PREGNANCY LOSS RESEARCH GROUP

Involving stakeholders with professional and lived experience in the development of guideline-based care quality indicators: Insights from the RE:CURRENT Project

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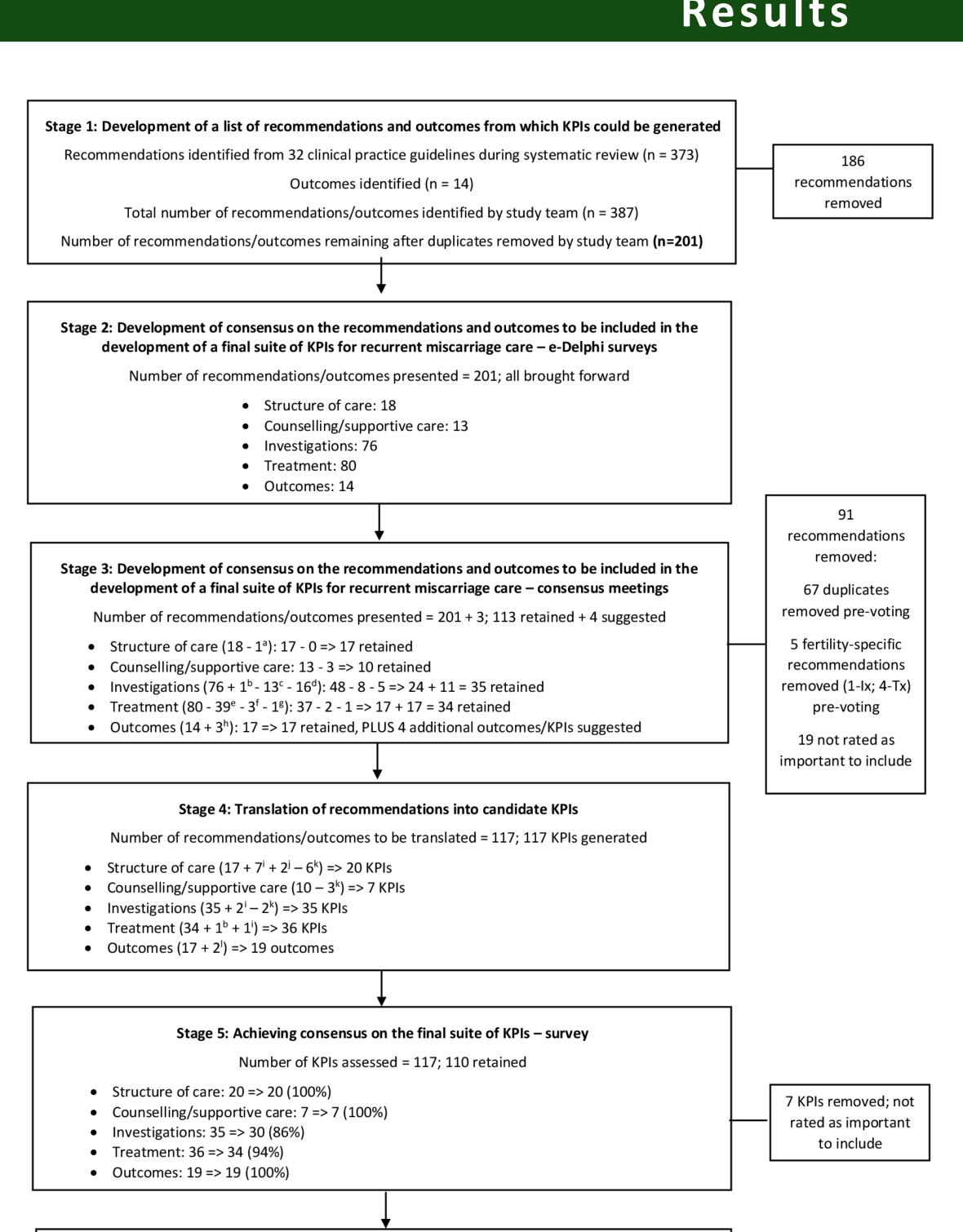


Background

- Population prevalence of recurrent miscarriage (RM) is 1–3%
- Uncertainties around how to organise RM care, including investigations and treatments that should be provided
- Standardised care pathways tailored to women/couples who experience RM are needed
- No clinical guideline for RM care in Ireland, nor has the provision of RM services within all 19 maternity units/hospitals been examined
- Lack of patient involvement in guideline-based key performance indicator development and guideline development

OUR AIM: To describe our experiences of involving a diverse stakeholder group in the development of quality indicators for RM care to be used in a national service evaluation

Results



Stage 6: Meeting to agree the final suite of KPIs

Number of KPIs included in final suite = 110

Words that came to mind when thinking about the process



Themes generated from responses to "what worked well" and "what could be done differently"

> THEME 1: Richness in diversity

> > THEME 2: Accessibility

Sub-themes: Skilled facilitation, communication with/from the research team, virtual access/timing of meetings, making the process more user-friendly

THEME 3 Streamlining the development process

Methods

Modified e-Delphi study with members of the RE:CURRENT (Recurrent miscarriage: Evaluating current services) Research Advisory Group (RRAG)

In line with the Guidelines International Network Performance Measures Working Group reporting standards for guideline-based performance measure development and re-evaluation

Sought feedback from stakeholders on the development process using participatory methods

RE:CURRENT Research Advisory Group comprises 22 individuals with clinical, methodological and lived experience: healthcare and allied health professionals, representatives from advocacy and support organisations, those involved in the administration, governance and management of maternity services, academics, and women and men who have experienced RM







Find out more about the Project

Stage 1 (September 2020)

Research team (MH, RD) SM, LL, DD, RR and KOD) develop list of recommendations and outcomes

Stage 2 (November-December 2020)

Two-round e-Delphi survey with members of the RRAG to develop consensus on the recommendations and outcomes to be used to develop KPIs

Stage 3 (December 2020-March 2021)

Virtual consensus meetings with RRAG members to review Delphi survey findings, and develop and achieve consensus on the final suite of recommendations and outcomes

Stage 6 (April 2021)

Virtual meeting with members of the RRAG to review survey findings, and agree the suite of KPIs

Stage 5 (April 2021) Survey of RRAG members to achieve consensus on the final

suite of KPIs

Stage 4 (February-March Research team develop

list of candidate KPIs

Conclusion

From an initial list of 373 recommendations and 14 outcomes, 110 KPIs across five categories, were prioritised for inclusion in a suite of guideline-based KPIs for RM care

It is important, and feasible, to develop guideline-based KPIs with a diverse stakeholder group, including those with lived experience

Insights into our process experiences may help others undertaking similar projects, particularly those undertaken in the absence of a clinical guideline, and/or which involve a range of stakeholders

Acknowledgements | Further information

Many thanks to members of the RE:CURRENT Research Advisory Group

Ethical approval was not required for this project as it was an involvement activity; confirmed by the Clinical Research Ethics Committee of the Cork Teaching Hospitals

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Read more about this study











