ISRCTN12324618 https://doi.org/10.1186/ISRCTN12324618

INSPIRE: Viability of a comprehensive care model for older adults living at home

Submission date
30/03/2022

Recruitment status
No longer recruiting

Registration date
01/04/2022

Overall study status
Completed

Last Edited
26/11/2024

Condition category
Other

[_] Prospectively registered
[X] Protocol
[_] Statistical analysis plan
[_] Results
[_] Individual participant data
[_] Record updated in last year

Plain English summary of protocol

Background and study aims

The care of older people often suffering from various chronic health problems is complex. As a result, many older people living at home receive care from different care providers, which are neither centralized nor coordinated. To address this complexity integrated care models have been recommended.

Integrated care has been described as a model of care led by a team of professionals of different disciplines, and a lead coordinator who collaborate with other health and social care providers to address those needs, where the person with their needs is at the core. Previous studies haven't shown convincing evidence regarding the beneficial impact of integrated care models. However, the majority of these studies focused on measuring the effectiveness of the intervention only, without describing if the negative conclusions were due to the intervention or the way it was implemented. Therefore, this indicates the need for effectiveness studies that bring information on how and why community-based integrated care for frail older adults is successful in practice or not.

In January 2018, the Canton Basel-Landschaft published a new legal framework to redesign care for older people living at home. This legal framework mandates the reorganization of the Canton into care regions and the creation of an Information and Advice Center (IAC) in each of them, which must be staffed with a nurse. Subsequently, the INSPIRE research team has been working together with the Canton and the care region of Leimental to help to design, implement and evaluate a care model for the IAC.

The overall INSPIRE project is a three-phase implementation science project which aims to develop, implement and evaluate an integrated care model for the IAC for home-dwelling older adults in Canton BL. In Phase 1 the research team developed a community-based integrated care model. In Phase 2 they will assess the feasibility of the community-based integrated model of care at the IAC in Leimental. In Phase 3 they will evaluate the effectiveness of this intervention. The current study focuses on phase 2. The primary objectives of this study are to assess the feasibility of recruitment to the IAC and evaluate recruitment strategies; to assess the adoption, acceptability, feasibility, and fidelity of the integrated care model at the IAC; and to explore perceptions of older adults and their caregivers, staff, and health and social care providers towards the implemented care model, and if adaptations are needed to the intervention.

Who can participate?
1. All older adults visiting/contacting the Information and Advice Center
2. Older adults aged 64 years or older, living at home, German or English-speaking
3. Frail older adults, aged 75 years or older, living at home, German or English-speaking; having a comprehensive geriatric assessment conducted in the IAC
4. Informal caregivers who attended an IAC appointment (in the center or at home) with a participating older adult
5. The nurse and social worker of the Information and Advice Center in Leimental
6. Community health and social care professionals who collaborate with the the Information and Advice Center in Leimental

What does the study involve?
This study involves the following:
1. Accessing administrative data provided by the Information and Advice Center in Leimental (e. g. the number of visitors, reasons for visiting, services received etc)
2. Extracting demographic and health-related data from the health records created in the Information and Advice Center in Leimental of 18 older adults who agreed to participate in the study. Additionally, the researchers will check that the older adults have received the intervention according to the original design during the duration of the study (2 months).
3. Interviewing 8-12 frail older adults and informal caregivers who agreed to participate in one interview with the research team that can last about 40-60 minutes, to understand their perceptions and experiences with the intervention and if adaptations are needed.
4. Organizing bi-weekly meetings with the staff (nurse and social worker) of the Information and Advice Center in Leimental to understand their perceptions and experiences with the intervention, and if adaptations are needed. These bi-weekly meetings will be organized until the end of the study period.
5. Sending a survey (by mail or email) to the community health and social care professionals who collaborated with the nurse and the social worker in the coordination of care of the older adults participating in the study. This survey will be completed only once at the end of this study

What are the possible benefits and risks of participating?
Participation involves minimal risk. Risks for older adults include feeling unpleasant thoughts or emotions from recalling past experiences and reflecting on future care needs. Participants will not receive any individual benefits. However, participants could experience a positive feeling of contributing to society, as the research team will explain to them that by granting their participation, it will enhance their potential to successfully implement and evaluate integrated care in the care regions of Leimental.

