

Comprehensive Geriatric Assessment in hospital or at home?

The role of clinician uncertainty in recruitment to a randomised controlled trial

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Background

Recruitment of sufficient participants to randomised controlled trials (RCTs) is widely acknowledged to present considerable challenges, unique to the context of the research area. This study considers factors affecting recruitment to a multi-centred RCT investigating the effectiveness of geriatrician-led 'hospital at home' for older people living with frailty, compared with acute inpatient care [1]. Participating sites in the RCT are shown in **Figure 1** and key recruitment processes are shown in **Figure 2**.

Aims

- We aimed to explore:
- Variation in recruitment across sites and factors influencing engagement with recruitment
 - Attitudes to this research among clinicians, managers, research teams, patients and families.

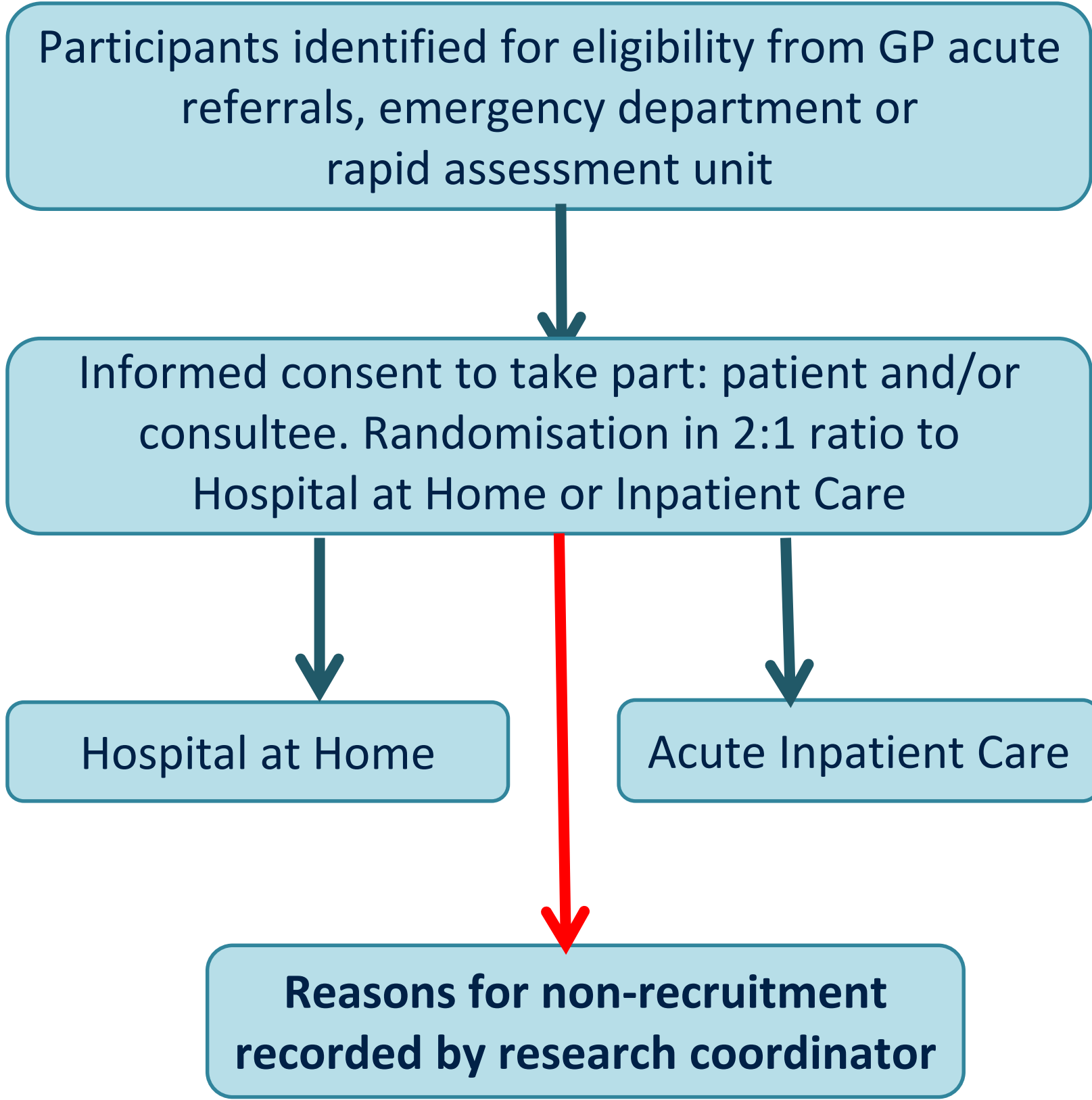
Methods

- We used a mixed methods design:
1. Quantitative data extraction from screening logs recorded by research coordinators at all sites.
 2. Qualitative discussions with a purposive sample of clinicians, managers and research team members. A semi-structured topic guide was used and data were analysed thematically to explore recruitment practices.

