FÆLLES ANSØGNINGSSKEMA
TIL KVALITETS- OG UDVIKLINGSMIDLERNE UNDER KEU

REGION: MIDT	DATO: 26/6 2015	LØBENR.: (udfyldes af regionen)

STAMOPLYSNINGER

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PROJEKTANSVARLIG: Jonas Fynboe Manniche Ebert

ØVRIGE DELTAGERE (samarbejdspartnere eller tilknytning til forskningsinst. el.lign):
Bo Christensen (hovedvejleder) PhD, Praktiserende læge, Sektion for Almen Praksis AU
Morten Bondo Christensen (vejleder) PhD, Praktiserende læge, seniorforsker ved Forskningsenheden for Almen Praksis
Linda Huibers (vejleder) PhD, PostDoc ved Forskningsenheden for Almen Praksis

Samarbejdspartnere:
PLO Midt, Region Midt, EG Clinea, NetDesign, Den Præhospitale Enhed i Region Hovedstaden (1813).

PROJEKTBESKRIVELSE

PROJEKTETS TITEL: "Intervention to bypass the telephone queue in case of a perceived emergency"

PROJEKTETS (ANSØGNINGENS) EMNE: Differentieret adgang til lægevagten via et "akut-knaps system". Der søges midler til dækning af udgifter forbundet med udvikling af softwaren, der skal styre "akutknappen" i lægevagtstelefonen i Region Midt og forbindelsen mellem telefonsystem og lægevagtsjournalsystem.

OPDATERING VEDR. TIDLIGERE AFHOLDT PROJEKT (sæt x):

NYOPRETTET PROJEKT (sæt x): **x**

FORMÅL: At undersøge hvor mange der benytter sig af "akutknappen" og om "akutknappen" øger trygheden og tilfredsheden med lægevagten

PROJEKTBESKRIVELSE (kort resumé) – selve projektbeskrivelsen vedlægges som bilag, der kan linkes til.
Ved behov for lægefaglig rådgivning og behandling uden for normal arbejdstid er der i Danmark flere veje til at kontakte sundhedsvæsenet (lægevagten, skadestue/akutafdeling, 1813 og Alarm 112). Personer, der ringer til lægevagten og 1813, kommer alle i den samme telefonkø, uanset om de ringer på grund af en alvorlig tilstand som eksempelvis brystsmerter eller for at få råd om, hvorvidt deres barn med hoste må komme i daginstitution dagen efter.

I 2013 var der i Region Midtjylland 650.000 kontakter til lægevagtstelefonen. I 5 % af tilfældene anså den, der kontaktede lægevagten, at årsagen til kontakten var af så alvorlig grad, at vedkommende skulle tale med en læge med det samme. Ved 1 % af alle opkald til lægevagten kontaktede vagtlægen den præhospitale enhed direkte og rekvirerede en ambulance. Da alle opkald til lægevagten kommer i den samme telefonkø, er der i perioder med lang ventetid risiko for, at nogle af de personer, der kontakter lægevagten med meget alvorlige helbredsproblemer, kan komme til at vente uhensigtsmæssigt længe på grund af telefonkø. Omvendt er der måske nogle, der opgiver lægevagten på grund af ventetiden og i stedet vælger at kontakte 112, selvom årsagen til kontakten håndteres bedst i lægevagten.
Jeg vil med dette projekt teste en "akutknap", der gør det muligt for personer, der ringer til lægevagten og opfatter sin egen situation som værende så alvorlig og akut, at de skal snakke med en sundhedsfaglig person omgående, at springe telefonkøen til lægevagten over.

