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Improving nursing practice in primary care through audit and feedback: A pilot study

Submission date
03/10/2019

Registration date
05/11/2019

Last Edited
01/11/2019

Recruitment status
No longer recruiting

Overall study status
Completed

Condition category
Other

[_] Prospectively registered

[_] Protocol

[_] Statistical analysis plan

[_] Results

[_] Individual participant data

[_] Record updated in last year

Plain English summary of protocol

Background and study aims
There is only little performance measurement of nursing care due to limited access to data. Although audit and feedback (A&F) interventions show favorable results on performance improvement, its effectiveness and some of its components are poorly understood. This pilot study aims to evaluate the feasibility and preliminary effectiveness of an A&F intervention with a nursing team in a local community health center in Quebec, Canada.

Who can participate?
The nursing team in a local community health center in Quebec, Canada

What does the study involve?
Performance is measured through 7 nursing-sensitive indicators using clinical and administrative data from the I-CLSC database and based on episodes of wound care. Indicators include continuity, nursing follow-up, initial assessment, teaching and frequency of consultations. Data are collected once (T1), then after 6 (T2) and 12 months (T3). The feedback sessions are led by a clinician acquainted with this nursing team

What are the possible benefits and risks of participating?
The possible benefits of participating are an improvement of organizational and clinical aspects of care, which could lead to an increase of job satisfaction. The possible risks are to feel incompetent or frustrated regarding negative results with the indicators measured. We aim at reducing these risks by measuring and reporting the indicators at a team level rather than at an individual level so as no participant feels singled out. The participants are also invited to express their feelings on the results so that any frustration can be verbalized and discussed within the team

Where is the study run from?
A local community health center in Quebec, Canada

When is the study starting and how long is it expected to run for?
September 2017 to December 2019

Who is funding the study?
Réseau de recherche portant sur les interventions en sciences infirmières du Québec (Quebec Network on Nursing Intervention Research)

Who is the main contact?
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Contact information

Type(s)
Scientific

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Additional identifiers

Clinical Trials Information System (CTIS)
Nil known

ClinicalTrials.gov (NCT)
Nil known

Protocol serial number
Nil known

Study information

Scientific Title
Implementation and evaluation of an audit and feedback intervention to improve nursing practice in primary care

Study objectives
There is only little performance measurement of nursing care due to limited access to data. Although audit and feedback (A&F) interventions show favorable results on performance

improvement, its effectiveness and some of its components are poorly understood. This pilot study aims to evaluate the feasibility and preliminary effectiveness of an A&F intervention with a nursing team in a Local community Health Center in Quebec, Canada

Ethics approval required
Old ethics approval format

Ethics approval(s)
Approved 06/09/2019, Comité d'éthique de la recherche en santé de l'Université de Montréal (C. P. 6128 succ. Centre-ville Montréal, QC H3C 3J7, Canada; +1 514-343-6111 (2604); ceres@umontreal.ca),
ref: 17-127-CERES-D

Study design
Quasi-experimental

Primary study design
Interventional

Study type(s)
Other

Health condition(s) or problem(s) studied
Wound care in nursing practice

Interventions
Seven nursing-sensitive indicators were measured using clinical and administrative data and based on episodes of wound care. Indicators were measured from an electronic system that provides information on primary care users and the services delivered to them. Nurses are required to record their interventions in that system using a preset code bank in addition to writing a note in medical charts. The study was conducted in a Local community Health Center in Quebec, Canada. The indicators were collected once (T1), then after 6 (T2) and 12 months (T3). Participation was spread out over the course of 18 months. Scores for all indicators were reported in two feedback sessions with clinicians and managers. The feedback sessions were led by a clinician acquainted with this nursing team. The indicators were displayed in graphs and short sentences that provided a summary of key elements. Following the reporting of the indicators, the team was asked to reflect and discuss on the results so that they could identify concrete actions for improving these indicators. The objectives and associated actions were written down on a scoreboard

Intervention Type
Behavioural

Primary outcome(s)
Performance is measured through 7 nursing-sensitive indicators using clinical and administrative data from the I-CLSC database and based on episodes of wound care. We measure the change from baseline performance at 6 and 12 months based for those 7 indicators.
1. Continuity: Percentage of care episodes in which at least 50 % of the consultations are provided by the same professional
2. Planning and adjusting of the treatment plan: Percentage of care episodes in which at least 75 % of the consultations are with an RN

3. Education: Percentage of care episodes in which at least one education session is provided
4. Initial assessment: Percentage of care episodes in which an RN performs a wound assessment in the first consultation
5. Frequency: Percentage of care episodes with no more than three consultations per week as of the second week
6. Duration: Percentage of care episodes lasting 42 days or less
7. Intensity: Percentage of care episodes with no more than 22 consultations

Key secondary outcome(s))

None

Completion date

31/03/2020

Eligibility

Key inclusion criteria

1. Nursing organization that offers services seven days a week will be included so that they can measure all the selected indicators and use the I-CLSC software in their daily practice
2. Wound care episodes with a minimum duration of 7 days and an episode start during the measurement period will be included. These two criteria are applied in order to measure all seven indicators

Participant type(s)

Health professional

Healthy volunteers allowed

No

Age group

Adult

Sex

All

Key exclusion criteria

1. Wound care episodes in palliative care will be excluded, as the indicators were selected for episodes of wound care with healing potential

Date of first enrolment

01/09/2017

Date of final enrolment

31/12/2019

Locations

Countries of recruitment

Canada

Study participating centre
Local community Health Center in Quebec, Canada
Canada
-

Sponsor information

Organisation
Université de Montréal

ROR
https://ror.org/0161xgx34

Funder(s)

Funder type
Research organisation

Funder Name
Réseau de recherche portant sur les interventions en sciences infirmières du Québec

Alternative Name(s)
Quebec Network on Nursing Intervention Research, Réseau RRISIQ Network, Réseau de recherche en interventions en sciences infirmières du Québec, RRISIQ

Funding Body Type
Private sector organisation

Funding Body Subtype
Other non-profit organizations

Location
Canada

Results and Publications

Individual participant data (IPD) sharing plan
The datasets generated during and/or analysed during the current study are not expected to be made available due to ethical restrictions

IPD sharing plan summary
Not expected to be made available