

Hospital At Home care program for patients with dementia and an acute medical crisis

<https://neurodegenerationresearch.eu/survey/hospital-at-home-care-program-for-patients-with-dementia-and-an-acute-medical-crisis/>

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Contact information of lead PI Country

Netherlands

Title of project or programme

Hospital At Home care program for patients with dementia and an acute medical crisis

Source of funding information

ZonMw

Total sum awarded (Euro)

€ 400,000

Start date of award

01/12/2014

Total duration of award in years

3.0

The project/programme is most relevant to:

Alzheimer's disease & other dementias

Keywords

Research Abstract

OBJECTIVE: The H@H trial investigates the balance of costs and clinical effects in terms of complications and mortality between H@H care and conventional hospital care

HYPOTHESIS

H@H care reduces costs, complications and mortality in dementia patients admitted to the ED

for hospitalization with selected acute medical illnesses who require acute hospital-level care.

STUDY DESIGN

Multicentre randomized controlled, parallel-group superiority trial.

STUDY POPULATION: In total 266 patients aged 65 years or above, known with a diagnosed dementia syndrome.

INTERVENTION: H@H vs conventional hospital care.

OUTCOME MEASURES: Primary endpoint: composite endpoint of severe complications (readmission to hospital) and mortality within 6 months after randomisation.

Secondary endpoints: costs, budget impact, functional status and functional decline, quality of life in terms of quality-adjusted life years (QALYs), incidence of all individual components of the primary endpoint, admission to nursing home, length of hospital stay after readmission, new onset intensive care admission, length of intensive care stay, any complications [falls, new infections], number of endoscopic, radiological and operative (re-) interventions.

COST-EFFECTIVENESS AND BUDGET IMPACT ANALYSIS

Cost-effectiveness and cost-utility analyses from a societal perspective with the costs per patient with poor outcome (severe complications and/or death) and costs per QALY as primary outcome measures respectively. Budget impact analyses from governmental, insurer, and provider perspectives.

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