

The Diabetes Guidelines Implementation in Hospitals Study.

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A patient centred or a professional directed intervention to improve adherence to diabetes guidelines in hospitals are more (cost) effective compared to usual care.

Ethische beoordeling	Positief advies
Status	Werving gestopt
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON23022

Bron

Nationaal Trial Register

Verkorte titel

DIHS

Aandoening

1. Diabetes;
2. Guideline adherence;
3. Physician-patient interaction;
4. Empowerment.

Ondersteuning

Primaire sponsor: Centre for Quality of Care Research UMC St Radboud, Nijmegen, The Netherlands.

Overige ondersteuning: This study was supported by a grant from the Netherlands Ministry of Health, Welfare and Sport. Grant number: 68 6597 545272 266058 97

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

The mean HbA1c level (mmol/l) of the patients in de different intervention groups.

Toelichting onderzoek

Achtergrond van het onderzoek

The clinical results of the study showed that, in both intervention groups, significant gains were found in HbA1c levels, but not in blood pressure levels. In the patient-centred group higher adherence rates were also found in examination of the feet and educational activities. Cost effectiveness analysis showed that cost effectiveness was found with the highest gains in the patient intervention group.

Doel van het onderzoek

A patient centred or a professional directed intervention to improve adherence to diabetes guidelines in hospitals are more (cost) effective compared to usual care.

Onderzoeksopzet

N/A

Onderzoeksproduct en/of interventie

At hospitals in the professional-directed group (n=4), the health professionals received aggregated feedback on baseline data on their patient population. During an educational meeting for internists, DSNs and dieticians, the guidelines were discussed, promoted and distributed by a national opinion leader in diabetic care. Also desktop reminder cards of key guidelines were distributed, including a nomogram to easily calculate the BMI. Internists and DSNs preferred these reminder cards to locally adapted written protocols. After six months the internists received personal benchmarked feedback on their clinical performance.

At the hospitals in the patient centred group (n=4) intervention activities were addressed to the health care professionals and to the patients. As in the other intervention group feedback was given to the professionals on baseline data. During an educational meeting with a national opinion leader, guidelines as well as the diabetes passports were introduced. Barriers and facilitators to implement the diabetes passports in the clinic were discussed. Like in the other intervention group after six months personal feedback was given to the

internists only, but this time on clinical performance as well as on the use of the diabetes passport. For the patients in the patient centred group, additional educational meetings were organised in collaboration with the local patient organisations. Furthermore 4,500 diabetes passports were made available at the four hospitals and waiting room posters, reminders for the patients to bring their passports and leaflets explaining how to use the passport were distributed. The passports were introduced and given to the patients by internists or DSNs during the clinic hours.

Contactpersonen

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

In 13 hospitals the first 150 patients with diabetes that came for a checkup at their internists were included.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

1. Patients with a short (<1 year) life expectancy;
2. Pregnant patients.

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blinding:	Open / niet geblindeerd
Controle:	Actieve controle groep

Deelname

Nederland	
Status:	Werving gestopt
(Verwachte) startdatum:	01-12-2000
Aantal proefpersonen:	1950
Type:	Werkelijke startdatum

Ethische beoordeling

Positief advies	
Datum:	07-02-2007
Soort:	Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL878
NTR-old	NTR892
Ander register	: N/A
ISRCTN	ISRCTN35851744

Resultaten

Samenvatting resultaten

Dijkstra RF, Niessen LW, Braspenning JC, Adang E, Grol RT. Patient-centred and professional-directed implementation strategies for diabetes guidelines: a cluster-randomized trial-based cost-effectiveness analysis. Diabet Med 2006;23(2):164-70.

Dijkstra RF, Braspenning JC, Huijsmans Z, Akkermans RP, van Ballegooie E, ten Have P, et al. Introduction of diabetes passports involving both patients and professionals to improve hospital outpatient diabetes care. Diabetes Res Clin Pract 2005;68(2):126-34.

Diabet Med. 2004 Jun;21(6):586-91.

Dijkstra R, Braspenning J, Grol R. Empowering patients: how to implement a diabetes passport in hospital care. Patient Educ Couns 2002;47(2):173-7.