

Patient participants

1. Participants identified as frail by staff delivering routine clinical care and those in receipt of rehabilitation assessments or programmes of rehabilitation.

2. Participants able to give informed consent or if assessed and deemed to lack capacity consultee agreement from carer or family member or appropriate consultee.

Family/carer participants

1. Carers or family members of patient participants in receipt of rehabilitation assessments or rehabilitation programmes.

Participant type(s)

Mixed

Age group

Adult

Sex

Both

Target number of participants

Five staff participants and 25 patient participants.

Total final enrolment

32

Key exclusion criteria

Staff participants

1. Participants involved in research studies exploring or testing rehabilitation potential, rehabilitation assessments or rehabilitation models of care for older people living with frailty.
2. Staff participants working in specialist stroke, end of life or fracture services.

Patient Participants

1. Participants in receipt of specialist stroke rehabilitation, specialist fracture care, specialist end of life or with a terminal diagnosis.
2. Participants with advanced care plans or directives, which stated that they did not wish to take part in research studies.
3. Patient participants found to lack capacity for whom an appropriate consultee could not be identified.

Date of first enrolment

01/03/2019

Date of final enrolment

01/06/2019

Locations

Countries of recruitment

England

United Kingdom

Study participating centre

Queen's Medical Centre
Nottingham University Hospitals NHS Trust
Derby Road
Nottingham
United Kingdom
NG7 2UH

Sponsor information

Organisation

Nottingham University Hospitals NHS Trust

Sponsor details

QMC Campus,
Derby Road
Nottingham
England
United Kingdom
NG7 2UH
+44 (0)115 9249924
R&I@nuh.nhs.uk

Sponsor type

Hospital/treatment centre

Website

<http://www.nuh.nhs.uk/>

ROR

<https://ror.org/05y3qh794>

Funder(s)

Funder type

Government

Funder Name

National Institute for Health Research

Alternative Name(s)

National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

United Kingdom

Results and Publications

Publication and dissemination plan

Research findings will be disseminated via publication in an open-access academic journal, a report for the funder, and conference presentations. Findings will also form part of a thesis submitted to the University of Nottingham for the degree of Doctor of Philosophy.

A video, for sharing on social media, will also be produced explaining the study background and findings.

Intention to publish date

10/09/2021

Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study will be stored in a non-publically available repository. All study documents and data will be held by the Chief Investigator on behalf of the sponsor and will be archived in secure facilities at the University of Nottingham. This will include all anonymised audio recordings study databases and associated meta-data encryption codes. Data will be stored for seven years. Access will be restricted to members of the study team and to people authorised by the Research Sponsors. By signing the consent form participants agree to this access for the current study and any further research that may be conducted in relation to it.

IPD sharing plan summary

Stored in repository

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Thesis results		24/11/2020	23/08/2021	No	No
Results article		07/10/2022	10/10/2022	Yes	No
HRA research summary			28/06/2023	No	No