Target for improvement: A cluster randomized trial of public involvement in quality indicator prioritization.

No registrations found.

Ethical review	Positive opinion
Status	Recruiting
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON24769

Source
NTR

Health condition

Public involvement, quality improvement, quality indicator, chronic disease prevention and management

Sponsors and support

Primary sponsor: Scientific Institute for Quality of Healthcare (114)
Radboud University Nijmegen Medical Centre
P.O. Box 9101,
114 IQ healthcare
6500 HB Nijmegen
The Netherlands
Source(s) of monetary or material Support: Canadian Health Services Research Foundation.
Agence de la santé et des services sociaux de l'Abitibi-Témiscamingue

Intervention

Outcome measures

Primary outcome

Our primary outcome will assess the impact of public involvement on quality indicator choice and agreement with public priorities.

Secondary outcome

1. Decision-makers' intention to use the indicators;

2. Financial cost of the intervention;

3. Process evaluation will be conducted throughout the trial to explain results, through direct observation of meetings, videorecording of discussions, and assessment of participants' experience.

Study description

Background summary

Background:

Quality indicators can be used for setting measurable targets for improvement, to monitor and report results, and to ensure that quality improvement activities tackle the most pressing areas for change. Public deliberation have been proposed as a way to integrate lay and expert knowledge, and to increase responsiveness to public expectations and needs, but have not been studied in the context of quality indicator (QI) prioritization.

Objective:

To study the impact of public involvement on quality indicator prioritization.

Design:

Cluster randomized controlled trial.

Method:

In preparation for the trial, we developed a 37-item “menu” of quality indicators for chronic disease prevention and management in primary care, based on a systematic review of existing validated indicator sets. Participating sites (n=6) will be pair-matched and randomized in intervention sites (with public involvement) and control sites (without public involvement). Public representatives will be involved through a structured survey and through participation in a deliberative meeting with clinicians and managers. In control sites, clinicians and managers will prioritize quality indicators among themselves.

Data collection and outcome measures:

Participants’ priorities will be collected at baseline, after deliberation, and at a decision-makers’ meeting held at the end of the trial. Our primary outcome will assess the impact of public involvement on quality indicator choice and agreement with public priorities. We will also collect data on decision-makers’ intention to use the indicators, financial costs of the intervention, and on the public involvement process.

Discussion and expected results:

We hypothesize that public involvement results in greater agreement between quality indicator choice and public priorities. We pilot tested our intervention with 9 public representatives and 8 professionals. Our pilot project demonstrated the feasibility of the intervention and suggested ways to improve the menu of indicators, intervention format, and measurement tools.

Study objective

We hypothesize that public involvement results in greater agreement between quality indicator choice and public priorities.

Study design

Participants’ priorities will be collected at baseline, after deliberation, and at a decision-makers’ meeting held at the end of the trial (planned for nov-dec 2010).

Intervention

In intervention sites, public representatives participate in a one-day deliberation meeting on quality indicator prioritization along with clinicians and managers. In control groups, quality indicator prioritization is conducted only by clinicians and managers, without public representative involvement.

Contacts

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Eligibility criteria

Inclusion criteria

1. Public representatives:

A. Be 18 year old or older;

B. Live within the catchment area of a participating site;

C. Have a good capacity for sharing opinions with others.

2. Professionals:

A. Work as a clinician or manager in relation with the prevention or management of chronic diseases;

B. Work within the catchment area of a participating health authority;

C. Have a good capacity for sharing opinions with others.

3. Decision-maker: person identified by the director-general of a local health authority to advise him/her on the choice of quality indicator.

Exclusion criteria

Public representative: Be currently or previously working as a health professional or health manager.

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active

Recruitment

NL

Recruitment status:	Recruiting
Start date (anticipated):	01-02-2010
Enrollment:	200
Type:	Anticipated

Ethics review

Positive opinion

Date:	31-08-2010
Application type:	First submission

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL2389
NTR-old	NTR2496
Other	Canadian Health Services : CHS-2160
ISRCTN	ISRCTN wordt niet meer aangevraagd.

Study results

Summary results
N/A