Where is the study run from?
The study is conducted by the Institute of Nursing Science of the University of Basel in collaboration with the Information and Advice Center of the care region of Leimental in the Canton Basel-Landschaft (Switzerland)

When is the study starting and how long is it expected to run for?
February 2021 to October 2022

Who is funding the study?
1. Velux Stiftung (Switzerland)
2. Swiss National Science Foundation (Switzerland)
3. European Commission, Marie-Curie European Training Network (Switzerland)

4. Basel-Landschaft volkswirtschafts- und gesundheitsdirektion (Switzerland)
5. Basel-Landschaft Swisslos (Switzerland)
6. Aerztegesellschaft Baselland (Switzerland)

Who is the main contact?
1. Sabina De Geest, sabina.degeest@unibas.ch
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Scientific

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Additional identifiers

Clinical Trials Information System (CTIS)
Nil known

ClinicalTrials.gov (NCT)
NCT05302310

Protocol serial number
Nil known

Study information

Scientific Title
INSPIRE: Feasibility of a community-based integrated care model for older adults living at home

Acronym
INSPIRE-FS

Study objectives
The care of older people, often suffering from multiple chronic health problems is complex. As a result, many home-dwelling older people receive long-term care by a large number of care providers often in various care settings, which are neither centralized nor coordinated, putting older people are at risk for fragmented care. To address the complex needs and overcome fragmentation of care, implementation of integrated care models has been recommended. Integrated care has been described as a person-centred model of care that is structured to support coordinated, pro-active care led by a multidisciplinary core team and a lead coordinator communicating and cooperating across and within health and social sectors. However, a systematic review and meta-analysis published by the research team could not show convincing evidence regarding the beneficial impact of integrated care models on health and service outcomes. But our study highlighted that the majority of the studies included effectiveness outcomes only and lacked process and implementation outcomes hindering to determine whether the negative conclusions were due to intervention or implementation failure. Therefore, this indicates the need for effectiveness studies which include process evaluations, contextual analysis, and measuring proximal implementation outcomes to determine if, how and why community-based integrated care for frail older adults is successful in practice.

To facilitate the uptake of integrated care in daily practice and overcome implementation issues, principles and methods from the field of implementation science should be incorporated into future research.

In January 2018, the Canton Basel-Landschaft (BL) published a new legal framework to redesign care for home-dwelling older people in the canton. This legal framework mandates the reorganization of the Canton BL into larger care regions and the creation of an Information and Advice Center (IAC) in each of these care regions. The legislation mandates the IAC to be staffed with at least a nurse. Subsequently, the INSPIRE research team has been working together with the Canton and the care region of Leimental to help operationalize and evaluate a care model for the IAC.

The overall INSPIRE project is a three-phase implementation science project which aims to develop, implement and evaluate an integrated care model for the IAC for home-dwelling older adults in Canton BL. Phase 1 consisted of the development of the community-based integrated care model. This model consists of four components, being:
1. Screening of older people for risk of frailty using a frailty screening tool, to identify the appropriate care they will require. Older adults with low risk of frailty will receive health promotion and preventive care from the IAC nurse and/or social worker. Older adults at risk will receive the remaining three core components of the intervention, which include:
2. A Comprehensive Geriatric Assessment (CGA) delivered by the IAC nurse and social worker over the course of multiple appointments, to identify the health and social care needs and goals of the older person
3. Development of an individualized care plan by a multidisciplinary team, which will include evidence-based interventions and be coordinated by the IAC nurse(s) and/or the social worker
4. Follow-up depending on the situation of each older person, and adaptation of the individualized care plan, as needed.

For those at very high risk and/or who have been sent to the IAC with a recommendation from a health care professional for referral to a Nursing Home, the IAC Nurse together with the social worker will determine whether a Nursing Home referral is needed in close collaboration with the older adults' other professionals involved in their care.

Phase 2: The researchers will assess the feasibility of the community-based integrated model of care at the IAC in Leimental.

Phase 3: The researchers will evaluate the effectiveness of this intervention.

The current study focuses in the phase 2.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Approved 03/03/2022, Ethikkommission Nordwest- und Zentralschweiz (EKNZ) (Hebelstrasse 53, 4056 Basel, Switzerland; +41 (0)612681350; eknz@bs.ch), ref: AO_2022-00003

Study design
Descriptive study and parallel convergent mixed-methods observational design

Primary study design
Observational

Study type(s)
Other

Health condition(s) or problem(s) studied
Frailty

Interventions
The primary objective of this feasibility study is to 1) assess the feasibility of recruitment to the Fachstelle and evaluate recruitment strategies, 2) assess the adoption, acceptability, feasibility, and fidelity of the integrated care model at the Fachstelle, and 3) explore perceptions of older adults and their caregivers, Fachstelle staff, and health and social care providers towards the implemented care model, and if adaptations are needed to the care model or the implementation strategies.

