Framing Hospital Engagement for the Recruitment of a Birth Cohort for the NCS: Lessons Learned for Ensuring Collaboration in Worcester County

Marianne E. Felice
*University of Massachusetts Medical School*

*Et al.*

Let us know how access to this document benefits you.

Follow this and additional works at: [https://escholarship.umassmed.edu/cts_retreat](https://escholarship.umassmed.edu/cts_retreat)

Part of the Health Services Administration Commons, Maternal and Child Health Commons, Obstetrics and Gynecology Commons, Pediatrics Commons, Translational Medical Research Commons, and the Women's Health Commons


Creative Commons License

This work is licensed under a Creative Commons Attribution-Noncommercial-Share Alike 3.0 License.

This material is brought to you by eScholarship@UMMS. It has been accepted for inclusion in UMass Center for Clinical and Translational Science Research Retreat by an authorized administrator of eScholarship@UMMS. For more information, please contact Lisa.Palmer@umassmed.edu.
Framing Hospital Engagement for the Recruitment of a Birth Cohort for the NCS: Lessons Learned for Ensuring Collaboration in Worcester County

Marianne Felice1, Tiffany Moore Simas1, Deidre Sepavich1, Linda Brenckle1, Thomas McLaughlin1, Onesky Aupont1

Context: In 2011, three designated NCS Study Centers began preparatory work for field implementation of a planned recruitment strategy called Provider Based Sampling (PBS). In each PBS primary sampling unit, three hospitals were selected to test the feasibility of recruiting a cohort of 125 women and their babies around delivery time. The selected hospitals for Worcester account for nearly 80% of County births and can be categorized into three distinct facility types and patient catchment areas: an academic medical center; a university-affiliated but independent community hospital; and a private for-profit community hospital with market share competitor of the academic medical center.

Methods: We used tailored negotiations and engagement strategies to gain the cooperation and engagement of targeted hospitals/birthing centers.

Preliminary Conclusions: The lessons learned from this exercise are:

- Time to gain hospital engagement and clearance to initiate study activities ranges anywhere from 2 weeks to 2 months and depends largely upon the type of the institution, the profile of the Negotiator, and the nature of the scope of work.
- A greater likelihood of hospital engagement in the NCS seems to be associated with the depth of existing relationships between the Study Center and targeted hospitals.
- Thoughtful interactions and timely discussions with the key institutional stakeholders (either individually or in groups) are important to achieve collaboration and engagement.
- Balancing sensitivity to clinical cultures and settings while preserving research integrity is essential for study implementation in busy hospital/clinical environments.
- Planning for site compensation and/or the ability to support local clerical staff to help with study activities must be considered as a means to facilitate negotiations and site engagement.
- Adequate resources must be planned for successful implementation and execution of research activities in settings (e.g., community hospitals) unfamiliar with research activities.
- Involvement of nursing personnel is crucial for successful implementation of any protocol.

Funding: Worcester County PBS Pilot Funding provided by NICHD Contract No. HHSN275201200028C

1 University of Massachusetts Medical School, Department of Pediatrics, National Children's Study Worcester County.

Contact Information: Onesky Aupont MD, MPH, PhD
Department of Pediatrics,
National Children Study,
Chang Building - 222 Maple Avenue
Shrewsbury, MA 01545
Onesky.aupont@umassmed.edu