

The effectiveness of audit and feedback to reduce practice variation in sciatica treatment

No registrations found.

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

Summary

ID

NL-OMON26492

Source

NTR

Brief title

TBA

Health condition

Lumbar herniation and lumbar stenosis

Sponsors and support

Primary sponsor: Citrienfonds

Source(s) of monetary or material Support: Citrienfonds (Doen of Laten programma)

Intervention

Outcome measures

Primary outcome

Extreme quotient (EQ) and its 5-95 percentile (Hospital that has the highest surgical rate / Hospitals that has the lowest surgical rate)

Secondary outcome

Practice variation in referral patterns, diagnostics, complications, and hospital processes (e.g. admission days)

Study description

Background summary

Rationale: In international guidelines, it is recommended to perform an additional watchful waiting strategy up to 3 months for sciatica. Additionally, it is recommended to perform surgery before 20 weeks after onset. If patients do not present with a cauda equina syndrome, paresis or severe pain, it is recommended to keep patients in first-line care up to 8 weeks after onset. Despite these recommendations, practice variation remains problematic. It is thought that awareness can reduce practice variation. Therefore, this study aims to reduce practice variation in sciatica treatment by using audit and feedback including the identification of barriers and facilitators. Since practice variation might partly be caused by differences in referral patterns and patient preferences, we also investigate whether differences in general practitioners (GPs) referral patterns are present, whether variability among practitioners within a region is associated with higher levels of surgery in this area, and to explore patient involvement in treatment process and the influence of patient preferences on decision making.

Study design and population: The study consists of two phases: 1. Development and evaluation of an audit and feedback strategy to reduce practice variation in sciatica treatment. We will perform a randomized controlled trial on the effect of the implementation strategy. Twelve randomly selected hospitals from the LOGEX Benchmark Database will receive an invitation to participate in our study. We will compare clinical practice before and after the intervention in the participating hospitals, and we will compare the intervention hospitals with the control group, which consists all other hospitals from the LOGEX Benchmark Database, 2. Analysis of practice variation in GPs referral pattern using data from the ELAN Datawarehouse (Den Haag) and additionally presenting the outcomes to the GP practices included in the analysis

Main study parameters/endpoints: Main outcome is practice variation in sciatica treatment before and after giving audit and feedback to neurosurgeons and neurologists. Also, changes in clinical practice (both treatment choices and treatment processes) will be analysed using difference-in-difference analysis comparing intervention hospitals with the control group. Hospital characteristics will be compared with the opinion of physicians on the topic. Furthermore, we will evaluate practice variation in GP practices concerning sciatica treatment.

Study objective

Providing feedback on practice patterns and practice variation will reduce variation between hospitals

Study design

We would like to measure 6 months prior to the study and 6 months after.

Intervention

Providing audit and feedback for a year, every quarter

Contacts

Public

LUMC

Juliëtte van Munster

+31631345127

Scientific

LUMC

Juliëtte van Munster

+31631345127

Eligibility criteria

Inclusion criteria

We include hospitals that were selected from the LOGEX Benchmark Database

Exclusion criteria

University Hospitals

Study design

Design

Study type: Interventional

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

Recruitment

NL	
Recruitment status:	Pending
Start date (anticipated):	01-01-2021
Enrollment:	5
Type:	Anticipated

IPD sharing statement

Plan to share IPD: No

Plan description

N.a.

Ethics review

Positive opinion	
Date:	07-07-2020
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	NL8762
Other	METC Leiden Den Haag Delft : N20.075

Study results