CODE Z: Continuïteit van zorg bij Opname van mensen met Dementie in het Ziekenhuis (Continuity of care during and after unplanned hospital admissions of home-dwelling patients with dementia)

https://neurodegenerationresearch.eu/survey/code-z-continuiteit-van-zorg-bij-opname-van-mensen-met-dementie-in-het-ziekenhuis-continuity-of-care-during-and-after-unplanned-hospital-admissions-of-home-dwelling-patients-with-dementia/

Principal Investigators

C.C. De Jong

Institution

Stichting Transmurale Zorg Den Haag e.o.

Contact information of lead PI Country

Netherlands

Title of project or programme

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Source of funding information

ZonMw

Total sum awarded (Euro)

€ 391,156

Start date of award

01/11/2014

Total duration of award in years

3.0

The project/programme is most relevant to:

Alzheimer's disease & other dementias

Keywords

Research Abstract

Continuity of care is threatened for elder patients with dementia during and after their unplanned admission to the hospital. Each year, approximately 25% of the frail elderly, including people with dementia, are admitted one or more times to the hospital. Informal caregivers often experience stress and dissatisfaction with care. One of the reasons is the prevalence of information gaps between health care providers. Information gaps are defined as previously collected clinical information that is required for patient care but is not available to the treating physician.

To bridge the information gaps, guidelines frequently recommend case management to homedwelling dementia patients and their informal caregivers. Stichting Transmurale Zorg Den Haag en omstreken (STZ) developed a collaborative structure for primary care including collaborative agreements focused on general practitioners, case managers, informal caregivers, pharmacists, nurses, and home care. Secondary care has not yet been included in the alignments. The proposed project "CODE Z" (Continuity of care for home-dwelling patients with dementia at

The proposed project "CODE Z" (Continuity of care for home-dwelling patients with dementia at unplanned hospital admission) will adapt the above mentioned collaborative structure (including a communication tool) to launch between caregivers in primary and secondary care. This collaborative structure should lead to better continuity of care, reduce unnecessary treatments and admissions, lead to fewer medical errors, better perception of quality of care, and reduce the burden of care for informal caregivers. It may also lead to cost reduction.

The collaborative structure will be adapted through three focus groups (one with informal caregivers and two with health care providers) and will be tested in a pilot study. Regional indicators for handover will be developed and can potentially contribute to the Inspectorate's set of quality indicators. The project will also provide information on the barriers to and facilitators of implementing a collaborative structure and commulcation tool between health care providers in primary and secondary care.

The design of the study is quasi-experimental with a pre- and a posttest.

Three departments (orthopedics, surgical and internal medicine) at each of the three hospitals in the Haaglanden region will be asked to participate in the study. The informal caregiver of 120 consecutive home-dwelling dementia patient who experiences an unscheduled admission to a hospital in the Haaglanden region will be asked to participate in the study. Additionally, their involved health care providers will be asked to participate in the study.

Measurements will take place at baseline, before implementation of the collaboration structure and the communication tool at the hospital department, and six months after the introduction of the collaborative structure and will last two months per hospital department. The primary outcome is continuity of care; secondary outcomes are informal caregiver burden, hospital readmission rate, length of hospital stay, experienced medical errors, use of the collaborative structure and communication tool, perceptions of quality of care and societal costs. After the follow-up measurement, the collaboration and communication structures will be evaluated and adjusted if necessary.

Lay Summary Further information available at:

Types:

Investments > €500k

Member States: Netherlands
Diseases: Alzheimer's disease & other dementias
Years: 2016
Database Categories: N/A
Database Tags: N/A