ISRCTN76703125 https://doi.org/10.1186/ISRCTN76703125

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

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

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

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers
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

Secondary study design
Other

Study setting(s)
Hospital

Study type(s)
Other

Participant information sheet
Not available in web format, please use the contact details below to request a patient information sheet

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 measure
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

Secondary outcome measures
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

Overall study start date
10/11/2009

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

Age group
Adult

Lower age limit
18 Years

Sex
Both

Target number of participants
450

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)

Sponsor details
Tellstrasse
Aarau
Switzerland
5001

Sponsor type
Hospital/treatment centre

Website
http://www.ksa.ch/

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

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