ISRCTN35851744 https://doi.org/10.1186/ISRCTN35851744

The Diabetes guidelines Implementation in Hospitals Study

Submission date	Recruitment status
26/02/2007	No longer recruiting
Registration date	**Overall study status**
26/02/2007	Completed
Last Edited	**Condition category**
25/04/2014	Nutritional, Metabolic, Endocrine

[_] Prospectively registered
[_] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

Contact name
Dr R Dijkstra

Contact details
Centre for Quality of Care Research (117-WOK)
Radboud University Medical Centre
P.O. Box 9101
Nijmegen
Netherlands
6500 HB
r.dijkstra@kwazo.umcn.nl

Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers
N/A

Study information

Scientific Title

Acronym
DIHS

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

More details can be found at:
1. http://www.ncbi.nlm.nih.gov/pubmed/12191541
2. http://www.ncbi.nlm.nih.gov/pubmed/15860240

Ethics approval required
Old ethics approval format

Ethics approval(s)
The ethics committee of St Radboud Medical Centre approved the trial on 30/11/1998, ref: CWOM-nr: 9810-0208

Study design
Randomised, active controlled, parallel group, multicentre trial

Primary study design
Interventional

Secondary study design
Randomised controlled trial

Study setting(s)
Other

Study type(s)
Treatment

Participant information sheet

Health condition(s) or problem(s) studied
Diabetes, empowerment, guideline adherence, guidelines, physician-patient interaction

Interventions
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, Diabetes Specialist Nurses (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 Body Mass Index (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.

Intervention Type
Other

Phase
Not Specified

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

Secondary outcome measures
Clinical outcomes at the patient level:
1. Quality of Life (Short Form Health Survey [SF-20]) locus of control
2. Patient satisfaction

Overall study start date
01/12/2000

Completion date
18/03/2004

Eligibility

Key inclusion criteria
In 13 hospitals, the first 150 patients with diabetes that came for a check-up at their internists were included.

Participant type(s)
Patient

Age group
Not Specified

Sex
Not Specified

Target number of participants
1950

Key exclusion criteria
1. Patients with a short (less than one year) life expectancy
2. Pregnant patients

Date of first enrolment
01/12/2000

Date of final enrolment
18/03/2004

Locations

Countries of recruitment
Netherlands

Study participating centre
Centre for Quality of Care Research (117-WOK)
Nijmegen
Netherlands
6500 HB

Sponsor information

Organisation
University Medical Centre St. Radboud (The Netherlands)

Sponsor details
Center for Quality of Care Research (WOK)
117 KWAZO
P.O. Box 9101
Nijmegen
Netherlands
6500 HB

Sponsor type
Hospital/treatment centre

ROR
https://ror.org/05wg1m734

Funder(s)

Funder type
Government

Funder Name
The Netherlands Ministry of Health, Welfare and Sport (The Netherlands)

Results and Publications

Publication and dissemination plan
Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/02/2006		Yes	No
Results article	results	01/10/2013		Yes	No