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Defining primary care provider commitment in Canadian long-term care homes

Submission date
08/07/2024

Recruitment status
No longer recruiting

Registration date
10/07/2024

Overall study status
Completed

Last Edited
18/11/2025

Condition category
Other

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

Plain English summary of protocol

Background and study aims

In Canada, the delivery of medical services in long-term care (LTC) homes varies, with some homes having multiple primary care providers (PCPs) caring for small numbers of residents while others choose to have one provider caring for as many as 100 or more residents. While PCP commitment in LTC has been operationalized differently, it is generally defined as the proportion of a PCP's practice dedicated to LTC homes, the number of LTC residents for whom they provide care, and the time spent on individual resident encounters. Existing research demonstrates that higher quality care within an LTC home results when fewer dedicated providers are involved and when they are on-site more frequently. However, most evidence linking provider commitment to quality of care originates from the United States and Europe, with no international or Canadian standard or consensus for PCP commitment in the LTC home setting. Given the emerging recognition of the importance of provider commitment and the absence of an accepted standard or expectation, consensus-building methods are needed to establish a definition for PCP commitment. Therefore, the primary objective of this study is to establish consensus on expectations concerning PCP commitment in Canadian LTC homes.

Who can participate?

The expert panel will include individuals with knowledge and/or experience in medical care delivery and medical practice models in LTC based on practical, and leadership experience. The study seeks diverse perspectives on the commitment of PCPs across Canada and will include English-speaking frontline LTC PCPs and researchers from across the country. Specific qualifications to demonstrate expertise include extensive, LTC clinical and/or leadership experience (e.g., for at least 2 years previously or at the time of the study, actively involved in the care of LTC residents). Purposive, criterion, and convenience sampling will recruit 15 to 20 individuals to the expert panel. Participants must fall between the ages of 25 to 85 years old.

What does the study involve?

There are multiple stages to a modified e-Delphi study. A comparative policy analysis was conducted based on the peer-reviewed and grey literature to inform the questionnaire statements. In Round #1, an online questionnaire will be distributed to experts to complete asynchronously and anonymously. Experts will be asked to rate a list of statements identified from the literature based on their relevance and feasibility for defining PCP commitment.

Ordinal ratings will be collected using a 7-point Likert scale. The expert panel can also write open-ended, qualitative responses so they can add rationales, suggest alternatives, and share new ideas.

After completing Round #1, the steering committee will compile the ratings and qualitative feedback. A virtual meeting will be conducted with the expert panel to review and have an in-depth discussion about the results from Round #1. The focus will remain on the statements where consensus was not reached and on adding new statements to be elected for rating. The second part of the meeting will discuss the feasibility of measuring commitment in currently available data sources, with a proxy measure of commitment presented for discussion with the expert panel.

In preparation for Round #2, the questionnaire will be modified to remove statements that have reached consensus, retain statements without consensus, and add new statements for rating from the open-ended responses. The expert panel will then individually re-rate the remaining and new statements through a second online questionnaire based on the same criteria: relevance and feasibility.

What are the possible benefits and risks of participating?
This research may benefit the scientific literature by determining the expectations of PCP commitment in LTC homes, which can be examined to better understand provider practice commitment and quality of care.

The risks involved in participating in this study are minimal. It is unlikely that this rating exercise will cause distress or pain, and the task is not expected to be difficult or strenuous for participants given their professional background. Panellists will give voluntary, informed consent before participation in the study.

Data will be analyzed by the investigators after each Delphi round. McMaster University will act as the sole data custodian, and the lead investigator will ensure appropriate security standards are upheld. The findings/ratings will be presented in aggregate with no individual-level (identifiable) data shared with the panellists or broader research community.

All expert panellists will be informed of their rights and/or that they can terminate their participation at any time without consequences.

Where is the study run from?
McMaster University in Hamilton (Canada)

When is the study starting and how long is it expected to run for?
February 2024 to January 2025

Who is funding the study?
The study is supported by a grant from the Canadian Institutes of Health Research (CIHR) and the lead investigator is supported by a Canada Graduate Scholarship - Doctoral (CGS-D) award from CIHR in Canada.

