

Better Use of (electronic patient record infant) Data to improve parent Satisfaction with neonatal care (BUDS)

Submission date 07/03/2019	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
Registration date 09/04/2019	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 02/10/2023	Condition category Neonatal Diseases	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Background and study aims

One in eight babies born in the UK are too unwell to go home and need to stay in hospital on a neonatal unit. This is stressful for parents, who rely on neonatal staff for updates about their baby, and often feel they aren't involved in their baby's care. Parents usually receive written information at the beginning of their baby's stay and at the end, but are hardly ever given written information about their baby during the neonatal stay. All neonatal units in the UK use an electronic patient record system (EPR): a form of computerised medical notes. Doctors and nurses use this to record a lot of information about babies each day, such as their weight, amount of milk they took and any breathing support they needed. The researchers want to improve how parents receive information, and how involved they feel in their baby's care, by regularly sharing some of this information with them in a way that is easy to understand. They want to give every parent a daily printed summary of their baby's information, taken from the electronic system. They have designed this with parents of babies that needed neonatal care and now want to test it on a neonatal unit.

Who can participate?

Parents of babies who are receiving care on the neonatal unit

What does the study involve?

Parents are asked some basic details about themselves and their baby. Then they are given a printed summary sheet containing updates about their baby ('My Baby's Summary Report') every morning on the unit on weekdays (Monday to Friday). Parents are asked to complete an anonymous questionnaire before they start receiving the summaries and then twice a week until their baby is discharged. This includes questions on how they feel about how they receive their baby's information and how involved they feel in their baby's neonatal care. It also includes questions on how to further improve the content, layout and wording of the summaries. The summaries are tested on the neonatal unit over 2 months, moving from the lower intensity unit area to the highest. The number of times parents are asked to complete the questionnaire depends on how long their baby is likely to stay on the unit and which unit area their baby is in at the time of recruitment. Parent involvement ends when babies are discharged from the unit. At

the same time points of distributing the parent questionnaire (twice weekly) the researchers distribute a three-question staff survey to all neonatal staff on duty in the respective unit areas (to assess staff workload). Data completeness and accuracy is also assessed at the start of the study and every day by comparing EPR-recorded data to handwritten nursing documentation. Finally, one-on-one interviews are conducted with staff members and parents before the researchers start sharing the summaries with parents and after the piloting stage of the project has finished.

What are the possible benefits and risks of participating?

It is not thought that there are any risks or disadvantages of taking part in this study. It is hoped that the written summaries will improve parents' understanding of their baby's condition and their neonatal experience in general. Parent involvement will also help improve the summaries for use by future parents.

Where is the study run from?

Chelsea and Westminster Hospital NHS Foundation Trust (UK)

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

October 2018 to March 2019

Who is funding the study?

1. National Institute for Health Research (NIHR) (UK)
2. Rosetrees Trust (UK)

Who is the main contact?

Dr Susanna Sakonidou

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Study website

<http://neoepoch.com/parent-involvement/>

Contact information

Type(s)

Public

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Additional identifiers

EudraCT/CTIS number
Nil known

IRAS number
232205

ClinicalTrials.gov number
Nil known

Secondary identifying numbers
Protocol v1.3/ Sponsor ref 18HH4522, IRAS 232205

Study information

Scientific Title
Better Use of Data to improve parent Satisfaction (BUDS): a mixed method project using qualitative and improvement science methodology to improve parent experience of neonatal care

Acronym
BUDS

Study objectives
Having a baby that requires neonatal care is stressful and traumatic for parents, who often report dissatisfaction with communication of clinical infant information. A large percentage of parents in neonatal care experience post traumatic stress disorder, anxiety and depression, which interferes with parent-child bonding and affects infant outcomes. Doctors and nurses

routinely record neonatal daily data onto an electronic patient record system (EPR) in the UK, from which de-identified data form a research database: the National Neonatal Research Database (NNRD). The aim of this study to evaluate the impact of sharing neonatal EPR data with parents in neonatal care, on parent-reported satisfaction, parent interactions with staff, staff workload and NNRD data completeness.

Hypothesis: Sharing individualised, daily, clinical electronic patient record infant data with parents, in a parent-centred way, will lead to higher parent-reported satisfaction with communication of clinical information and involvement in neonatal care, and higher data completeness in the National Neonatal Research Database.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Approved 21/06/2018, amendment submitted 23/11/2018 and approved 12/12/2018, West Midlands - South Birmingham REC, The Old Chapel, Royal Standard Place, Nottingham, NG1 6FS. Email: NRESCCommittee.WestMidlands-SouthBirmingham@nhs.net, REC ref: 18/WM/0175, Protocol number: Sponsor ref 18HH4522

Study design

Prospective mixed method study using qualitative and improvement science methodology

Primary study design

Observational

Secondary study design

Study setting(s)

Hospital

Study type(s)

Other

Participant information sheet

Not available in web format, please use contact details to request a participant information sheet.

