# Optimised Patient Transfer using an Innovative Multidisciplinary Assessment in the Canton Aargau (OPTIMA)

Submission date	Recruitment status	Prospectively registered
09/12/2009	No longer recruiting	Protocol
Registration date	Overall study status	Statistical analysis plan
17/02/2010	Completed	Results
Last Edited	Condition category	[] Individual participant data
17/02/2010	Respiratory	<ul> <li>Record updated in last year</li> </ul>

# Plain English summary of protocol

Not provided at time of registration

# Contact information

## Type(s)

Scientific

#### Contact name

Dr Werner Albrich

#### Contact details

Kantonsspital Aarau Tellstrasse Aarau Switzerland 5001

# Additional identifiers

**Protocol serial number** N/A

# Study information

#### Scientific Title

Optimised Patient Transfer using an Innovative Multidisciplinary Assessment in the Canton Aargau (OPTIMA): An observational quality control trial

#### **Acronym**

**OPTIMA** 

#### **Study objectives**

To develop appropriate triage pathways based on medical, nursing and psychosocial criteria in patients with lower respiratory tract infections

#### Ethics approval required

Old ethics approval format

#### Ethics approval(s)

The Canton Aargau Cantonal Ethics Committee (Kantonale Ethikkommission Kanton Aargau) approved on the 10th of November (ref: EK 2009/074)

#### Study design

Observational quality-control analysis of current practice

#### Primary study design

Observational

## Study type(s)

Other

## Health condition(s) or problem(s) studied

Respiratory tract infections

#### Interventions

Currently, most patients with lower respiratory tract infections, who are seen and evaluated in our Emergency Department, are generally admitted to hospital regardless of medical, nursing and psychosocial criteria. Clinical severity scores such as CURB65 and Pneumonia Severity Index (PSI), the levels of biomarkers, nursing risk assessments and patient's and relatives' preferences are not strictly applied and followed, but will be assessed in this observational analysis. Based on this patients will be classified into low, intermediate, high and very high risks corresponding to virtual triage into ambulatory, post-peracute care, spa treatment, nurse-led unit or traditional acute hospital care.

Patients will be followed up for 30 days after presentation.

The duration of the observation period is from November 2009 until May 2010.

## Intervention Type

Other

#### Phase

Not Applicable

#### Primary outcome(s)

To define the percentage of allocated patients into low, intermediate, high and very high risks based on medical, nursing and psychosocial criteria corresponding to virtual triage into ambulatory, post-peracute care, spa treatment, nurse-led unit or traditional acute hospital care

#### Key secondary outcome(s))

- 1. Correlation of biomarkers, clinical and nursing scores (separately and in combination) with patients' outcomes (hospital mortality, ICU requirement and severe complications such as empyema, lung abscess, development of acute respiratory distress syndrome [ARDS], persistence or development of pneumonia) and site of care decisions
- 2. Identification and adaptation of medical, nursing and psychosocial criteria for triage decisions using biomarkers, clinical scores and functionality assessments, patients' and relatives` preferences
- 3. Testing the usefulness and feasibility of functional status and risk assessment tools as a surrogate marker for nursing requirements for risk-stratification
- 4. Comparison of the post-acute care discharge score with biomarkers and other clinical and functional assessment tools on day 3
- 5. External validation of the 5 day-1-items identified as predictive for post-acute care discharge 6. Identification of patients' and relatives' information needs
- 7. Cost-effectiveness of innovative pathways based on case-based lump sum (Fallpauschale) of entire treatment pathway on patient-level
- 8. Identification of patients' and families' preferences for site of care
- 9. Determination of current length of acute hospitalisation
- 10. Identification of medical and functional/nursing and psychosocial criteria to define stability for timely transfer to home or post-peracute care facilities (spa treatment or immediate post-peracute care in specialized facilities or NLU)
- 11. Determination of time to stability for transfer to post-peracute care facilities
- 12. Determination of proportion of patients eligible for pulmonary rehabilitation and time until eligibility

## Completion date

31/10/2010

# Eligibility

## Key inclusion criteria

- 1. Age ≥ 18 years
- 2. Admission to Emergency Department (ED) of acute care hospital (Kantonsspital Aarau, Klinik Barmelweid) for acute lower respiratory tract infections

# Participant type(s)

**Patient** 

# Healthy volunteers allowed

No

# Age group

Adult

# Lower age limit

18 years

#### Sex

All

#### Key exclusion criteria

Does not match inclusion criteria

#### Date of first enrolment

10/11/2009

#### Date of final enrolment

31/10/2010

# Locations

#### Countries of recruitment

Switzerland

## Study participating centre Kantonsspital Aarau

Aarau Switzerland 5001

# Sponsor information

## Organisation

Kantonsspital Aarau (Switzerland)

#### **ROR**

https://ror.org/056tb3809

# Funder(s)

## Funder type

Hospital/treatment centre

#### **Funder Name**

Kantonsspital Aarau (Swizterland) - investigator-driven

#### **Funder Name**

Canton AargauHealth Department (Gesundheitsdepartement des Kantons Aargau) - local government grant

# **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?

Participant information sheet
Participant information sheet
11/11/2025 No Yes