EVALUERING (metode og tidsramme samt plan for implementering og formidling) ***(1)***
Dette Ph.d.-projekt er et randomiseret og kontrolleret interventionsstudie:

Det handler om design og implementering af et "akutknap"-system, der gør det muligt for folk at springe telefonkøen over ved at taste "9", hvis vedkommende anser sin tilstand som værende alvorlig og akut. Når patienten har trykket på knappen vil vedkommende springe over telefonkøen og komme igennem som næste patient. Efter samtalen bliver vagtlægen bedt om at udfylde et pop-up skema på skærmen vedrørende henvendelsesårsagen, relevansen af kontakten og af det rimelige i, at "akutknappen" var blevet anvendt. Patienten får et spørgeskema tilsendt, der fokuserer på evaluering af muligheden for at springe telefonkøen over.
Patienten har mulighed for at fravælge deltagelse i projektet inden telefonbeskeden om muligheden for at springe køen over.

Vurdering/overvejelse om efterfølgende udbredelse og implementering i almen praksis
I Holland findes muligheden for at springe telefonkøen over ved akut sygdom i lægevagten. Her rapporteres om, at cirka 2-3 % benytter sig af det. En "akutknap"-funktion kan give patienter en større tryghed ved kontakt til lægevagten, hvilket igen kan være med til at reducere "ikke nødvendige opkald" til 112. Tilsvarende kan antallet af utilsigtede hændelser i lægevagten, hvor alvorligt syge venter for længe i telefonkøen, formentlig reduceres - især i perioder med stor travlhed.
Jeg ser et stort potentiale i denne intervention, både for patienternes og "systemets" tryghed og sikkerhed, ligesom det kan medvirke til en mere optimal udnyttelse af vagtlægeordningen og 1813. Interventionen vil relativt nemt kunne implementeres i resten af landet.

START- OG SLUTTIDSPUNKT (evt. forventet): Forventet start på pilot: 1/9-15 varighed 2 uger
Forventet start på studie: 1/12-15 varighed 3-4 måneder afhængig af resultat fra pilot

BUDGET

ANSØGT BELØB (2): 169.875

BEVILLING (indeværende år og evt. efterfølgende år): 0

ANSØGT MIDLER SPONSERET FRA ANDRE SIDER: Der er bevilget 1 års løn til undertegnede fra Praksisforskningsfonden. Løn til de sidste 2 år er bevilget af

TrygFonden
BUDGET FORDELT PÅ ÅR: 2015: 169.875
TOTALBUDGET: se bilag

AFSLUTTENDE RAPPORT/ARTIKEL SENDES TIL DET REGIONALE SEKRETARIAT:
SUPPLERENDE OPLYSNINGER: Der søges om penge til finansiering af softwareudvikling i forbindelse med udvikling af ”akutknappen”. Det drejer sig om løn til IT-teknikere.
BILAGSFORTEGNELSE: Bilag 1: Projektbeskrivelse på engelsk Bilag 2: Generelt budget for PhD Bilag 3: Specifikt budget for softwareudviklingsteam

(1) I forbindelse med evaluering skal projektet forholde sig til mulighederne for at anvende Triple Aim .
(2) Et udspecificeret budget vedlægges, hvor det er markeret præcist, hvilke midler der ansøges om hos KEU.

THE RESEARCH UNIT FOR GENERAL PRACTICE
Aarhus

AARHUS UNIVERSITET

Intervention to bypass the telephone queue in case of a perceived emergency

Supervisors

Bo Christensen (main supervisor) GP, PhD, Professor
Morten Bondo Christensen GP, PhD
Linda Huibers MD, PhD, Post-Doc
Research Unit for General Practice and Section for General Practice
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List of abbreviations

ED = Emergency department (i.e. akutafdeling, akutklinik, akutmodtagelse, børnemodtagelse, skadeklinik, skadestuen)
GP = General practitioner
OOH = Out-of-hours
OOH-PC = Out-of-hours primary care service (i.e.lægevagten)
RFE = Reason for encounter
112-EMCC = Emergency Medical Communication Centre (ambulance care)
Helpline 1813 = Out-of-hours primary care in The Capital Region of Denmark (i.e. Akuttelefonen)