Who is the main contact?
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Study information

Scientific Title
Establishing primary care provider commitment in Canadian LTC homes: A modified e-Delphi study

Study objectives
The study can achieve consensus on expectations concerning primary care provider commitment in Canadian long-term care homes

Ethics approval required
Ethics approval required

Ethics approval(s)

Approved 01/08/2024, Hamilton Integrated Research Ethics Board (HiREB) (293 Wellington Street, Suite 102, Hamilton, L8L 8E7, Canada; +1 905 521 2100; eREBhelpdesk@hhsc.ca), ref: 2024-17321-GRA

Primary study design
Observational

Study design
Two-round modified e-Delphi study

Study type(s)
Other

Health condition(s) or problem(s) studied
Primary care provider commitment in long-term care homes

Interventions
This study uses a two-round modified e-Delphi study to assess the consensus of an expert panel.

This study does not involve observation or intervention but requires expert panel members to rate a set of statements using a set of evaluative criteria.

A comparative policy analysis has been conducted over 2023-2024 based on the peer-reviewed and grey literature to inform questionnaire statements. In Round #1, an asynchronous questionnaire will be distributed to the expert panel to obtain an initial rating of statements concerning primary care provider commitment in LTC homes using two evaluative criteria: relevance and feasibility. Ordinal ratings will be collected using a 7-point Likert scale. Experts will also be allowed to write open-ended, qualitative responses to add rationales, suggest alternatives, and share new ideas.

After completing Round #1, the steering committee will compile the ratings and qualitative feedback. A virtual meeting will be conducted with the expert panel using virtual telecommunications to review and have an in-depth discussion about the results from Round #1.

In preparation for Round #2, the questionnaire will be modified to remove statements that have reached consensus (endorsed highly by ≥70% of the panel), retain statements without consensus, and add new statements for rating from the open-ended responses. The questionnaire will be distributed to the expert panel and statements will again be rated according to their relevance and feasibility for defining primary care provider commitment in LTC homes.

Intervention Type
Other

Primary outcome(s)
Candidate statements related to Primary care providers' commitment in Canadian LTC homes are measured using two rating criteria (relevance, feasibility) and collected on a 7-point Likert scale in a Round #1 (timepoint 1) online questionnaire, open-ended qualitative responses, and a virtual meeting to discuss the outcome. During Round #2 (timepoint 2), a modified questionnaire will be used that retains the statements without consensus to re-rate the relevance and feasibility until the completion of Round #2.

Key secondary outcome(s)
There are no secondary outcome measures

Completion date
31/01/2025

Eligibility

Key inclusion criteria
1. Extensive, long-term care (LTC) home clinical and/or leadership experience (e.g., for at least 2 years previously or at the time of the study, actively involved in the care of LTC residents)
2. Primarily works/practices in Canada

Participant type(s)
Health professional

Healthy volunteers allowed
No

Age group
Mixed

Lower age limit
25 Years

Upper age limit
85 Years

Sex
All

Total final enrolment
27

Key exclusion criteria
The individual is not working/practicing in long-term care or is not based in Canada

Date of first enrolment
01/10/2024

Date of final enrolment
30/10/2024

Locations

Countries of recruitment
Canada

Study participating centre
McMaster University
1280 Main Street West
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Sponsor information

Organisation
McMaster University

ROR
https://ror.org/02fa3aq29

Funder(s)

Funder type
Government

Funder Name
Canadian Institutes of Health Research

Alternative Name(s)
Instituts de Recherche en Santé du Canada, The Canadian Institutes of Health Research (CIHR), Canadian Institutes of Health Research (CIHR), Canadian Institutes of Health Research | Ottawa ON, CIHR - Welcome to the Canadian Institutes of Health Research, CIHR, IRSC

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
Canada

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not expected to be made available

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article		13/11/2025	18/11/2025	Yes	No
Protocol article		07/02/2025	10/02/2025	Yes	No