Project design
The feasibility study will be conducted in March 2022 using multiple methods. For objective 1, a descriptive study will be conducted to monitor the strategies used to promote the IAC and to assess which ones were effective. To address objectives 2 and 3, which are the core aspects of this study phase, a parallel convergent mixed methods observational design will be used (whereby both quantitative and qualitative data are collected during a similar time period, analyzed separately, then merged). The quantitative data sources will include: IAC administrative data, IAC health records, and the NoMAD survey, while qualitative sources will include: interviews and meeting logs. The study will take place in a single center (i.e., the IAC in the Leimental care region). Effectiveness outcomes are not within the scope of this study phase.

Screening and recruitment
Objective 1: external processes, including IAC outreach, are not conducted by the researchers. For internal processes, all IAC visitors will be included in our sample. Recruitment-related data will be aggregated and sent to the INSPIRE research team by the IAC administrative staff, hence no recruitment/screening is needed.

Objectives 2 & 3: Older adults and relatives/legal representatives

Recruitment will be done following these steps:

1. Older adults arriving at the IAC/receiving an appointment at their home will be asked to fill in client information forms as part of his/her IAC health record, including the GFI screening tool (self-administered). The GFI score will help the nurse(s) to determine whether the older adult needs:
1.1. GFI <4 = health promotion and prevention (no CGA); or
1.2. GFI ≥4 = full CGA (a Comprehensive Geriatric Assessment (CGA) delivered by the IAC nurse and social worker; development of an individualized care plan by a multidisciplinary team, which will include evidence-based interventions and be coordinated by the Fachstelle nurse(s) and/or the social worker; and needs-based follow-up)
The GFI score will therefore also determine whether the INSPIRE research team will invite the older adult for an interview.

2. For home-based older adults aged 64+ years who have a health record created, the IAC nurse will inform them about the study and provide the INSPIRE study invitation letter (offering to read the letter for older adults depending on their preference. The nurse will ask if they are interested and agree for their contact information to be passed to the INSPIRE team. On a weekly basis, the INSPIRE team will reach out to the Nurse to identify potential participants for a IAC health record review (based on inclusion/exclusion criteria).

3. The research team representative will then reach out to confirm the invitation to the older adult and ask for consent for participation. The INSPIRE research team will either approach the older adult in the IAC, their home or by phone to explain the study procedures and ask for consent to review their IAC health record and to potentially participate in an interview. Consent will be documented by signature. After review of the IAC health record, only eligible older adults (e.g., aged 75+ years, CGA completed, GFI ≥4; will be contacted again to arrange an interview.
Proxy consent, if required: The nurse will assess cognition as part of the regular standard of care during the CGA. If the nurse is concerned about the older adults' capacity to consent to the research study based on the Mini-Cog assessment and their clinical judgement, a proxy consent will be sought (i.e., legal representative). In this case, when the nurse introduces the study to the older adult, he/she will also ask if the INSPIRE research team can reach out to their legal representative as well.
The INSPIRE research team will speak to the family member/legal representative and older adult and will ask for proxy consent. If a proxy has consented for the interview, the interview can also be in presence of the proxy. If the proxy provides consent for the health record review but not for the interview (or if the individual does not want to complete an interview), the proxy will still be invited to complete the interview designed for informal caregivers.

Informal caregiver If an informal caregiver (e.g., family member or neighbour) attended the IAC appointment with an older adult, the older adult will be asked if we could also interview the informal caregiver to gather their perspective on the older adults' experience with the IAC. Given the crucial role informal caregivers play in the care and support of frail older adults who are living at home, it is beneficial to gather the informal caregivers' perspective of the feasibility and acceptability of the IAC appointments and if there were any barriers to participation. If the older adult agrees to an informal caregiver being contacted, the INSPIRE team will contact the informal caregiver to discuss the study procedures, the consent form, and arrange a time for the interview. The consent of the informal caregiver may be by signature, depending on the caregivers' preferences for the interview location.

IAC nurse and social worker
The INSPIRE research team (i.e., Implementation Lead) will give the IAC staff an invitation letter see and a consent form, inviting them to participate in regular meetings with the research team during the feasibility study. The purpose of these meetings will be to regularly explore their perceptions of the IAC with regards to adoption and feasibility of the care model, fidelity, and additional implementation strategies needed.