Jonas Fynboe Manniche Ebert
24-06-2015

Patients calling the Danish out-of-hours primary care service (OOH-PC; i.e. lægevagt) and Helpline 1813 (i.e. Akuttelefonen) queue up in one waiting line. Ranging from acute illness such as chest pain to parents calling to ask if their coughing child is well enough to go to day care the next day, they all must wait for their turn to talk to the triage GP or triage nurse.(1) This project is part of a PhD-project with two different randomised controlled studies with overlapping background:

1. "Intervention to bypass the telephone queue in case of a perceived emergency", where we implement an option for patients to bypass the telephone queue by pressing a button if they perceive their illness as acute and/or severe. This study is in the rest of this protocol referred to as "Push the button".
2. "Web based health information for parents to children below 5 years of age", where parents calling the OOH-PC/Medical Helpline 1813 for their children are referred to the webpage www.sygeboern.dk that provides health care information and an auto-triage tool.

This project description will now only focus on the first project.

Background

Acute out-of-hours (OOH) care is an important part of health care and the point of entrance into the health care system for many patients. OOH is defined as the period outside normal working hours (i.e. 4 pm to 8 am on weekdays, all weekends, and bank holidays). Patients with acute health problems have several options to access the health care system, including quite different health care settings, and consequently patients typically follow different care pathways. In Denmark, OOH acute care is provided by OOH-PC, 112-Emergency Medical Communication Centre (112-EMCC), emergency departments (EDs), and Medical Helpline 1813. These settings have complementary aims in delivering health care, but at the same time their patient population is partly overlapping.

Primary Care is often the first point of contact, also outside office hours.(2) However in the Capital Region of Denmark the citizens call the Medical Helpline 1813 which is answered by triage nurses who have the option to direct the caller to an ED, to forward the call to a GP/doctor, to plan a home visit, to forward the call to 112 or simply to give telephone health advice. In the rest of the country OOH-PC is run by GPs, who answer all telephone calls and perform triage. These GPs triage the call to a telephone advice, a clinic consultation, a home visit, or directly refer to the ED/hospital.
Patients contacting the OOH-PC or 1813 are put on hold and wait in a telephone queue if no GP or nurse is available to answer their call.

The four main Danish acute care settings are intended to provide care to different patient groups depending upon the nature and severity of the health problem. With the decision to contact a specific setting, patients themselves choose the point of access to acute care, thus influencing their care pathway.(3) An `inappropriate´ choice may result in serious delay of treatment or insufficient intensive care if for example contacting primary care instead of 112-EMCC in life-threatening cases. On the contrary, over-use/-treatment is a risk if calling 112-EMCC or the ED for minor problems.(4-10)

At the moment, if a patient calls OOH-PC or Helpline 1813, he has to wait in line, even if the health problem is experienced as highly urgent or life-threatening. The alternative to waiting in line is calling 112-EMCC, as there is no possibility to bypass the telephone waiting line. In the Netherlands this functionality is integrated in the telephone system, meaning that patients who jump the waiting line are being connected to the first available telephone triage professional.

No information is available about the number of patients whose safety has been compromised because of extensive waiting. We also lack knowledge on the number of patients who decide to contact another health care service (such as 112-EMCC), because of the waiting time in OOH-PC and Helpline 1813. About 5% of patients estimate their condition as potentially life-threatening.(1) And after telephone triage, approximately 1% of all telephone contacts to the OOH-PC are directly referred to 112-EMCC by the triage GP. In The Central Denmark Region this accounts for approximately 7,000 patient contacts per year.(11) These patients might experience harm from a delay due to a telephone queue.

Although it is not clear whether the absence of the possibility to jump the line is a problem for patients, its presence may provide patients with a feeling of safety and reduce the level of stress in situations that are experienced as distressing.

Aims

To implement the jump-the-line option in OOH-PC and in Medical Helpline 1813, to

1. study the frequencies of patients jump the line and the general characteristics of these patients,
2. study the patients' reasons for jumping the line and their satisfaction with the option
3. evaluate the amount of jumps assessed as relevant by a triage GP/nurse
4. study the effect on patient safety (measured in mortality and hospital admissions) and potential change in patient flow (measured in number of contacts with all acute care settings).

