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

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

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

Samenvatting

ID

NL-OMON24769

Bron
NTR

Aandoening

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

Ondersteuning

Primaire 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
Overige ondersteuning: Canadian Health Services Research Foundation.
Agence de la santé et des services sociaux de l'Abitibi-Témiscamingue

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

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

Toelichting onderzoek

Achtergrond van het onderzoek

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.

Doel van het onderzoek

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

Onderzoeksopzet

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).

Onderzoeksproduct en/of interventie

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.

Contactpersonen

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

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.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

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

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blindering:	Open / niet geblindeerd
Controle:	Geneesmiddel

Deelname

Nederland

Status:	Werving gestart
(Verwachte) startdatum:	01-02-2010
Aantal proefpersonen:	200
Type:	Verwachte startdatum

Ethische beoordeling

Positief advies

Datum:	31-08-2010
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	NL2389
NTR-old	NTR2496
Ander register	Canadian Health Services : CHS-2160
ISRCTN	ISRCTN wordt niet meer aangevraagd.

Resultaten

Samenvatting resultaten
N/A