External collaborators
As part of the marketing of the IAC, the IAC manager intends to contact external collaborators (i.e., existing community health and social providers who may have collaborated with the IAC staff for care coordination of a visiting older adult, such as GPs or Spitex Nurses) together with the INSPIRE team, reminding them that the IAC and INSPIRE are working together and that the INSPIRE team may reach out to them separately. The INSPIRE team will then extract the contact information of collaborating external professionals from the IAC health records of participating older adults. INSPIRE will contact the collaborating professionals and send them a study invitation letter and the NoMAD survey by email (or by paper as an alternative option). The NoMAD aims to assess the IAC implementation processes regarding the collaboration for care coordination. It does not collect any identifying information and only summarized results will be reported

Study procedures
1. Recruitment feasibility and strategies- external processes: INSPIRE will monitor all IAC promotion activities (e.g., # of letters sent, # of meetings with external groups) and

respondents (e.g., the number of hospitals who administer flyers to their staff) at the end of each month during the feasibility study, which will be provided by the IAC. Recruitment feasibility and strategies- internal processes: In March 2022, when the feasibility study starts, the IAC administration will provide the INSPIRE research team with summarized administrative data (demographic and IAC use data about all visitors or home appointments). As part of regular practice, when an older adult arrives at the IAC (or has an appointment at home), they will be asked to complete the standard client information forms and a IAC health record will be created.

2. If the individual is eligible (e.g., home-based older adult aged 64+ years with a IAC health record), the IAC nurse will invite them to participate in the INSPIRE Feasibility Study. The IAC nurse will provide the original invitation to the study, while the INSPIRE research team will explain the study, the consent form and conduct the data collection. Proxy consent will be asked for if indicated by the IAC Nurse. Participation in this portion of the feasibility study entails completing an informed consent form and allowing the INSPIRE research team to extract data from their IAC health record to assess fidelity (based on the assessments conducted) and capture variables which describe the sample. The INSPIRE team will review the IAC health records of participating older adults each week and once at the end of the study to complete the fidelity tool.

3. The informed consent form (described above) also specifies that the individual may be invited to participate in an interview, as the research team will interview a nested sample of 8-12 older adults. If the older adult is eligible for an interview based on review of their IAC health record (e. g., aged 75+, had a GFI ≥4 and had a CGA), the INSPIRE team will follow up with the older adult to invite them for the interview. The interview will be approximately 45 minutes and will take place in the IAC or the older adult's home within 2 weeks after their second appointment, to gather their perceptions of the care model.

4. At the end of the interview, if an informal caregiver attended the appointment with the older adult, the older adult will be asked if we could invite the informal caregiver for an interview as well (to understand if the informal caregiver perceives the IAC care model to be acceptable and feasible, and if they identify any barriers/facilitators for the older adults' participation in the care model). The INSPIRE team will then reach out to the informal caregiver to provide the study information and consent. If a proxy has provided consent for the health record review but not for the interview (or if the older adult does not want to complete an interview), the proxy will still be invited to complete the interview designed for informal caregivers.

5. External providers who are identified in the IAC health records and collaborate with the IAC will also be asked to complete one questionnaire, the NoMAD, at the end of the feasibility study, via an email link to the survey or alternatively in-paper (according to preferences).

6. Throughout the feasibility study, regular meetings will be held with the IAC staff, and one consensus meeting will be held with IAC staff at the end of the feasibility study.

7. All data related to the feasibility study will be collected within 2-3 months. Therefore, data collection will end at the latest by 31/05/2022.

Data collection or extraction:
1. Recruitment feasibility data
1.1. External processes data: At the end of each month during the study, INSPIRE will monitor all IAC promotion activities and respondents (provided by the IAC)

1.2. Internal processes data: The INSPIRE team will capture data provided by the IAC administration at the end of each week, or a mutually agreed time
1.3. Data will be saved on the research drive of the Institute of Nursing Science

2. IAC health records (of study participants only)
2.1. A member from the research team will visit the IAC weekly to extract sample characteristics and fidelity data, using Case Report Forms programmed in Castor, a secure online server
2.2. At the end of the study, IAC health records will be accessed again to check if the follow-up occurred within the time frame indicated