Methods

Design and setting

A randomised controlled trial (RCT), in which patients will randomly be directed to a waiting line with or without the intervention (=option to jump the line) at OOH-PC in The Central Denmark Region and Helpline 1813 in The Capital Region.

Intervention

We arrange a possibility to jump the waiting line ('Push 9 in case of an emergency') on the answering machine, so patients can get through quickly and become the next in queue. After calling and giving the CPR number, the patient will be randomly redirected to a waiting line with the new message or a waiting line with the old message (without the jump option). Patients will be given the option not to participate in the study by pressing "8". GPs get a visual cue to inform them that a patient has jumped the normal waiting line.

In 2013 the total number of contacts with OOH-PC in The Central Denmark Region was approximately 660,000.(11) An earlier study showed that approximately 80% of patients type in their CPR number on their phone when calling the service.(21) About 5% of patients estimate their condition as potentially life-threatening.(1) Numbers from The Netherlands show a user rate of 2-3 % of their version of the option to jump the line.(21)

With a randomisation into two groups and estimated user rate of 2%, we expect about 5,000 users of the intervention per year in the Central Denmark Region. We plan to conduct a pilot study with a running time of 1-2 weeks to give us a more precise estimate of the user rate in order to perform a power calculation to define the study period.

Data

Data for this project will be collected from different sources:

1. The electronic patient record system: The contacts in which the patients choose to jump the line are registered in the electronic patient record system and based on this we gain the following information: the ordinary length of waiting time at the time of jumping the line, date and time, patient's CPR number, and the reason for encounter RFE. This will help to describe the characteristics of the patients who choose to jump the line.
2. National registers: Information on patient flows is collected, by extracting all contacts with acute OOH care (i.e. 112-EMCC and EDs) in the intervention period and the control period (i.e. the year before the intervention). The following variables are studied: mortality, number of 112-EMCC calls, and hospital admissions. This will give an indication of patient safety.
3. The triage GP/nurse assessment: Using a pop-up questionnaire, we ask the triage GPs and nurses to assess the medical and social relevance of jumping the line and the degree of urgency, and to state the probable diagnosis. The pop-up questionnaire will be activated for every user of the jump option. A similar pop-up questionnaire will appear for a random group of patients who got the option but did not jump the line. This will enable us to compare the two groups. This method of collecting data from the GPs has been found feasible in earlier studies.(22)
4. Patient questionnaire study: A random group of patients who used the jump option are invited to fill out a questionnaire that will be sent by mail. Questions focus on the reason for using the jump option, patient satisfaction, and the effect of the intervention on their feeling of safety.
   Questionnaires will also be sent to a random group of patients who chose not to jump the line. A random group of patients in the control group (i.e. the ones who never got the option) will receive a similar questionnaire focused on the RFE and the satisfaction with the current system.

Outcome measures

1. Frequencies of patients who jumped the line and a description of the characteristics of these patients (e.g. age, gender, RFE etc.).
2. Reasons for jumping the line and the satisfaction with the option from the patient's point of view.
3. Percentage of jumps assessed as relevant by a GP.
4. The potential change in number of contacts with all acute care settings and mortality rate.

Analyses

We provide a descriptive analysis of the group of patients who jump the line (i.e. patient characteristics, RFE) and the reasons to do so. The GP-assessed relevance and urgency is used to describe the (medical) need to use the "jump the line"-button. Based on questionnaires we describe patient satisfaction in relation to having the possibility of the jump the line button. Descriptive analyses will be performed using Student's t-test for data following a normal distribution, Mann-Whitney U-test for non-normally distributed data, and chi-square test for categorical data. Adjusted analyses will be performed using the appropriate generalized linear models (GLMs).

The effect on patient flows, in particular concerning 112-EMCC contacts, is analysed using register based information on subsequent contacts, taking into account a 50% exposure to the intervention in the intervention period.

