

Developing a Patient- and Family-Centered Research Agenda for Hospital Medicine: The Improving Hospital Outcomes through Patient Engagement (i-HOPE) Study

<https://doi.org/10.12788/jhm.3386>

For which topic were research priorities identified?

hospital medicine

In which location was the research priority setting conducted?

North America - USA

Why was it conducted at all?

Patient, caregiver, and other stakeholder priorities have not been robustly incorporated into directing hospital-based research and improvement efforts. Despite research efforts to improve hospital care, there remains very little data regarding what patients, caregivers, and other stakeholders believe are the most important priorities for improving hospital care, experiences, and outcomes.

What was the objective?

to systematically engage stakeholders to identify important questions of adult hospitalized patients and to create a prioritized research agenda for improving the care of adult hospitalized patients

What was the outcome?

a ranking list of 11 research questions

How long did the research prioritization take?

No information provided.

Which methods were used to identify research priorities?

JLA method

How were the priorities for research identified exactly?

Step 1: steering committee formation. Step 2: stakeholder identification: list of potential stakeholder organizations. Step 3: Stakeholder engagement and awareness training: representatives from 39 stakeholder organizations who agreed to participate in the study were further orientated to the study rationale and methods via a series of interactive online webinars. Step 4: identifying uncertainties: survey, 782 research questions submitted. Step 5: data analysis: qualitative content analysis to categorize all submitted questions into 70 distinct categories, followed by quantitative content analysis, most commonly submitted questions were then identified: a question was determined to be a commonly submitted question when it appeared at least 10 times, resulting in 36 commonly identified questions. Step 6: interim priority setting: list of the most commonly submitted questions sent to stakeholder organizations and patient partner networks for review and evaluation, each organization was asked to engage with their constituents and leaders to collectively decide on which of these questions resonated and was most important. Step 7: workshop: to create final prioritized list of questions, using nominal group technique to allow all of the meeting participants to discuss the list of prioritized questions in small groups, NGT was followed by two rounds of individual voting, stakeholders were then asked to frame their discussions and their votes based on the perspectives of their organizations or PFACs that they represent, in the first round of voting participants voted for up to five questions for inclusion on the prioritized list, each of the 36 questions was then ranked in order of the assigned points, resulting in the 11 questions considered to be the highest prioritized questions, second round of voting took place, during small and large group discussions each question was edited, refined, and reformatted into questions that could drive a research agenda

Which stakeholders took part?

Researchers and patients from eight academic and community medical centers partnered with 39 patient, caregiver, professional, research, and medical organizations. Survey: 499 participants: 267 healthcare providers, 244 patients and caregivers, and 63 researchers. Workshop: 43 participants: 26 stakeholder organization representatives and 17 steering committee members from 37 unique stakeholder organizations.

How were stakeholders recruited?

A list of potential stakeholder organizations to participate in the study was created.

Which stakeholders actively involved or did they just participate?

Stakeholders not only participated but were also actively involved in the research prioritization process. They were part of a steering group. The steering group consisted of nine clinical researchers, nine patients and/or caregivers, and two administrators from eight academic and community hospitals from across the United States. The members participated in teleconferences every other week to manage all stages of the project including design, implementation, and dissemination.

