# Recruitment rates and retention improvement

**Matthias Schwannauer**

**Steering committee meeting**
**Edinburgh**
**16.-17.11.2023**

# Immerse – Edinburgh/ NHS Lothian

How can we improve our recruitment and achieve our recruitment targets of a minimum n=10 per unit, n=54 per site and total n=432 by March 2024?

- Maintain contact with clinical teams/ services

- Be confident that we reached out to all clinicians and all are aware of recruitment

- Enhanced recruitment strategy; merch/ flyers/ team research champions/ mental health research network support/ active feedback from live participants

How can we improve our retention strategies to minimize drop-out?

- Assessment burden for participants and clinicians is an issue – prioritization needed

- Better use of available data

- Staying in touch with participants and check in between assessment points

- Support/ encourage clinicians to use immerse in clinical activities (assessments, team discussions, active reviews and records, etc.)

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**Iveta Nagyova**
**Pavol Jozef Safarik University in Kosice**

**Steering committee meeting**
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Kosice site:

1. *"How can we improve our recruitment and achieve our recruitment targets of a minimum n=10 per unit, n=54 per site, and total n=432 by March 2024?"*
- More frequent contact with clinicians (reminders, emails, telephone calls)
- Personal meetings (lunch meetings, seminars)
- Visually attractive material for clinicians (leaflets/newsletters – site comparisons, project achievements)

2. *"How can we improve our retention strategies to minimize drop-out?"*
- Visually attractive material for patients (leaflets/newsletters – site comparisons, project achievements)
- Patient experience videos
- Sharing experience with other fellow patients (organized e.g. by patient advisory group?)
- Retaining regular contacts with patients via phone/emails
- Organisation of symposiums/seminars for patients

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**Anton Heretik, Michal Hajdúk**
**Comenius University in Bratislava**

**Steering committee meeting**
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# Recruitment rates improvement in Bratislava

We have clinicians in two clinical units who have not recruited any participants in the course of the study so far

Those could be considered dropouts

We could replace them with new, more motivated, clinicians

We face a methodological problem that results from the fact that the clinical units in Bratislava are artificially created from clinicians who also provide outpatient care

Another option is to recruit patients from a day hospital who are in a three-month program

These patients later continue treatment with various psychiatrists in the region who are not involved in the study

There is also a risk of cross-contamination in this solution

# Retention improvement in Bratislava

We have not yet observed a problem with retention in Bratislava (one drop-out so far)

This probably stems from the fact that these are patients who were already in treatment with the same clinician prior to the study

They trust them and probably want to oblige

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**Glenn Kiekens**
**Leuven/ Bierbeek**

**Steering committee meeting**
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# Recruitment (BE)

**Improving recruitment:**

1. Increase research team presence at the sites

2. Reduce burden on clinician → clinician provides research team with list of patient names → research team contacts patients directly

3. Focus efforts on motivated clinicians/nurses in the units (incl. new staff members)

**Improving retention:**

1. Familiarity → same research member follows up with patients over time

2. Informal check-ins with patients/clinicians about how study is going

3. Let patients decide where they can complete follow-ups (if not in wards)

# Recruitment rates and retention improvement

**Uli Reininghaus**
**Mannheim / Wiesloch**

**Steering committee meeting**
**Edinburgh**
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# Recruitment barriers

**How can we improve our recruitment and achieve our recruitment targets by March 2024?**

**Barriers**

| | | |
|---|---|---|
|  | Clinicians: staffing, workload, motivation | Keep in contact with clinicians, talk to new team members, keep the clinicians' workload as low as possible: ask them when you can talk to patients (e.g. doctor's rounds, group therapies) instead of asking them to talk about the study themselves, remind clinicians how they can benefit from the study |
|  | Availability of information (materials) | Make sure that flyers and posters are in each unit and visible for patients. Provide information where it is needed (e.g. also to other members of the unit's team), send newsletters to clinicians, be present at all sites to make information available |
|  | Service users: busy schedule, motivation | See SOP on motivation, mention how big the workload really is, how we try to reduce workload (online assessments etc.), list the benefits of the study |

# Minimize Drop-out

How can we improve our retention strategies to minimize drop-out?

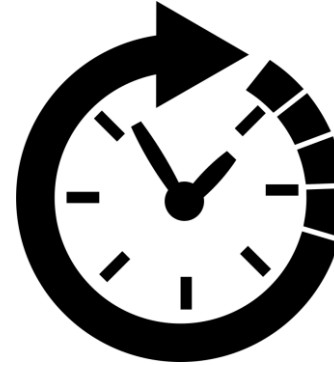Keep in contact: write E-Mails well in advance of the next appointment

If they don't answer the E-Mail, call them, be persistent, try different times of the day

Are they still in treatment? Maybe you can contact them via their clinician

If you cannot contact them: send them a letter, ask for the current contact information

Keep contacting them, even if they missed an appointment, maybe they will be available for the next appointment

Keep them motivated, see SOP on motivation, remind them why we need them in the study, even if they no longer use the DMMH or are in the control condition

MOTIVATION