

The Diabetes guidelines Implementation in Hospitals Study

Submission date 26/02/2007	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
Registration date 26/02/2007	Overall study status Completed	<input type="checkbox"/> Protocol
Last Edited 25/04/2014	Condition category Nutritional, Metabolic, Endocrine	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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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

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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