The ImproveCare Study
Feasibility of a multi-method, multi-centre, cluster RCT of a complex intervention to care for hospital patients with uncertain recovery
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Background

• The AMBER (Assessment; Management; Best practice; Engagement; Recovery uncertain) care bundle is a complex intervention used in ~40 UK hospitals to identify and support patients with uncertain recovery and who are at risk of dying during their hospital stay
• It was yet to be evaluated in a randomised controlled trial (RCT) to identify potential benefits or harms

Aim

To investigate the feasibility of conducting a cluster RCT of the AMBER care bundle

Methods

Design: Parallel, cluster RCT, employing convergent mixed-methods design
Setting: General medical wards in located 4 clusters, (district general hospital) in England

Data & Analysis: Prospective, quantitative data collected from patients (or proxies) examined recruitment, retention and follow-up rates; trial data collection tools; Focus groups and face to face interviews explored acceptability of study procedures for health professionals, patients and their families. Descriptive & thematic analyses

Take Home Message

A full trial of the AMBER care bundle is technically feasible but impractical as excessive changes would be required to both the intervention and trial designs

Results

• Recruitment was generally challenging and specifically for control arm (figure 1)
• Many patients were elderly (>80 years 46.2%, n=30, mean 77.8 years SD=12.3 years). 53.8% had a non-cancer diagnosis, 7.2-3 co-morbidities
• 24.6% patients (n=16) died during their hospital stay and 35.4% (n=23) within 100 days of discharge
• In both trial arms, baseline IPOS subscale scores identified ‘moderate’ patient anxiety (μ=3.3 (SD 4.8), control, 13.3 (SD 5.1) intervention), and howRwe identified ‘good’ care experience (μ=13.1 (SD 2.5) control, 11.5 (SD 2.1) intervention)

65 patients (81.3% of the recruitment target) recruited

• Patient participants considered their involvement in the study positively. Some stated they were happy to participate due to positive interaction with research nurses. Others were motivated by a sense of altruism believing their involvement could help others and improve services
• Focus groups with health professionals identified concerns regarding (i) subjectivity of intervention eligibility criteria; (ii) need to prognosticate to identify potential patients; (iii) consent procedures and questionnaire length.