

Different methods of disseminating practice guidelines for children with croup

Submission date 05/09/2005	Recruitment status Stopped	<input type="checkbox"/> Prospectively registered
		<input checked="" type="checkbox"/> Protocol
Registration date 05/09/2005	Overall study status Stopped	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
Last Edited 28/01/2019	Condition category Respiratory	<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

Contact name
Dr David Wyatt Johnson

Contact details
Alberta Children's Hospital
Room 1562
1820 Richmond Road SW
Calgary
Canada
T2T 5C7
+1 403 943 7507
david.johnson@calgaryhealthregion.ca

Additional identifiers

ClinicalTrials.gov (NCT)
NCT00147849

Protocol serial number
MCT-63141

Study information

Scientific Title

A cluster controlled trial comparing three methods of disseminating practice guidelines for children with croup

Acronym

CPG

Study objectives

To determine which of the three intervention strategies are most effective at lowering the rate of hospital days per 1000 disease episodes. To determine which of the three dissemination strategies are most effective at increasing the use of therapies of known benefit.

Ethics approval required

Old ethics approval format

Ethics approval(s)

University of Calgary Health Research Ethics Board approved on the 7th December 2000

Study design

Cluster controlled trial

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Croup

Interventions

Group 1: Mailing of printed educational materials (the 'Standard intervention')

Group 2: Mailing plus a combination of interactive educational meetings, educational outreach visits, and reminders (a 'Saturn intervention')

Group 3: A combination of mailing, interactive sessions, outreach visits, reminders plus identification of local opinion leaders and establishment of local consensus processes (a 'Cadillac intervention')

Intervention Type

Other

Phase

Not Applicable

Primary outcome(s)

The rate of hospital days per 1000 disease episodes.

Key secondary outcome(s)

1. Proportion of patients treated in the Emergency Department (ED) and hospital with a corticosteroid

2. Proportion of patients evaluated in ED for at least 3 hours after treatment with corticosteroids before the decision to admit to hospital is made

3. Time to treatment with corticosteroids in both ED and hospital patients

Completion date

31/03/2006

Eligibility

Key inclusion criteria

1. Alberta hospitals were rank ordered based on their rate of hospitalisation and the size of their patient population. The administrative, nursing, and medical staff from the 36 highest ranking hospitals were approached and asked to participate. 24 agreed and 12 refused

2. Children with croup aged 28 days to 9 years, either sex were the subject of the disseminated guidelines

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Child

Lower age limit

28 days

Upper age limit

9 years

Sex

All

Key exclusion criteria

Does not meet inclusion criteria

Date of first enrolment

01/12/2001

Date of final enrolment

31/03/2006

Locations

Countries of recruitment

Canada

Study participating centre
Alberta Children's Hospital
Calgary
Canada
T2T 5C7

Sponsor information

Organisation
Alberta Children's Hospital (Canada)

ROR
<https://ror.org/00sx29x36>

Funder(s)

Funder type
Research organisation

Funder Name
Canadian Institutes of Health Research (CIHR) (Canada) - <http://www.cihr-irsc.gc.ca> (ref: MCT-63141)

Funder Name
Alberta Medical Association Medical Services Budget Innovation Fund (Canada)

Funder Name
Alberta Medical Association Clinical Practice Guideline Program (Canada)

Results and Publications

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?
Protocol article	protocol	28/04/2006		Yes	No