The Diabetes Guidelines Implementation in Hospitals Study.

No registrations found.

Ethical review	Positive opinion
Status	Recruitment stopped
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON23022

Source
Nationaal Trial Register

Brief title
DIHS

Health condition

1. Diabetes;

2. Guideline adherence;

3. Physiscian-patient interaction;

4. Empowerment.

Sponsors and support

Primary sponsor: Centre for Quality of Care Research UMC St Radboud, Nijmegen, The Netherlands.
Source(s) of monetary or material Support: This study was supported by a grant from the Netherlands Ministry of Health, Welfare and
Sport. Grant number: 68 6597 545272 266058 97

Intervention

Outcome measures

Primary outcome

The mean HbA1c level (mmol/l) of the patients in de different intervention groups.

Secondary outcome

Clinical outcomes at the patient level:

Quality of Life SF-20 locus of control and patient satisfaction

Study description

Background summary

The clinical results of the study showed that, in both intervention groups, significant gains were found in HbA1c levels, but not in blood pressure levels. In the patient-centred group higher adherence rates were also found in examination of the feet and educational activities. Cost effectiveness analysis showed that cost effectiveness was found with the highest gains in the patient intervention group.

Study objective

A patient centred or a porfessional directed intervention to improve adherence to diabetes guidelines in hospitals are more (cost) effective compared to usual care.

Study design

N/A

Intervention

At hospitals in the professional-directed group (n=4), the health professionals received aggregated feedback on baseline data on their patient population. During an educational meeting for internists, DSNs and dieticians, the guidelines were discussed, promoted and distributed by a national opinion leader in diabetic care. Also desktop reminder cards of key guidelines were distributed, including a nomogram to easily calculate the BMI. Internists and DSNs preferred these reminder cards to locally adapted written protocols. After six months the internists received personal benchmarked feedback on their clinical performance.

At the hospitals in the patient centred group (n=4) intervention activities were addressed to the health care professionals and to the patients. As in the other intervention group feedback

was given to the professionals on baseline data. During an educational meeting with a national opinion leader, guidelines as well as the diabetes passports were introduced. Barriers and facilitators to implement the diabetes passports in the clinic were discussed. Like in the other intervention group after six months personal feedback was given to the internists only, but this time on clinical performance as well as on the use of the diabetes passport. For the patients in the patient centred group, additional educational meetings were organised in collaboration with the local patient organisations. Furthermore 4,500 diabetes passports were made available at the four hospitals and waiting room posters, reminders for the patients to bring their passports and leaflets explaining how to use the passport were distributed. The passports were introduced and given to the patients by internists or DSNs during the clinic hours.

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Eligibility criteria

Inclusion criteria

In 13 hospitals the first 150 patients with diabetes that came for a checkup at their internists were included.

Exclusion criteria

1. Patients with a short (<1 year) life expectancy;

2. Pregnant patients.

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active

Recruitment

NL

Recruitment status:	Recruitment stopped
Start date (anticipated):	01-12-2000
Enrollment:	1950
Type:	Actual

Ethics review

Positive opinion

Date:	07-02-2007
Application type:	First submission

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL878
NTR-old	NTR892
Other	: N/A
ISRCTN	ISRCTN35851744

Study results

Summary results

Dijkstra RF, Niessen LW, Braspenning JC, Adang E, Grol RT. Patient-centred and professional-directed implementation strategies for diabetes guidelines: a cluster-randomized trial-based cost-effectiveness analysis. Diabet Med 2006;23(2):164-70.

Dijkstra RF, Braspenning JC, Huijsmans Z, Akkermans RP, van Ballegooie E, ten Have P, et al. Introduction of diabetes passports involving both patients and professionals to improve hospital outpatient diabetes care. Diabetes Res Clin Pract 2005;68(2):126-34.

Diabet Med. 2004 Jun;21(6):586-91.

Dijkstra R, Braspenning J, Grol R. Empowering patients: how to implement a diabetes passport in hospital care. Patient Educ Couns 2002;47(2):173-7.