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The effect of case conferences between general practitioners and palliative care specialist teams on the quality of life of dying people

Submission date 14/12/2006	**Recruitment status** No longer recruiting	[_] Prospectively registered [_] Protocol [_] Statistical analysis plan [X] Results [_] Individual participant data
Registration date 19/01/2007	**Overall study status** Completed	
Last Edited 05/09/2008	**Condition category** Signs and Symptoms	

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
N/A

Study information

Scientific Title

Study objectives
For patients with life limiting disease, formal case conferences held between patients General Practitioners (GPs) and their palliative care team will improve Quality of Life (QoL) for patients and their carers.

Ethics approval required
Old ethics approval format

Ethics approval(s)
1. University of Queensland Human Research Ethics Committee (approval number B/311/Soc & PrevMed/00/PhD)
2. Mater Adult Hospital Research Ethics Committee (ref no: 369A)
3. Townsville Health service District Institutional Ethics Committee
4. Princess Alexandra Research Ethics Committee (ref: 179/01)

Study design
Mulit-site single blind randomised controlled trial

Primary study design
Interventional

Study type(s)
Quality of life

Health condition(s) or problem(s) studied
Palliative care

Interventions
Case conference held betwen the patient's GP and the specialist palliative care team, held by tele-conference, within three weeks of referral.

The control group receives usual care- ie communication between GPs and the specialist team was by normal means.

Intervention Type
Other

Phase
Not Specified

Primary outcome(s)
Global quality of life measures at three weeks post intervention

Key secondary outcome(s))
1. Subscale measures of quality of life scales
2. Process evaluation of GP-specialist case conferences

note: Two a priori analyses planned. The first is using the intervention as a fixed time point, evaluating the effect from the time of the intervention. The second is using date of death as fixed time point, and evaluating intervention from time of death, independent of the time of the intervention

Completion date
31/05/2003

Eligibility

Key inclusion criteria
1. Adult Patients requiring palliaitve care, and their carergivers who are referred to a participating specialist palliative care service
2. Aged over 18
3. Life expectancy of at least one month
4. Not confused or too unwell to be approached
5. Could read and speak English
6. Had a current GP

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Adult

Lower age limit
18 years

Sex
Not Specified

Key exclusion criteria
1. Life expectancy less than one month
2. Confused
3. Too unwell to be approached
4. Could not read or speak English
5. Did not have a current GP

Date of first enrolment
01/07/2001

Date of final enrolment
31/05/2003

Locations

Countries of recruitment

Australia

Study participating centre
Edith Cavell Building
Herston
Australia
4006

Sponsor information

Organisation
University of Queensland Medical School (Australia)

ROR
https://ror.org/00rqy9422

Funder(s)

Funder type
Government

Funder Name
Australian Government Department of Health and Ageing, National Health Development Fund (Australia)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	Participation and effectiveness results:	15/07/2002		Yes	No
Results article	Quality of life results:	01/12/2008		Yes	No
Abstract results	Lessons from case conferences:	01/05/2005		No	No

Other publications	Methodology comparison:	01/12/2005	Yes	No
Thesis results		01/06/2004	No	No