Figure 1: Participating sites



Figure 2: Overview of processes



Results

Figure 3: Documented eligibility and recruitment

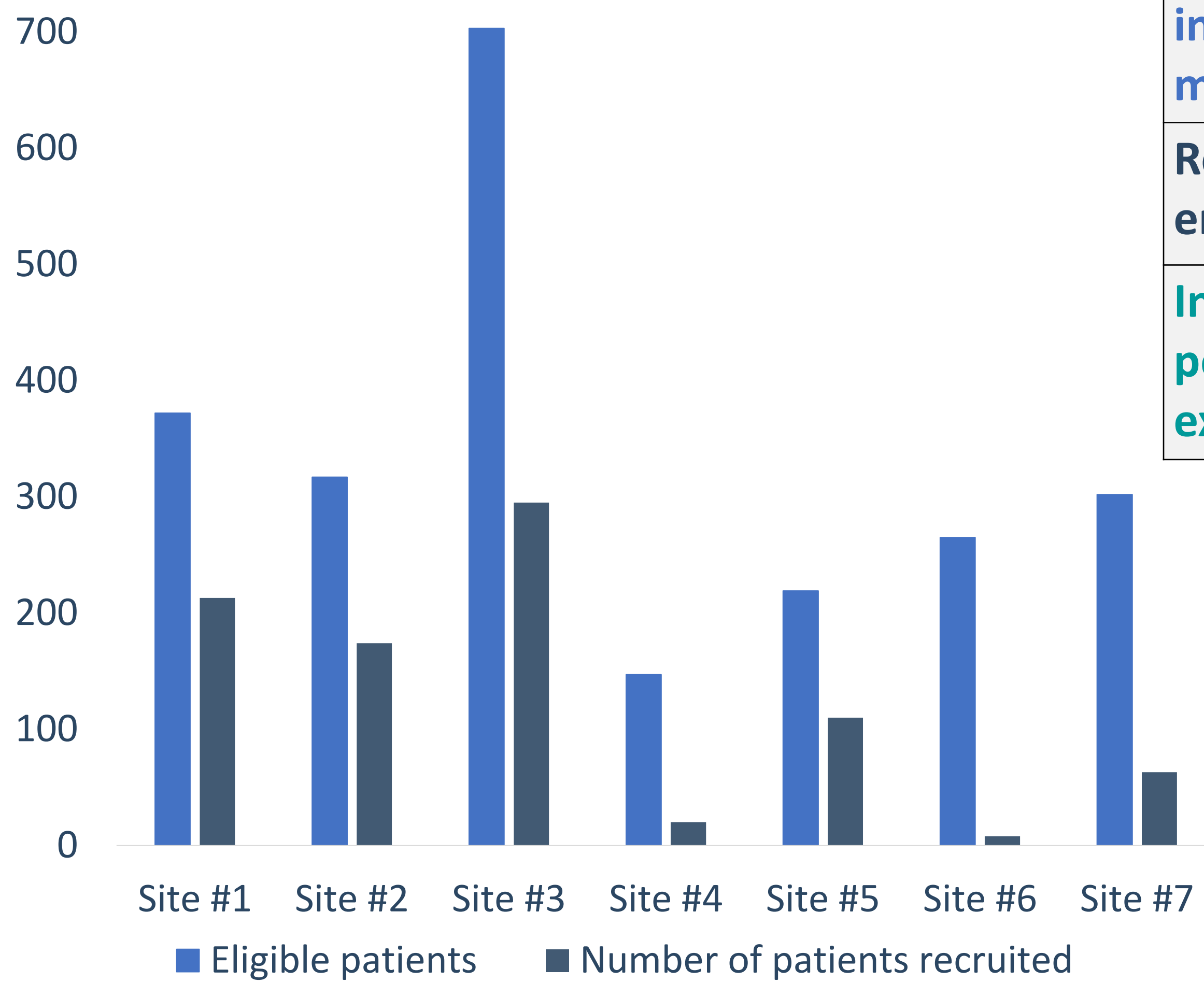


Table 1 illustrates key interlinked themes identified in qualitative discussions with research and clinical team representatives:

Theme	Implications and related issues
Preferences in decision making	<ul style="list-style-type: none">• Patients may already have been informed of a plan prior to randomisation• Clinicians can be reluctant to reverse their preferred decision• Organisational pressures act as drivers in clinicians' decision making
Research engagement	<ul style="list-style-type: none">• Clinicians' collaboration with research team determines recruitment practices• Variable perceptions of 'ethics' of randomisation and broader attitudes
Influence of personal experience	<ul style="list-style-type: none">• Variable awareness of alternatives to acute admission according to role and experience of 'hospital at home' or other community services• Research knowledge and interest in RCTs shapes engagement

"One doctor was unwilling to recruit a patient due to concern 'They might develop hospital acquired pneumonia' if randomised to inpatient care"

"The clinical lead asked, 'If patients could go home, is it ethical to keep them in?'"

"Specialty consultants can be more risk-averse, if they have little community experience. They don't want to discharge"

Discussion



- The principle of 'uncertainty' underpins recruitment to RCTs: a belief that the patient would be neither advantaged nor disadvantaged if they were to receive either trial option [2]. This study identified clinicians' expressed preferences in decision making, portraying limits to individual acknowledgement of 'uncertainty' and willingness to recruit to the RCT.
- Personal experience of (a) research and (b) hospital at home or other community services impacts on admitting clinicians' openness to recruitment. Attitudes and perceptions from managerial/leadership levels to ward team levels also influence research engagement patterns.
- Next steps will consider patients' and families' stated preferences when invited to participate in the RCT and how underlying reasons for them are explored by recruiters.

References

1. Shepperd, S, Craddock-Bamford, A, Butler, C, et al. (2017). A multi-centre randomised trial to compare the effectiveness of geriatrician-led admission avoidance hospital at home versus inpatient admission. *Trials*, 18(1):491

2. Rooshenas L, Elliott D, Wade J, et al. (2016). Conveying equipoise during recruitment for clinical trials: Qualitative synthesis of clinicians' practices across six randomised controlled trials. *PLOS Medicine*, 13(10): e1002147

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