Power calculation and statistics

OOH-PC: In The Central Denmark Region there are 660,000 contacts with OOH-PC each year. Of these 80% press their CPR number at the telephone which leaves approximately 528,000 eligible contacts. We estimate a user rate of 2% based on the knowledge that 2-3 % uses the option in The Netherlands and the fact that 5 % of all callers with the OOH-PC in The Central Denmark Region estimate their condition as life threatening.(1) This gives us 10,560 users of the intervention in one year. If the amount of GP-evaluated relevant contacts is presumed to be 70%, a completion of 1,000 pop-up questionnaires will give us a 95%-confidence interval of +/- 2,8%. Thus approximately 1/10th of a year is needed to complete the study. The power calculation will be re-evaluated using the data collected in the pilot study of 1-2 week duration.

Medical Helpline 1813: In 2014 Medical helpline 1813 had 937.00 calls and an even higher percentage of patients who give their CPR number. The study period is thus expected to be shorter than for The Central Denmark Region. The power calculation will be re-evaluated using the data collected in the pilot study of 1-2 week duration.

Publications and time frame

Preparations for the study (including literature studies and permissions) are being carried out during 2015. We aim to publish the below mentioned four papers, which will be first-authored by the applicant, in international peer-reviewed journals.

1. Satisfaction with an intervention to bypass the OOH-PC telephone queue in case of a perceived emergency.
2. Intervention to bypass the OOH-PC telephone queue in case of a perceived emergency; usage and relevance.

Project group and feasibility

In this PhD project, the applicant will be responsible for data collection, data analysis, first-drafts of papers and publications. He has obtained clinical experience as a GP through specialty training in general medicine as well as experience with the Norwegian OOH-PC system during a 5½ month working period in Norway. The study will be carried out at the Research Unit for General Practice, Department of Public Health, Aarhus University as part of "Lægevagtsgruppen". The group possesses the required expertise in general practice medicine, epidemiology, data management and biostatistics to fully support this project. A data manager will be assigned to the project, and a statistician will supervise the analyses. We have an agreement of collaboration with the GPs in the Central Region (PLO Midt / OOH-PC), the Prehospital Unit in Capital Region (Medical Helpline 1813).

Ethics and approvals

Application with Sundhedsstyrelsen
Datatilsynet (under evaluation, ref.no. 2015-41-4083)
Multipraksisudvalget (granted, ref. no. MPU 11-12015)
Ethical committee (deemed “not necessary” by the committee, ref. no. 115/2015)

Perspective

This study will provide knowledge on the feasibility and effects of implementing an option to jump the telephone waiting line at OOH-PC/Helpline 1813 and it will be clarified whether patients will use such an option appropriately. Information on the use, effect on patients' feeling of safety, and medical outcomes will be used to decide whether this intervention should be implemented nationwide. The percentage of patients potentially benefiting from this option to jump the line is expected to be relatively limited, but as the total number of contacts with OOH-PC is extensive, the absolute number of patients actually benefiting from this simple intervention is likely to be substantial. Especially in the area of feeling safety we hope to see a significant effect.
This intervention is robust and can be extended to other regions and settings easily. Information about the decrease in waiting time for urgent cases could lead to stratification of quality goals for different patient groups. Also a higher number of cases with acute illness could be handled by the OOH-PC which could ease the pressure on 112-EMCC.

Literature

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BILAG 2

Budget ifm ansøgning om finansiering af "akutknap"-projektet ved KEU

Navn	Beskrivelse	timepris ekskl. Moms	antal timer	Løn	kørsel (kr)
Poul-Erik Amtrup	IT-afdelingen ved Region Midt (Viborg)	450	30	13500	3000
Claus Johansen	Systemtekniker ved NetDesign (TDC erhverv)	1120	50	56000	5000
Frank Pløen Mortensen	Developer, EG Healthcare (Århus)	1200	40	48000	
Jens Michael Larsen	EDB Chef ved Lægevagten (Region Midt)	800	15	12000	
I alt				129500	8000

Timepris eks. moms	129500
Timepris inkl. moms	161875
Total inkl. transportudgifter	169875

