

Identifying Research Priorities in Cardiac Surgery: A Report from the James Lind Alliance Priority Setting Partnership in Adult Heart Surgery

Lai et al. (2020)
<https://doi.org/10.1136/bmjopen-2020-038001>

For which topic were research priorities identified?

cardiac surgery

In which location was the research priority setting conducted?

Europe - United Kingdom

Why was it conducted at all?

Approximately 35 000 cardiac surgery procedures are carried out in the UK each year with a total annual healthcare spend of close to £0.5 billion. Cardiac surgery is under going a period of transition. Patients referred for cardiac surgery are increasingly older, often have multiple chronic conditions and require more complex surgery than historical cohorts. In addition, potentially better diagnostic tests, less invasive treatments and new devices are being introduced into clinical care at an accelerated rate. In order to adapt to these changes and deliver the best quality personalised care to these patients, high-quality research evidence is needed. It is only through this evidence that we will be able to direct the right care to the right individual patient at the right time.

What was the objective?

to identify research priorities that address the needs of people affected by cardiac surgery and those who support and care for them

What was the outcome?

a ranking list of 10 research questions

How long did the research prioritization take?

January 2018 - September 2019

Which methods were used to identify research priorities?

JLA method

How were the priorities for research identified exactly?

Step 1: setting up PSP: steering group defined scope, agreed on protocol. Step 2: collecting uncertainties: survey asking: What questions about heart surgery would you like to see answered by research?, 1082 questions submitted. Step 3: data processing: out-of- scope questions and questions that could not be framed as a research question for cardiac surgery removed, remaining questions grouped into themes, results reviewed and discussed by steering group, 49 indicative questions formulated, check against literature, literature review results reviewed by steering group to decide if enough current evidence available to categorize question as answered, 49 indicative questions remaining. Step 4: interim ranking: via survey, participants were asked to select up to 10 questions they felt were the most important, votes from each of the 3 stakeholder groups were counted separately, top 12 ranked questions from each group selected to move forward, in total 21 questions taken forward. Step 5: final prioritization: workshop: with nominal group technique, small group discussions and small group rankings, aggregate rankings discussed

Which stakeholders took part?

Heart surgery patients, carers and healthcare professionals involved in care delivery. Survey: 629 participants: 21% patients, 7% carers, 62% healthcare professionals (73% clinicians, 19% nurses and 8% allied health professionals) and 10% others. Interim ranking: 492 participants: 32% patients, 11% carers, 49% healthcare professionals and 8% others. Workshop: 25 participants: 11 patients/carers and 14 healthcare professionals.

How were stakeholders recruited?

Participants were recruited via social media such as Facebook and Twitter, booths at academic conferences as well as emailing and distributing leaflets to professional bodies. Flyers and questionnaires were distributed at outpatient clinics and scientific conferences in the UK. The initial survey was launched at the 2018 annual meeting of the Society for Cardiothoracic Surgeons in the UK and Ireland. The second survey was promoted through the Steering Committee's networks as well as social media such as Facebook and Twitter and booths at academic conferences in the UK. It was launched at the 2019 annual meeting of Society for Cardiothoracic Surgeons in the UK and Ireland, and was conducted between March and June 2019.

Were 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 24 members (7 patients and carers/family members, 16 healthcare professionals (clinicians, pharmacists, nurses and other allied health professionals), 1 representative from the East Midlands Centre for Black and Minority Ethnic Health, and 3 experts in information management and evidence synthesis. The members oversaw the development of the PSP, defined the scope, promoted the survey, and were involved in data processing and interim ranking.



JAMES LIND ALLIANCE

UCL Open Innovation in Science Center

Nussdorfer Straße 64, 2. Stock

Lower Broomfield, Essex, UK

10500, Österreich