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G-COACH: Feasibility of the geriatric co-management for cardiology patients in the hospital programme

Submission date
21/05/2020

Recruitment status
No longer recruiting

Registration date
23/05/2020

Overall study status
Completed

Last Edited
26/10/2022

Condition category
Circulatory System

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

Plain English summary of protocol

Background and study aims
Older patients admitted to an cardiac care unit often experience functional decline and sustained disability. Geriatric co-management has demonstrated significant improvements on outcomes in older patients with a hip fracture, but has never been evaluated in the cardiac care setting.
This study introduced a new geriatric co-management programme on the cardiac care units of the University Hospitals Leuven. The aim was to evaluate whether this programme was acceptable and feasible to perform.

Who can participate?
Patients aged 75 years or older admitted for acute cadiovascular disease or transcatheter aortic valve implentation to the cardiac care units of the University Hospitals Leuven and healthcare professionals working on the acute cardiac care units of the University Hospitals Leuven.

What does the study involve?
On admission to the hospital, a comprehensive geriatric assessment was performed, care needs were determined, and an interdisciplinary care plan was drafted. A nurse from the geriatrics department provided daily follow-up until hospital discharge.

What are the possible benefits and risks of participating?
The programme was developed to benefit patients, including a better functional status and less complications. There are no direct risks.

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

When is the study starting and how long is it expected to run for?
January 2015 to May 2018

Who is funding the study?
Onderzoeksraad, KU Leuven (Research Council, KU Leuven), Belgium

Who is the main contact?
Dr Mieke Deschodt, mieke.deschodt@kuleuven.be
Prof. Koen Milisen, koen.milisen@kuleuven.be
Prof. Johan Flamaing, johan.flamaing@uzleuven.be

Contact information

Type(s)
Scientific

Contact name
Dr Mieke Deschodt

ORCID ID
https://orcid.org/0000-0003-1560-2277

Contact details
Gerontology and Geriatrics
UZ Herestraat 49 - box 7003 35
Leuven
Belgium
3000
+32 16 37 76 92
mieke.deschodt@kuleuven.be

Type(s)
Scientific

Contact name
Prof Koen Milisen

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

Contact details
Academisch Centrum voor Verpleeg- en Vroedkunde
Kapucijnenvoer 35 blok d - bus 7001
Leuven
Belgium
3000
+32 16 37 79 79
koen.milisen@kuleuven.be

Type(s)
Scientific

Contact name

Prof Johan Flamaing

Contact details
Gerontology and Geriatrics
UZ Herestraat 49 - box 7003 35
Leuven
Belgium
3000
+32 16 3 42647
johan.flamaing@uzleuven.be

Additional identifiers

Clinical Trials Information System (CTIS)
Nil known

Protocol serial number
REF 22/15/028

Study information

Scientific Title
Implementation of the Geriatric CO-mAnagement for Cardiology patients in the Hospital (G-COACH) programme: a feasibility study

Acronym
G-COACH

Study objectives
Is a geriatric co-management programme implemented on the acute cardiac care units of the University Hospitals Leuven considered acceptable and feasible to perform?

Ethics approval required
Old ethics approval format

Ethics approval(s)
Approved 03/08/2017, The Medical Ethics Committee of the University Hospitals Leuven (Ethische commissie onderzoek UZ Leuven, Herestraat 49, 3000 Leuven, Belgium; +32 16 34 86 00; ec@uzleuven.be), ref: s59543

Study design
One-group experimental single centre feasibility study

Primary study design
Interventional

Study type(s)
Other

Health condition(s) or problem(s) studied

Older patients with geriatric profile admitted to cardiac care units

Interventions
Nurse-led geriatric co-management programme, including a comprehensive geriatric assessment on hospital admission, risk stratification, daily follow-up by geriatrics team until hospital discharge, implementation of standardised and evidence-based protocols for geriatric syndromes, early rehabilitation, individual exercise programme, and early discharge planning.

Informed consent is obtained within three days of admission to the cardiac care unit (15 minutes). A nurse enrols the patient in the geriatric co-management programme (30 minutes). A researcher performs an interview and asks about the experiences with the programme (15 minutes). A researcher observes daily health status and whether there are any complications (10 minutes) until discharge from the cardiac care unit. The participation ends when discharged from the hospital.

Intervention Type
Other

Primary outcome(s)
Experiences with the programme, including self-perceived acceptability and self-perceived feasibility, measured using structured interviews with questionnaires during hospitalisation.

Key secondary outcome(s))
Measured during hospitalisation on the cardiac care unit. This is case dependent (some patients have a long length of stay, others short) and there is no one fixed timepoint:
1. Reach of the programme, measured using registrations in the electronic patient record
2. Fidelity, measured suing registrations in the electronic patient record
3. Dose, measured suing registrations in the electronic patient record
4. Determinants for implementation, measured using a questionnaire and interviews

Completion date
31/05/2018

Eligibility

Key inclusion criteria
1. Patients aged 75 years or older admitted for acute cadiovascular disease or transcatheter aortic valve implentation to the cardiac care units of the University Hospitals Leuven
2. Healthcare professionals working on the acute cardiac care units of the University Hospitals Leuven

Participant type(s)
Mixed

Healthy volunteers allowed
No

Age group
Mixed

Sex
All

Total final enrolment
199

Key exclusion criteria
1. Length of stay < 3 days
2. No baseline assessment (included transfers from other units or hospitals)
3. Unable to complete assessment
4. No inform consent
5. Receiving palliative care

Date of first enrolment
07/11/2017

Date of final enrolment
02/05/2018

Locations

Countries of recruitment
Belgium

Study participating centre
University Hospitals Leuven
Herestraat 49
Leuven
Belgium
3000

Sponsor information

Organisation
KU Leuven

ROR
https://ror.org/05f950310

Funder(s)

Funder type
Research council

Funder Name
Onderzoeksraad, KU Leuven

Alternative Name(s)
Research Council, KU Leuven

Funding Body Type
Private sector organisation

Funding Body Subtype
Universities (academic only)

Location
Belgium

Results and Publications

Individual participant data (IPD) sharing plan
The datasets generated during and/or analysed during the current study are/will be available upon request from Koen Milisen (koen.milisen@kuleuven.be). Each request will be considered on a case basis. Reasonable requests include use of baseline data for epidemiological purposes.

IPD sharing plan summary
Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article		02/05/2022	26/10/2022	Yes	No
Protocol article	protocol	01/10/2018	22/05/2020	Yes	No
Study website	Study website	11/11/2025	11/11/2025	No	Yes