Health condition(s) or problem(s) studied

Neonatal care

Interventions

Through qualitative work with parents of babies previously needing UK neonatal care, the researchers identified the type of infant information parents find important in neonatal care. They matched this information to the available EPR infant data items neonatal staff update daily throughout the UK and developed parent-friendly EPR data explanations. With parents, they co-designed a communication tool template for parents called "My Baby's Summary Report": a printed sheet of paper including individualised, daily infant updates for parents derived from EPR data, in parent-centred language. They will provide an individualised written summary report to each parent on weekdays. This will initially be offered to parents in the low-intensity neonatal unit area (Special Care Baby Unit) before expanding to approach all parents (High

Dependency Unit and Intensive Care Unit). The communication tool's impact will be measured and Plan-Do-Study-Act (PDSA) improvement science cycles will inform the tool's continual improvement.

Intervention Type

Other

Primary outcome measure

Parent satisfaction with communication of clinical information and involvement in care, assessed using validated self-administered parent questionnaire, the Parents' Experiences of Communication in Neonatal Care (PEC) questionnaire at baseline, twice weekly and at the end of piloting phase.

Secondary outcome measures

1. Parent interactions with staff, assessed with PEC questionnaire at baseline, twice weekly and at the end of piloting phase
2. Neonatal staff workload, assessed with self-administered staff questionnaire at baseline, twice weekly and at the end of piloting phase
3. Data completeness, assessed using historical completeness data from the National Neonatal Research Database and current completeness data from the live neonatal EPR at baseline, every day and at the end of piloting phase
4. Parent/staff interaction and parental views on information communication assessed with one-on-one interviews with parents and staff at baseline and at end of piloting phase

Overall study start date

04/06/2018

Completion date

02/09/2019

Eligibility

Key inclusion criteria

1. Parents (male or female) of babies who are currently inpatients on the neonatal unit
2. The parental age lower limit will be 16 years
3. The researchers will start recruiting parents with babies in the lower intensity part of the unit (SCBU- Special Care Baby Unit) who are medically stable and not acutely unwell, in order to minimise the risk of causing anxiety to parents
4. They will recruit parents in SCBU only for 4 weeks, include High Dependency Unit parents in recruitment for 2 weeks and include Intensive Care Unit parents in the final 2 weeks

Participant type(s)

Other

Age group

Adult

Sex

Both

Target number of participants

Maximum 90

Key exclusion criteria

1. Parents who cannot speak and/or read English will be excluded as the study's information documents and communication tool are in English
2. Parents younger than 16 years of age

Date of first enrolment

08/10/2018

Date of final enrolment

05/04/2019

Locations**Countries of recruitment**

England

United Kingdom

Study participating centre

Chelsea and Westminster Hospital NHS Foundation Trust

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Sponsor information**Organisation**

Imperial College London

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Sponsor type

University/education

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ROR

<https://ror.org/041kmwe10>

Funder(s)

Funder type

Government

Funder Name

National Institute for Health Research

Alternative Name(s)

National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

United Kingdom

Funder Name

Rosetrees Trust

Alternative Name(s)

Teresa Rosenbaum Golden Charitable Trust, Rosetrees

Funding Body Type

Private sector organisation

Funding Body Subtype

Trusts, charities, foundations (both public and private)

Location

United Kingdom

Results and Publications

Publication and dissemination plan

The researchers will disseminate their results through Bliss: for babies born premature or sick (The National Charity for the Newborn UK), conferences and peer-reviewed journals. Their future work will aim to incorporate their findings into a mobile phone application for efficiency and wider generalizability, with a view to roll out to all NHS neonatal units.

Intention to publish date

31/12/2020

Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are/will be available upon request from Dr Chris Gale (christopher.gale@imperial.ac.uk). Type of data: anonymised, coded data (no free text). When the data will become available and for how long: After study results published and indefinitely. By what access criteria data will be shared including with whom: For research purposes and following review of individual requests. For what types of analyses and by what mechanism: Anonymised analyses reviewed on case by case basis. Whether consent from participants was obtained: Only anonymised data will be shared and consent was obtained for this. Extract from consent form: "I understand all data collected during the project, may be looked at by individuals from the sponsor (Imperial College London JRCO), NHS and regulatory authorities where it is relevant for regulatory purposes, as well as by approved researchers." Comments on data anonymisation: Only coded data, no free text.

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article	protocol	25/06/2019	26/10/2020	Yes	No
HRA research summary			28/06/2023	No	No
Other unpublished results			02/10/2023	No	No