ISRCTN91449949 https://doi.org/10.1186/ISRCTN91449949

Care for older persons on the emergency department: does a transitional geriatric care model (URGENT care model) prevent unplanned emergency department readmissions?

Submission date
20/06/2017

Recruitment status
No longer recruiting

Registration date
28/07/2017

Overall study status
Completed

Last Edited
09/08/2019

Condition category
Other

[_] Prospectively registered
[X] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data

Plain English summary of protocol

Background and study aims
One out of three older adults who are discharged from hospital after an episode of emergency department (ED) care end up back in the ED within three months. Several factors can lead to these events such as a new medical condition, unsuccessful treatment of the initial medical condition, poor patient compliance (keeping up with the treatment or medication), inappropriate discharge, and poor out-of-hospital follow-up. To improve the care for older ED patients and especially prevent unplanned ED readmissions, the URGENT care model was developed. The key components of this care model are geriatric (medical care for older people) screening, comprehensive geriatric assessment (CGA) of at-risk patients, interdisciplinary care planning and follow-up. Inpatient follow-up is coordinated by nurses of the inpatient geriatric consultation team. Outpatient follow-up is organized by case managers in home care through telephone calls and home visits if indicated. The care model provides a dedicated geriatric nurse, additionally available on the ED during office hours, to deliver and initiate URGENT procedures. The aim of this study is to examine if the UREGENT care model can prevent unplanned emergency department readmissions as compared the standard level of care model.

Who can participate?
Patients aged 70 and older who are admitted to the ED department

What does the study involve?
Participants are allocated to one or two groups. Those in the first group receive the standard ED care and follow up. Those in the second group receive the URGENT care model which includes examination of risks, full geriatric assessment, care planning and follow up. Participants are followed up to see if there are unplanned readmissions within 90 days after hospitalisation and to see if the URGENT care model improved the ED at being able to detect problems and use referrals to other care such as occupational therapy better.

What are the possible benefits and risks of participating?
There are no direct benefits with participating; however participants receive personalised advice towards their needs of their patients. There are no risks with participating.

Where is the study run from?
University Hospitals Leuven (Belgium)

When is the study starting and how long is it expected to run for?
December 2014 to September 2016

Who is funding the study?
1. Pyxima NV (Belgium)
2. Wit-Gele Kruis Vlaams-Brabant (Belgium)
3. Christelijke Mutualiteit Leuven (Belgium)

Who is the main contact?
Dr Koen Milisen (Scientific)
Miss Els Devriendt (Public)

Contact information

Type(s)
Scientific

Contact name
Prof Koen Milisen

ORCID ID
http://orcid.org/0000-0001-9230-1246

Contact details
Department of Public Health and Primary Care
Academic Centre for Nursing and Midwifery
KU Leuven
Kapucijnenvoer 35/4
Leuven
Belgium
3000

Type(s)
Public

Contact name
Miss Els Devriendt

ORCID ID
http://orcid.org/0000-0002-1746-7120

Contact details
1 Department of Public Health and Primary Care
Academic Centre for Nursing and Midwifery

KU Leuven
Kapucijnenvoer 35/4
Leuven
Belgium
3000

Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers
B322201422910

Study information

Scientific Title
URGENT - Unplanned Readmission prevention by Geriatric Emergency Network for Transitional care

Acronym
URGENT

Study objectives
The URGENT care model prevents unplanned emergency department readmissons within 90 days among older adults in comparison to conventional care.

Ethics approval required
Old ethics approval format

Ethics approval(s)
The Medical Ethics Committee of the Leuven University Hospitals, 15/07/2015, ref: B322201422910

Study design
This study is designed as a single centre quasi-experimental study (sequential design with two cohorts) where the standard care on the ED in the control cohort is compared with the implementation of the new URGENT care model in the intervention cohort

Primary study design
Interventional

Secondary study design
Randomised controlled trial

Study setting(s)
Hospital

Study type(s)
Prevention

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
Geriatric care models

Interventions
The URGENT study is a single centre quasi-experimental study (sequential design with two cohorts) where the standard care on the emergency department in the control cohort is compared with the implementation of the new URGENT care model in the intervention cohort. Although randomisation could theoretically offer a more powerful design, the complex environment of the emergency department doesn't allow this method.

Patients in the control cohort receive standard ED care from all healthcare workers involved in their management on the ED. The control cohort is composed from month one to month six.

Participants in the intervention cohort receive the intervention. The intervention cohort will be composed from month 11 to month 18. A dedicated geriatric nurse is available on the emergency department during office hours to deliver a newly developed geriatric care model. This care model comprises four steps:
1. Risk stratification of older emergency department patients
2. Comprehensive geriatric assessment of patients at risk
3. Interdisciplinary care planning
4. Follow-up

This intervention aims at improving problem detection and better use of conventional referrals and interventions (e.g. occupational therapy). The hospital follow-up is done by casemanagers was a newly developed patient approach.

Between these two time-periods there is a gap of four months in which the feasibility of the URGENT care model is tested.

Intervention Type
Other

Primary outcome measure
Unplanned remissions is measured using the patient chart review and telephone calls at 30 and 90 days after hospital discharge

Secondary outcome measures
1. Need for hospitalization during index ED visit is measured using chart review at discharge from the ED
2. Length of index emergency department stay is measured using chart review and is calculated as the time between admission to the ED and discharge from the ED
3. Length of inhospital stay measured using chart review and is calculated as the time between discharge from the ED and discharge from the hospital

4. Mortality within 30 and 90 days after hospital discharge is measured using chart review and telephone calls at 30 and 90 days after hospital discharge
5. Functional decline 30 and 90 days after ED discharge is measured using using telephone calls at 30 and 90 days after ED discharge
6. Higher level of care (at the moment of hospital discharge) is measured using chart review and telephone calls at discharge, 30 and 90 days after discharge

Overall study start date
01/12/2014

Completion date
01/09/2016

Eligibility

Key inclusion criteria
1. Dutch-speaking
2. Community-dwelling patients aged 70 years or older
3. Patients admitted to the emergency department were included if their medical condition allowed being interviewed

Participant type(s)
Patient

Age group
Senior

Sex
Both

Target number of participants
1502

Total final enrolment
1654

Key exclusion criteria
Patients, transferred from other wards, other hospitals or care facilities.

Date of first enrolment
09/12/2014

Date of final enrolment
31/05/2016

Locations

Countries of recruitment
Belgium

Study participating centre
University Hospitals Leuven
Herestraat 49
Leuven
Belgium
3000

Sponsor information

Organisation
Flanders Innovation and Entrepreneurship

Sponsor details
Ellipsgebouw
Koning Albert II-laan 35
Bus 12
Brussels
Belgium
1030

Sponsor type
Government

Website
https://www.iwt.be/english/welcome

ROR
https://ror.org/032xdry56

Funder(s)

Funder type
Hospital/treatment centre

Funder Name
University Hospitals Leuven

Funder Name
Pyxima NV

Funder Name
Wit-Gele Kruis Vlaams-Brabant

Funder Name
Christelijke Mutualiteit Leuven

Results and Publications

Publication and dissemination plan
Publication in a peer reviewed journal.

Intention to publish date
31/12/2019

Individual participant data (IPD) sharing plan
The datasets generated during and/or analysed during the current study will be available upon request from koen.milisen@kuleuven.be

IPD sharing plan summary
Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article	protocol	16/10/2018		Yes	No
Results article	results	07/08/2019	09/08/2019	Yes	No