

Trial Description

Title

E-health based, cross-sectoral geriatric care / geriatric network

Trial Acronym

GerNe

URL of the trial

<https://www.gerne-projekt.de/gerne/web/>

Brief Summary in Lay Language

GerNe is a Geriatric Network and a joint project of the University Medical Center Mainz , the Geriatric Clinic Rheinhessen-Nahe, the Marienkrankenhaus Nassau and the St. Marien- and Annastiftskrankenhaus Ludwigshafen. The primary objective is to optimize and facilitate communication between geriatric clinics and general practitioners in Rhineland-Palatinate in order to further improve the care of common geriatric patients and, at best, to prevent or reduce hospital (re-)admission.

The project is funded by the “Innovationsfonds des GBA” (Gemeinsamer Bundesausschuss) over a period of 36 months. Partner on the part of the statutory health insurance (GKV) is the Barmer Rhineland-Palatinate / Saarland, but insured persons of all health insurances (also private health insurance) can participate in the project.

The central communication platform of the project is an electronic case file. After discharge from one of the participating clinics the case file will be created and will be available to the treating GP.

After consent of the patient and appropriate readiness of GP, he receives a personal account for the case file and the data of his patients.

The file contains all the examination findings, the medication plan and recommendations for further treatment.

The GP will update the case file on a quarterly basis after discharge (patient status, geriatric basic assessment). In addition, situational notifications of status changes, steps and changes in medication are possible. The entries are viewed by the respective clinic by an experienced geriatrician. Further expertise regarding the current medication is provided by a pharmacist of the University Medical Center Mainz. In particular, the adjunctive medication analysis is intended to address side effects from potentially inappropriate drugs for elderly patients, interactions in poly medication and lack of dose adjustments e.g. help prevent impaired kidney function.

In individual cases, corresponding options for action and changes would be proposed.

In addition, the geriatric consultant is available by phone or via the case file (messenger function) every working day within the framework of the project.

Brief Summary in Scientific Language

Due to the complexity and multimorbidity of geriatric patients, it is inevitable that

patients will be re-admitted to hospital. The assumption that geriatric patients have a high rehospitalisation risk was confirmed by the information of a large Rhineland-Palatinate health insurance. Data could be shown that 2931 insured persons in the period from 07/01/2014 to 06/30/2015 had a hospitalization with settlement of a geriatric DRG. Of these patients, 2091 (71%) required at least one additional admission to the hospital the following year. Individual patients had to be treated up to 36 times. The average rehospitalization rate in the year after hospitalization was 1.85 (5411 cases / 1 year * 2931 insured persons).

These data and clinical practice suggest that geriatric patients have a high rate of re-hospitalization due to their multimorbidity and complexity. The aim of the GerNe project is to reduce the rate of re-admission of geriatric patients by improving the cooperation or communication between the geriatric clinics and the GP. The communication platform for this is a shared electronic case file. In addition, a geriatric consultant will be available in the participating geriatric clinics by telephone or via the electronic case file. Through this networking a bidirectional information exchange is possible.

Aims:

- Implementation of a new form of care
- Reductions in the rehospitalisation rate of geriatric patients

Organizational Data

- DRKS-ID: **DRKS00015467**
- Date of Registration in DRKS: **2018/09/14**
- Date of Registration in Partner Registry or other Primary Registry: [---]*
- Investigator Sponsored/Initiated Trial (IST/IIT): **yes**
- Ethics Approval/Approval of the Ethics Committee: **Approved**
- (leading) Ethics Committee Nr.: **2018-13347-Klinische Forschung / erstberatend , Ethik-Kommission bei der Landesärztekammer Rheinland-Pfalz**

Secondary IDs

Health condition or Problem studied

- Free text: **Re-hospitalization rate after completion of in-patient, acute geriatric complex treatment in patients with typical geriatric multimorbidity and age-related increased vulnerability**

Interventions/Observational Groups

- Arm 1: **Patients in arm 1 are recruited at one of the four participating clinics. After discharge, the data (re-hospitalization rate, degree of care, home care, vital status (death), medication, quality of life, functionality, etc.) will be documented by the GP quarterly for 1 year in the electronic case file. In case of consideration advise via a consultation Service is possible.**



- Arm 2: **The data of the patients in arm 2 (from clinics in Germany with geriatric departments) represent the age and comorbidity matched control group, these data are provided by the Barmer health insurance.**
- Arm 3: //

Characteristics

- Study Type: **Interventional**
- Study Type Non-Interventional: [---]*
- Allocation: **Non-randomized controlled trial**
- Blinding: [---]*
- Who is blinded: [---]*
- Control: **Historical, Control group receives no treatment**
- Purpose: **Prevention**
- Assignment: **Other**
- Phase: **N/A**
- Off-label use (Zulassungsüberschreitende Anwendung eines Arzneimittels): **N/A**

Primary Outcome

Re-hospitalization rate within one year of inpatient geriatric care (calculated from the date of discharge)

Secondary Outcome

Care level, domestic circumstances, vital status (death), medication, quality of life, functionality, costs

Countries of recruitment

- **DE Germany**

Locations of Recruitment

- University Medical Center **Universitätsmedizin, Abteilung für Geriatrie, Mainz**
- Medical Center **Geriatrische Fachklinik Rheinhessen-Nahe, Bad Kreuznach**
- Medical Center **Marienkrankenhaus Nassau, Nassau**
- Medical Center **St. Marien- und St. Annastiftskrankenhaus, Ludwigshafen am Rhein**



Recruitment

- Planned/Actual: **Planned**
- (Anticipated or Actual) Date of First Enrollment: **2018/09/30**
- Target Sample Size: **550**
- Monocenter/Multicenter trial: **Multicenter trial**
- National/International: **National**

Inclusion Criteria

- Gender: **Both, male and female**
- Minimum Age: **71 Years**
- Maximum Age: **no maximum age**

Additional Inclusion Criteria

- **Completion of an acute geriatric complex treatment**
- **Informed consent (in the case of non-consenting patients, the informed consent is given by the legal guardian)**
- **Inpatient treatment in one of the 4 participating acute geriatric departments**
- **Older age (usually > 70 years), typical geriatric multimorbidity (Criteria of the Geriatric Association)**

Exclusion criteria

- **Estimated lifetime <12 months (geriatric expertise)**

Addresses

■ Primary Sponsor

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Sources of Monetary or Material Support

- **Public funding institutions financed by tax money/Government funding body (German Research Foundation (DFG), Federal Ministry of Education and Research (BMBF), etc.)**

Innovationsfonds beim Gemeinsamen Bundesausschuss (G-BA)

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Status

- Recruitment Status: **Recruiting planned**
- Study Closing (LPLV): [---]*

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Deutsches Register
Klinischer Studien

German Clinical
Trials Register

Trial Publications, Results and other documents

* *This entry means the parameter is not applicable or has not been set.*

*** *This entry means that data is not displayed due to insufficient data privacy clearing.*