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Multi-centre evaluation of the role of chest pain units in the NHS

Submission date 09/09/2005	**Recruitment status** No longer recruiting	[_] Prospectively registered [_] Protocol [_] Statistical analysis plan [X] Results [_] Individual participant data
Registration date 02/11/2005	**Overall study status** Completed	
Last Edited 05/02/2016	**Condition category** Circulatory System	

Plain English summary of protocol

Background and study aims
Chest pain is extremely common and can be caused by a wide range of conditions. If the problem is related to the heart, it is very important to reach a quick and accurate diagnosis to avoid future complications. For this reason, many patients who come into emergency departments with chest pain are admitted to hospital for observation, even if they do not need to be. On the other hand, some patients who do have problems which require urgent treatment may be discharged if a diagnosis cannot be reached using standard tests. The concept of the chest pain observation unit has been developed to address these problems. These units offer a more in-depth examination of patients with chest pain in order to determine whether patients need to be admitted or discharged from hospital more accurately. The aim of this study is to evaluate the effectiveness of CPUs in the emergency care and accurate diagnosis of chest pain patients

Who can participate?
Adults who have come into Accident and Emergency (A&E) with chest pain.

What does the study involve?
Hospitals are randomly allocated to one of two groups. For hospitals in the first group, a dedicated chest pain observation unit (CPU) is set up. This unit is staffed by three experienced chest pain nurses who have a background in caring for heart patients or emergency medicine. Patients who attend these hospitals with chest pain go into the CPU (on the same day or the following day if out of hours) and receive in-depth tests on their heart function. Patients who are found to have a heart problem are admitted to hospital for further observation. For hospitals in the second group, patients coming into A&E with chest pain are treated in the department in the usual way (at the discretion of the medical staff in that emergency department).

What are the possible benefits and risks of participating?
Not provided at time of registration.

Where is the study run from?
14 NHS hospitals with an Accident and Emergency (A&E) department (UK)

When is the study starting and how long is it expected to run for?
July 2015 to July 2017

Who is funding the study?
NHS Service Delivery & Organisation National R&D Programme (UK)

Who is the main contact?
Dr Steve Goodacre
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Study website
http://www.sheffield.ac.uk/scharr/escape

Contact information

Type(s)
Scientific

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers
SDO/2002/41

Study information

Scientific Title
Randomised controlled trial and economic evaluation of a chest pain observation unit compared with routine care

Acronym
ESCAPE (Effectiveness and Safety of Chest pain Assessment to Prevent Emergency admissions)

Study objectives
To evaluate whether Chest Pain Units (CPUs) provide a system of care for emergency patients with acute chest pain that is effective, acceptable, and cost-effective, compared to routine emergency care.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Not provided at time of registration.

Study design
Multi-centre randomised controlled trial

Primary study design
Interventional

Secondary study design
Randomised controlled trial

Study setting(s)
Not specified

Study type(s)
Treatment

Participant information sheet

Health condition(s) or problem(s) studied
Acute chest pain

Interventions
1. Fourteen acute NHS hospitals will be selected and randomised so that seven implement CPU care and seven continue to provide routine care
2. Postal questionnaire survey to random sample of 400 patients attending A&E with chest pain over 2 years
3. Face-to-face interviews carried out with random sample of patients who have attended A&E with acute chest pain

Intervention Type
Other

Phase
Not Specified

Primary outcome measure
Proportion of patients admitted to hospital in 2 years.

Secondary outcome measures
No secondary outcome measures

Overall study start date
01/12/2003

Completion date
30/11/2006

Eligibility

Key inclusion criteria
Participants will be eligible if they attend Accident and Emergency (A&E) department with a presenting complaint of chest pain or a similar pre-specified term (such as angina or heart attack).

Participant type(s)
Patient

Age group
Adult

Sex
Both

Target number of participants
8700

Key exclusion criteria
Routine data will be collected for all patients. Potential participants will not be randomly selected for postal questionnaire survey if they are identified as having died by 30 days after attendance.

Date of first enrolment
01/12/2003

Date of final enrolment
30/11/2006

Locations

Countries of recruitment
England

United Kingdom

Study participating centre

Health Services Research
Sheffield
United Kingdom
S1 4DA

Sponsor information

Organisation
NHS Service Delivery and Organisation Programme (SDO) (UK)

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Sponsor type
Government

Website
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ROR
https://ror.org/02wnqcb97

Funder(s)

Funder type
Government

Funder Name
NHS Service Delivery & Organisation National R&D Programme (UK) (ref: SDO/2002/41)

Results and Publications

Publication and dissemination plan
Not provided at time of registration

Intention to publish date

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	results	31/01/2004		Yes	No
Results article	results	01/08/2004		Yes	No
Results article	results	29/09/2007		Yes	No
Results article	results	01/10/2010		Yes	No