3. Interview notes and audio recordings with older adults (and informal caregiver, if possible)
3.1. Conducted within 2 weeks of their second appointment
3.2. Interview notes will be hand-written and scanned into Castor
3.3. Audio recordings and paper-based notes will be saved in a locked cabinet in the Institute of Nursing Science

4. Meeting logs and audio recordings of meetings with IAC Nurse and social worker
4.1. Regular meetings will be held
4.2. Meeting logs will be hand-written and scanned into Castor
4.3. Audio recordings and paper-based notes will be saved in a locked cabinet in the Institute of Nursing Science

5. NoMAD questionnaire for collaborating health and social care providers
5.1. Administered towards the end of the study via email through a LimeSurvey link
5.2. Results will be stored in LimeSurvey, downloaded and saved on the research drive of the Institute of Nursing Science
5.3. If a paper-based survey is requested, sent via paper and results will be directly entered into LimeSurvey by INSPIRE research team. A paper-based copy will be stored in a locked cabinet of the Institute of Nursing Science.

Intervention Type
Other

Primary outcome(s)
1. The adoption, acceptability, feasibility, and fidelity of the integrated care model at the IAC in Leimental:
1.1. Adoption will be qualitatively determined during the study through bi-weekly meetings with the IAC Nurse and Social Worker. These bi-weekly meetings will be led by the INSPIRE research team (e.g., Implementation Lead). Time frame: 2 months
1.2. Acceptability will be captured qualitatively through regular meetings with the IAC Nurse(s) and Social worker as well as through interviews with a nested sample of older adults (e.g., aged 75+ years, Groningen Frailty Indicator [GFI] score ≥4, received a CGA) and their informal caregiver (e.g., spouse, family member or neighbour), when possible. Time frame: 2 months
1.3. Feasibility will be assessed for recruitment and aspects of the care model. Feasibility will be captured qualitatively through a) the regular meetings with the IAC staff and b) the interviews with a nested sample of participating older adults and informal caregivers. A final consensus meeting will be held at the end of the study with the INSPIRE research team, the Head of the IAC and the IAC Nurse and Social Worker to confirm whether the care model is indeed "feasible" and we are ready to move into the effectiveness study. Time frame: 2 months
1.4. Fidelity will be quantitatively measured by reviewing participating older adults' IAC health records (see sample 1B; e.g., aged 64+ years, living at home, have an IAC health record) to

primarily determine if the care model components were delivered as intended. Fidelity will also be explored qualitatively in the regular meetings with the IAC staff. Time frame: 2 months
2. Interprofessional collaboration between IAC staff and external health and social care professionals when coordinating care for an older adult will be assessed using the Normalization MeAsure Development questionnaire (NoMAD). Time frame: 2 months

Key secondary outcome(s))

1. The feasibility of recruitment to the Fachstelle and recruitment strategies evaluated using
1.1 External processes: monitoring outreach strategies used to promote the IAC to older adults (e.g., letters, brochures) and to sources who could refer/recommend the IAC to older adults (e. g., in-person meetings with hospitals or Spitex) as well as respondents to the outreach strategies (e.g., number of hospitals who administer flyers to their staff).
1.2. Internal processes: summarized information related to IAC use of all visitors/home appointments, including:
1.2.1. Number of visitors/home appointment users
1.2.2. Sociodemographic data of all visitors/home appointments users: age, gender, municipality of residence
1.2.3. Reason for their appointment/contacting the IAC and referral source (i.e., how they heard about the IAC, and/or the organization which referred them)
1.2.4. Type of service received by visitors/IAC users: a) health promotion and prevention; b) a full CGA; c) a brief assessment to confirm whether a nursing home referral is warranted; or d) other
Time frame: 2 months

