Zichtbaarheid

Ilonka Paalvast

01 december 2022

HagaZiekenhuis

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Toelichting en motivatie

Waar zijn we?

Probleemanalyse en vraagstelling

Hoe is het in mijn ziekenhuis?

Vraagstelling:
Hoe kunnen we alle problemen oplossen en binnen welke tijd?

Hoe kunnen we zorgen dat onze kennis en expertise in beeld is en we geen onderzoeken, proefpersonen en data gaan missen en er ook minimale miscommunicatie plaats vind.

Binnen 3 maanden eerste resultaten zien.

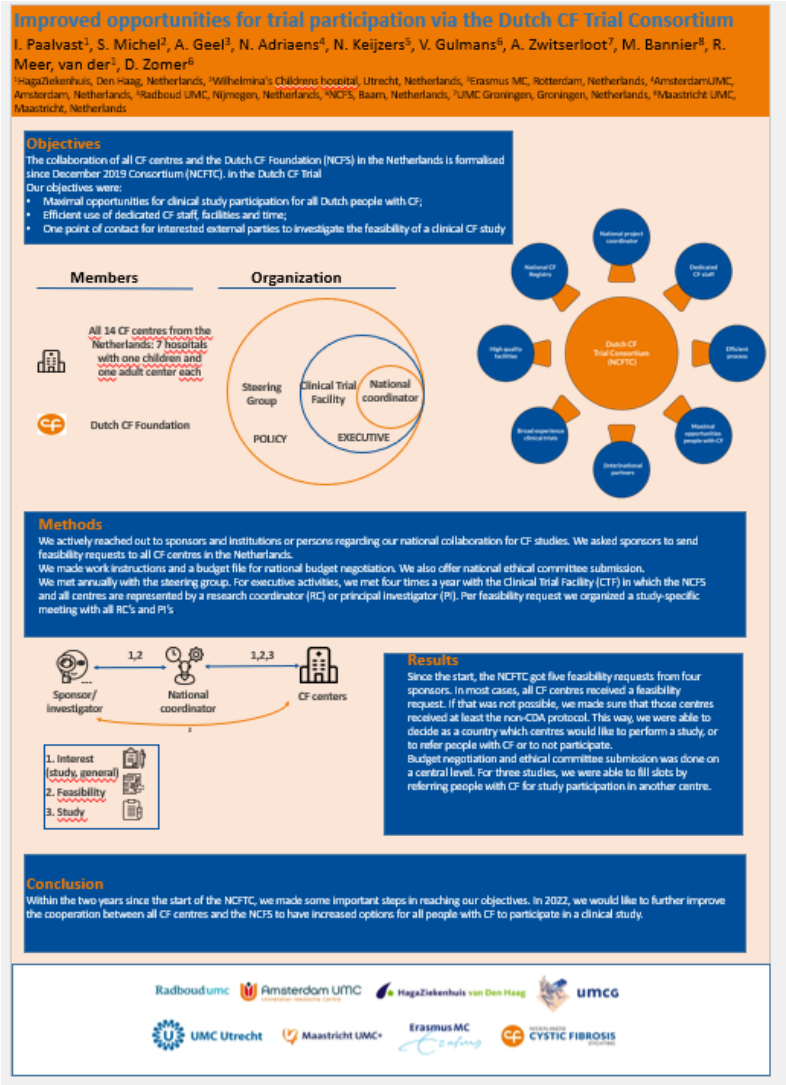
Doel

- Extern:
  - Eigen item op ziekenhuis website
- Intern/Intranet:
  - Eigen groep researchprofessionals
  - Groep longziekten kopje research met uitleg en nieuwsbrief
  - Zichtbaar voor afdeling en haga academie en collega’s

Stappenplan

- Inzichtelijk maken wat de mogelijkheden zijn en hoe deze te behalen zijn
  - WB
  - Communicatie
  - VSB
  - Buddy’s
  - Arts assistenten
  - Senior VPK afdeling
  - Artikel in wetenschapsblad
  - Poster wetenschapsdag

Poster op Wetenschapsdag



Improved opportunities for trial participation via the Dutch CF Trial Consortium

I. Paalvast[1], S. Michel[2], A. Geel[3], N. Adriaens[4], N. Keijzers[5], V. Gulmans[6], A. Zwitserloot[7], M. Bannier[8], R. Meer, van der[1], D. Zomer[6]

[1]HagaZiekenhuis, Den Haag, Netherlands, [2]Wilhelmina's Childrens hospital, Utrecht, Netherlands, [3]Erasmus MC, Rotterdam, Netherlands, [4]AmsterdamUMC, Amsterdam, Netherlands, [5]Radboud UMC, Nijmegen, Netherlands, [6]NCFS, Baarn, Netherlands, [7]UMC Groningen, Groningen, Netherlands, [8]Maastricht UMC, Maastricht, Netherlands

Objectives

The collaboration of all CF centres and the Dutch CF Foundation (NCFS) in the Netherlands is formalised since December 2019 Consortium (NCFTC). In the Dutch CF Trial

Our objectives were:

- Maximal opportunities for clinical study participation for all Dutch people with CF;
- Efficient use of dedicated CF staff, facilities and time;
- One point of contact for interested external parties to investigate the feasibility of a clinical CF study

Members

All 14 CF centres from the Netherlands: 7 hospitals with one children and one adult center each

Dutch CF Foundation

Organization

Steering Group

Clinical Trial Facility

National coordinator

POLICY

EXECUTIVE

Dutch CF Trial Consortium (NCFTC)

Methods

We actively reached out to sponsors and institutions or persons regarding our national collaboration for CF studies. We asked sponsors to send feasibility requests to all CF centres in the Netherlands.

We made work instructions and a budget file for national budget negotiation. We also offer national ethical committee submission.

We met annually with the steering group. For executive activities, we met four times a year with the Clinical Trial Facility (CTF) in which the NCFS and all centres are represented by a research coordinator (RC) or principal investigator (PI). Per feasibility request we organized a study-specific meeting with all RC's and PI's

1,2

1,2,3

Sponsor/ Investigator

National coordinator

CF centers

1. Interest (study, general)
2. Feasibility
3. Study

Results

Since the start, the NCFTC got five feasibility requests from four sponsors. In most cases, all CF centres received a feasibility request. If that was not possible, we made sure that those centres received at least the non-CDA protocol. This way, we were able to decide as a country which centres would like to perform a study, or to refer people with CF or to not participate.

Budget negotiation and ethical committee submission was done on a central level. For three studies, we were able to fill slots by referring people with CF for study participation in another centre.

Conclusion

Within the two years since the start of the NCFTC, we made some important steps in reaching our objectives. In 2022, we would like to further improve the cooperation between all CF centres and the NCFS to have increased options for all people with CF to participate in a clinical study.

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Conclusie

Door mijn eindopdracht zorg ik ervoor dat onze expertise en kennis als researchprofessionals in beeld is en wij en alle anderen kunnen profiteren van een optimaal klimaat.

Bedankt voor je aandacht

HagaZiekenhuis