BILAG 3

Budget for projekt "Differentiated access to out of hours primary care through assisted decision making and emergency access"
Ph.d.-studerende: Jonas Fynboe Ebert

	2015	2016	2017	2018	Total budget
	01.05.15-31.12.15	01.01.16-31.12.16	01.01.17-31.12.17	01.01.18-30.04.18	
Løn					
Ph.d.-studerende	349.200	523.800	523.800	174.600	1.571.400
Hovedvejleder BC					-
Medvejleder MBC					-
Medvejleder LH					-
Statistiker	12.000	16.000	16.000	6.000	50.000
Datamanager	20.000	30.000	30.000	10.000	90.000
Sekretær	12.000	16.000	16.000	6.000	50.000
Studentermedhjælp		15.000	15.000	10.000	40.000
Løn i alt	**393.200**	**600.800**	**600.800**	**206.600**	**1.801.400**
Drift					
Computer og software	20.000				20.000
Sprogrevision af artikler	4.000	4.000	8.000		16.000
Publiceringsafgifter	10.000	10.000	20.000		40.000
Konferencedeltagelse		20.000	20.000		40.000
Kurser, bøger mv.	5.000	5.000	5.000		15.000
Ph.d.-afgift	40.000	40.000	40.000		120.000
Annuum	40.000	40.000	40.000		120.000
Drift i alt	**119.000**	**119.000**	**133.000**	**-**	**371.000**
Data					
Udvikling af software	169.875				169.875
Dataudtræk			100.000		100.000
Spørgeskemaer	50.000	180.000	100.000		330.000
xx					-
Data i alt	**219.875**	**180.000**	**200.000**	**-**	**599.875**
Administrationsbidrag 6%*	43.925	53.988	56.028	12.396	166.337
Subtotal	**732.075**	**899.800**	**933.800**	**206.600**	**2.772.275**
Total	**776.000**	**953.788**	**989.828**	**218.996**	**2.938.612**

*Administrationsbidrag på 6% bliver trukket automatisk på de fonde som får en selvstændig konto og hvor administrationsbidrag bliver trukket af Danske Regioner

Finansieringsplan for projekt

	Total budget	Egenfinansiering fra XX	Tryg Fonden	Praksisforsknings-fonden	Kvalitets- og Efteruddannelsesfonden	Fond 4	Finansieret	Ikke finansieret
Løn								
Ph.d.-studerende	1.571.400		1.047.600	523.800			1.571.400	-
Senior 1	-						-	-
Senior 2	-						-	-
Senior 3	-						-	-
Statistiker	50.000		50.000				50.000	-
Datamanager	90.000		90.000				90.000	-

Sekretær	50.000		50.000				50.000	-
Studentermedhjælp	40.000		40.000				40.000	-
Løn i alt	**1.801.400**	**-**	**1.277.600**	**523.800**	**-**	**-**	**1.801.400**	**-**
Drift								
Computer og software	20.000		20.000				20.000	-
Sprogrevision af artikler	16.000		16.000				16.000	-
Publiceringsafgift	40.000		40.000				40.000	-
Konferencedeltagelse	40.000		40.000				40.000	-
Kurser, bøger mv.	15.000		15.000				15.000	-
Ph.d.-afgift	120.000		120.000				120.000	-
Annuum	120.000		120.000				120.000	-
Drift i alt	**371.000**	**-**	**371.000**	**-**	**-**	**-**	**371.000**	**-**
Data								
Udvikling af software	169.875				169.875		169.875	-
Dataudtræk	100.000		100.000				100.000	-
Spørgeskemaer	330.000		330.000				330.000	-
xx	-						-	-
Data i alt	**599.875**	**-**	**430.000**	**-**	**169.875**	**-**	**599.875**	**-**
Administrationsbidrag 6%*	166.337	-	124.716	31.428	10.193	-	166.337	-
Subtotal	**2.772.275**	**-**	**2.078.600**	**523.800**	**169.875**	**-**		**-**
Total	**2.938.612**	**-**	**2.203.316**	**555.228**	**180.068**	**-**	**166.337**	**-**