

Optimising the outputs of National Clinical Audits to support organisations to improve the quality of care and clinical outcomes

Submission date 02/08/2017	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
Registration date 17/08/2017	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 17/09/2024	Condition category Other	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Background and study aims

Audit and feedback aims to improve patient care by comparing how healthcare is delivered against set standards. It is widely used by the NHS to work out how well they treat patients. NHS staff and organisations should remedy shortfalls found by audits. However, audits don't improve patient care as much as they should because organisations don't always act on audit findings (i.e. feedback). The aim of this study is to identify better ways of giving feedback to improve the impact of audits on patient care. This will help to develop training and practical support for organisations to adopt these modifications when providing feedback.

Who can participate?

Clinicians and managers from provider and commissioner bodies targeted by national audit programmes

What does the study involve?

Participants are randomly allocated to look through different ways of presenting feedback. The feedback is hypothetical but based upon recent and real audit data. Reactions to feedback are then assessed by questions. This takes about 30 minutes. After submitting their responses, participants are able to see evidence-based tips on how to make feedback more effective which may be useful in their work.

What are the possible benefits and risks of participating?

No direct benefits to individual participants are expected although educational messages are embedded in the web content. No direct risks of participation are expected, other than time and inconvenience.

Where is the study run from?

University of Leeds (UK)

When is the study starting and how long is it expected to run for?

October 2017 to March 2020

Who is funding the study?
Health Services and Delivery Research Programme (UK)

Who is the main contact?
Prof. Robbie Foy

Contact information

Type(s)
Public

Contact name
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Additional identifiers

Protocol serial number
TBC

Study information

Scientific Title
Optimising the outputs of National Clinical Audits to support organisations to improve the quality of care and clinical outcomes

Study objectives
This study is part of a programme with the overall aim of improving patient care by optimising the content, format and delivery of feedback from national clinical audits.

The specific research questions for this study are:

1. Out of a set of recent, state-of-the-science, theory-informed recommendations for improving feedback, which are the most important and feasible to evaluate further within national audit programmes?
2. What is the effect of modifications to feedback on intended enactment, comprehension, engagement amongst clinicians and managers targeted by national audits, user experience and preferences under 'virtual laboratory' conditions?

Ethics approval required

Old ethics approval format

Ethics approval(s)

University of Leeds, School of Medicine Ethics Committee (SoMREC), 03/08/2017, ref: MREC16-180

Study design

Fractional factorial screening experiment

Primary study design

Interventional

Study type(s)

Other

Health condition(s) or problem(s) studied

National Clinical Audits

Interventions

The intervention will be modifications to feedback which can be readily adopted by national audit programmes. A structured consensus process will guide selection of modifications for further development and specify strategies for tailoring these to the needs of specific stakeholder groups.

Participants will be randomised (stratified by audit and recipient type) to one combination of six online modifications, each a separate factor with two levels (presence/absence). A fraction of the full 26 factorial (=64 packages of modifications) will be chosen, ideally a quarter (=16 packages) but a half (=32 packages) if this would confound important effects when the modifications are known. The particular fraction of packages will be chosen to minimise complexity of the experiment and to avoid any packages that are felt to be infeasible or undesirable. The design will be as close to orthogonal as possible to minimise the sample size required to detect the main effect of each modification.

Feasibility testing will be undertaken with a sample of targeted participants and a prototype online survey to assess participant burden (perceived difficulty, time taken and completion) and reduce the number of modifications if necessary.

The trialists' experience of examining the receipt of feedback across different settings is that many recipients have or allocate only limited time to rapidly assess reports and decide whether or not to act. Similarly, for the online experiment, it is anticipated that participants will aim to complete their responses within limited time (e.g. around 30 minutes); the study will therefore effectively simulate the types of deeper, reflective and more superficial, reactive thinking processes that typically occur on receipt of feedback in service settings.

Intervention Type

Behavioural

Primary outcome(s)

Intended enactment, i.e. plans to change behaviour, on a range of graded potential responses from general and non-committal through to specific commitments. Data collected via online questionnaires completed after exposure to feedback modifications

Key secondary outcome(s)

1. Comprehension (understanding of feedback data)

2. User experience (ease of use)

3. Preferences

Data collected via an online questionnaire completed after exposure to feedback modifications

4. Length of time spent working through each modification

5. Participants' engagement with selected modifications (e.g. working through all levels of feedback presented for a 'graded entry' modification)

Collected using online data analytics during the intervention

Completion date

30/03/2020

Eligibility

Key inclusion criteria

Clinicians and managers from provider and commissioner bodies targeted by national audit programmes

Participant type(s)

Health professional

Healthy volunteers allowed

No

Age group

Adult

Sex

All

Total final enrolment

638

Key exclusion criteria

Clinicians and managers not linked to a targeted national audit programme

Date of first enrolment

10/04/2019

Date of final enrolment

18/10/2019

Locations

Countries of recruitment

United Kingdom

Study participating centre

National Audit Programmes

United Kingdom

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Sponsor information

Organisation

University of Leeds

ROR

<https://ror.org/024mrx33>

Funder(s)

Funder type

Government

Funder Name

Health Services and Delivery Research Programme

Alternative Name(s)

Health Services and Delivery Research (HS&DR) Programme, NIHR Health Services and Delivery Research (HS&DR) Programme, NIHR Health Services and Delivery Research Programme, HS&DR Programme, HS&DR

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

The data sharing plans for the current study are unknown and will be made available at a later date.

IPD sharing plan summary

Data sharing statement to be made available at a later date

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article		26/05/2022	27/05/2022	Yes	No
Results article		01/06/2022	17/09/2024	Yes	No
Funder report results		01/07/2021	04/03/2022	No	No
Other publications	Detection and management of fraudulent participant responses	04/08/2023	04/08/2023	Yes	No
Protocol file	version 1	11/08/2017	05/10/2022	No	No