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

# 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 | [ ] Record updated in last year |

**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

## 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)

## Primary study design
Observational

## Study design
Observational quality-control analysis of current practice

## 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