Other pre-specified outcome measures:
2. Individual characteristics to describe the sample of consenting older adults (sample 1B) using the IAC services:
2.1. Demographic data: age (year of birth), gender, educational level, and living situation (e.g., the number of people living with the older adult). This data will be extracted from the client's administrative forms. Time frame: at baseline: 1 week after enrollment
2.2. Geriatric risk profile assessed using the Groningen Frailty Indicator (GFI). The GFI score will be extracted from the client's administrative forms. Time frame: at baseline: 1 week after enrollment
2.3. Cognition: as part of the CGA, the Fachstelle nurse will ask three screening questions that are part of a screening assessment for conditions associated with declines in intrinsic capacity, coming from the World Health Organization handbook: Integrated care for older people (ICOPE): guidance for person-centred assessment and pathways in primary care. If further assessment is needed, the Mini-Cog will be performed. Data available on cognition will therefore be extracted from the Fachstelle health record if a CGA was performed. Time frame: at baseline: 1 week after enrollment
2.4. Depressive symptoms: as part of the CGA, the nurse will ask the two screening questions, as recommended by the ICOPE. If further assessment of depressive symptoms is needed, an assessment of mood is conducted using the Patient Health Questionnaire (PHQ-9). Data available on the presence of depressive symptoms will therefore be extracted from the Fachstelle health record if a CGA was performed. Time frame: at baseline: 1 week after enrollment
2.5. Multimorbidity: during the CGA, the nurse will ask older adults about some of their major health concerns or diseases for which they take medication. The nurse will also ask for permission to follow-up with the older adults' GP to confirm any chronic illnesses/conditions the person has. The data available on the presence of multi-morbidities will therefore be extracted from the Fachstelle health record if a CGA was performed. Time frame: at baseline: 1 week after enrollment

2.6. Nutritional status: during the CGA, the nurse will ask two screening questions to assess malnutrition as recommended by the ICOPE. If further assessment is needed, the Mini Nutritional Assessment – short form (MNA-SF) will be performed. The data available on nutritional status will therefore be extracted from the Fachstelle health record if a CGA was performed. Time frame: at baseline: 1 week after enrollment
2.7. Fall history will be assessed by asking if they had two or more falls in the previous 12-month period. The data available on fall history will be extracted from the Fachstelle health record if a CGA was performed. Time frame: at baseline: 1 week after enrollment

Completion date
07/10/2022

Eligibility

Key inclusion criteria
1. Aged 64 years or older (as this is the statutory retirement age for women in Switzerland and the minimum age of the group we expect to use the IAC services)
2. Living at home
3. German or English-speaking
4. Providing individual/proxy informed consent

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Senior

Lower age limit
64 years

Sex
All

Total final enrolment
14

Key exclusion criteria
1. Residing in a nursing home or planned permanent admission to a nursing home
2. Receiving end-of-life care

Date of first enrolment
21/03/2022

Date of final enrolment
30/09/2022

Locations

Countries of recruitment
Switzerland

Study participating centre
Fachstelle BPA Leimental (Information and Advice Center of Leimental)
Bottmingerstrasse 72
Oberwil, Basel-Landschaft
Switzerland
4104

Sponsor information

Organisation
University of Basel

ROR
https://ror.org/02s6k3f65

Funder(s)

Funder type
Government

Funder Name
European Commission

Alternative Name(s)
European Union, Comisión Europea, Europäische Kommission, EU-Kommissionen, Euroopa Komisjoni, EC, EU

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location

Funder Name
Schweizerischer Nationalfonds zur Förderung der Wissenschaftlichen Forschung

Alternative Name(s)
Schweizerischer Nationalfonds, Swiss National Science Foundation, Fonds National Suisse de la Recherche Scientifique, Fondo Nazionale Svizzero per la Ricerca Scientifica, Fonds National Suisse, Fondo Nazionale Svizzero, Schweizerische Nationalfonds, The Swiss National Science Foundation (SNSF), SNF, SNSF, FNS

Funding Body Type
Private sector organisation

Funding Body Subtype
Trusts, charities, foundations (both public and private)

Location
Switzerland

Funder Name
Velux Stiftung

Alternative Name(s)
Velux Foundation

Funding Body Type
Private sector organisation

Funding Body Subtype
Trusts, charities, foundations (both public and private)

Location
Switzerland

Funder Name
Basel-Landschaft volkswirtschafts- und gesundheitsdirektion

Funder Name
Basel-Landschaft Swisslos

Funder Name
Aerztegesellschaft Baselland

Results and Publications

Individual participant data (IPD) sharing plan

All data collected in this project will be archived following strictly the current Swiss legal requirements for data protection and will be performed according to the Ordinance HRO Art. 5 (2). Identifying health-related data are stored for 10 years after the publication of the research project. The delinked study data may be stored longer to answer new research questions, such as in the case of comparative research with national and international groups. The audio recordings will be saved for a period of 10 years and destroyed thereafter. At the end of the project, anonymous INSPIRE feasibility study data will be deposited in an appropriate data repository (e.g., Zenodo), as per funding requirements. There will be no biological material collected.

IPD sharing plan summary

Stored in publicly available repository

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article		21/12/2022	30/03/2023	Yes	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes
Study website	Study website	11/11/2025	11/11/2025	No	Yes