Neonatal randomised point-of-care trials are feasible and acceptable in the UK: results from two national surveys

Randomised point-of-care trials (POCT) or registry trials offer a potentially efficient, convenient and cost-effective alternative to conventional randomised controlled trials. By using information present in an existing database, registry or electronic patient record (EPR), POCT eliminate the need for duplicative data collection. Neonatal medicine is well placed to use this methodology; an existing national resource, the National Neonatal Research Database (NNRD), holds detailed data extracted from the neonatal EPR of all National Health Service neonatal units in England, Wales and Scotland; contributing units are known as the UK Neonatal Collaborative (UKNC).

We assessed the acceptability of neonatal POCT using the NNRD in two surveys. In the first (March–June 2014), we emailed all English UKNC leads, proposed a neonatal POCT and asked whether their unit would respond to the second survey. Respondents were generally satisfied with the neonatal EPR (table 1). Approximately one in three indicated that using EPR data for POCT would lead them to view it as more worthwhile (table 2). A total of 139/157 (88%) respondents agreed with the statement, ‘if parents’ consent, I support using the EPR system to gather data for randomised trials’. The theme that emerged from narrative responses concerned EPR data quality.

We show that neonatal practitioners in England are willing to participate in POCT using EPR. Using neonatal data in this way is acceptable, and associated with greater satisfaction with the EPR in approximately one-third of the respondents. There is currently a high level of satisfaction with the UK neonatal EPR. Those surveyed have identified the need to improve EPR data quality; the neonatal EPR is used clinically and to generate discharge summaries, so enhancing data quality could also benefit patient care. Strengths include the national distribution and high response rates, although the voluntary nature may mean individuals with enthusiasm for the EPR are over-represented.

Table 1 Current satisfaction with the neonatal electronic patient record (EPR)

<table>
<thead>
<tr>
<th>Agreement, all</th>
<th>Agreement, doctors</th>
<th>Agreement, nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel that the EPR is useful</td>
<td>148/162 (91%)</td>
<td>38/40 (95%)</td>
</tr>
<tr>
<td>The EPR is worth the time and effort required to use it</td>
<td>134/162 (83%)</td>
<td>30/40 (75%)</td>
</tr>
<tr>
<td>Overall, I am satisfied with the electronic patient record</td>
<td>126/162 (79%)</td>
<td>28/40 (70%)</td>
</tr>
</tbody>
</table>

Data are presented as n/N (%)

Table 2 How respondent’s perceptions would change if electronic patient record (EPR) data were used for point-of-care trials

<table>
<thead>
<tr>
<th>Stronger agreement, all</th>
<th>Less agreement, all</th>
<th>Stronger agreement, doctors</th>
<th>Less agreement, doctors</th>
<th>Stronger agreement, nurses</th>
<th>Less agreement, nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td>The EPR is useful</td>
<td>50/162 (32%)</td>
<td>4/162 (3%)</td>
<td>18/40 (46%)</td>
<td>4/40 (10%)</td>
<td>27/106 (26%)</td>
</tr>
<tr>
<td>The EPR is worth the time and effort required to use it</td>
<td>55/162 (35%)</td>
<td>3/162 (2%)</td>
<td>19/40 (50%)</td>
<td>3/40 (7%)</td>
<td>33/106 (32%)</td>
</tr>
<tr>
<td>Overall, I am satisfied with the electronic patient record</td>
<td>42/162 (27%)</td>
<td>5/162 (3%)</td>
<td>16/40 (43%)</td>
<td>5/40 (13%)</td>
<td>22/106 (21%)</td>
</tr>
</tbody>
</table>

Data are presented as n/N (%)
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