Does the introduction of discrepancy meetings in an Accident and Emergency Department reduce the number of missed injuries by Accident and Emergency clinicians?

| Submission date 29/09/2006 | Recruitment status No longer recruiting | Prospectively registered |
|-----------------------------------|--|--|
| | | ☐ Protocol |
| Registration date | Overall study status | Statistical analysis plan |
| 29/09/2006 | Completed | ☐ Results |
| Last Edited | Condition category | Individual participant data |
| 30/09/2014 | Injury, Occupational Diseases, Poisoning | Record updated in last year |

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

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Additional identifiers

Protocol serial number N0672168538

Study information

Scientific Title

Study objectives

Do the discrepancy meetings in the Accident and Emergency Departments reduce the number of missed injuries of the referring clinicians?

Ethics approval required

Old ethics approval format

Ethics approval(s)

Not provided at time of registration

Study design

Interventional study with a pre-test and post-test quasi-experimental group design

Primary study design

Interventional

Study type(s)

Prevention

Health condition(s) or problem(s) studied

Missed injuries by Accident and Emergency clinicians

Interventions

The method used will be an interventional study with a pre-test and post-test quasi-experimental group design. The word 'quasi' means as if or almost, so a quasi-experiment means almost a true experiment. For various reasons to do with ethics, small numbers and the difficulties of randomising, true experimental designs are not always possible in the 'real world' of social and health service provision. Therefore, in a clinical and educational context quasi-experiments have thus proved useful. Quasi-experimental designs have some of the properties of true experiments and they are relatively strong in terms of internal validity. Matching instead of randomisation of the groups is used. For the purpose of this study the two groups are matched as two groups of accident and emergency referrers. The pre-test group is not technically a control group, but a comparison group, and this type of matching is sometimes called a non-equivalent group design. Inferences about relationships among variables are made from an assumed variation of an independent variable, in this case in introduction of discrepancy meetings.

Intervention Type

Other

Phase

Not Applicable

Primary outcome(s)

That the introduction of discrepancy meetings in the A&E Department reduces the number of missed injuries by A&E clinicians

Key secondary outcome(s))

Not provided at time of registration

Completion date

11/11/2005

Eligibility

Key inclusion criteria

It is predicted that the likely total will be approximately 1300. The first examinations will then be selected for inclusion in the study.

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Not Specified

Sex

Not Specified

Key exclusion criteria

Not provided at time of registration

Date of first enrolment

05/09/2005

Date of final enrolment

11/11/2005

Locations

Countries of recruitment

United Kingdom

England

Study participating centre Scunthorpe General Hospital

Scunthorpe United Kingdom DN15 7BH

Sponsor information

Organisation

Record Provided by the NHSTCT Register - 2006 Update - Department of Health

Funder(s)

Funder type

Government

Funder Name

Northern Lincolnshire and Goole Hospitals NHS Trust (UK)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration