NHS
National Institute for Health Research

‘It’s all data’: lessons learnt and methodological advances from a (failed) implementation project

Amy Mathieson

Gunn Grande and Karen Luker

Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Greater Manchester

Overview

NHS National Institute for Health Research

- Background
- Method and change of plans
- Barriers and ‘bumps in the road’
- Techniques and methods to overcome barriers
- Conclusions and lessons learnt

Background and Aims

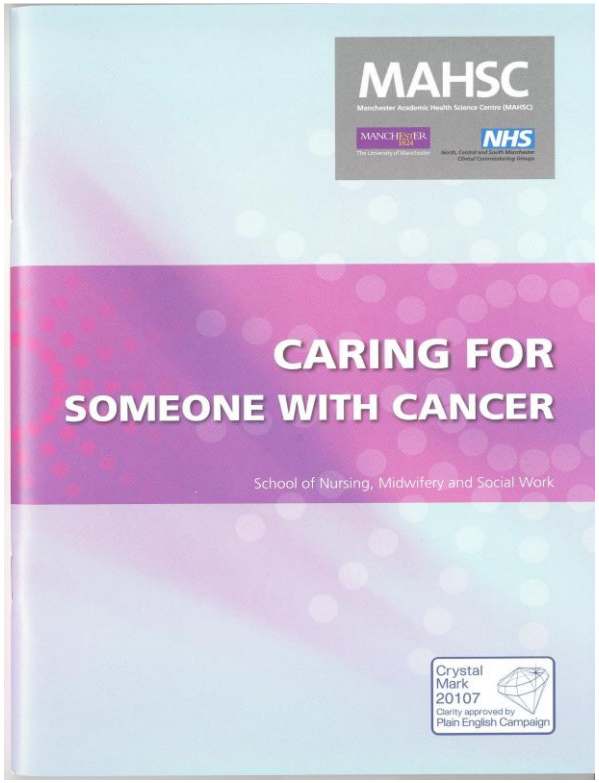
NHS National Institute for Health Research

- To actively implement an evidence-based resource designed for family carers with Community Nurses.
- To evaluate the implementation efforts.
- To identify successful implementation strategies, to inform future implementation of the resource and other EBP in that context.

The Innovation

NHS National Institute for Health Research

1. Pain
2. Incontinence, frequency and retention of urine
3. Constipation
4. Diarrhoea
5. Loss of Appetite
6. Nausea and vomiting
7. Breathlessness
8. Pressure Sores
9. Difficulty moving about the home
10. Equipment to help
11. Personal Care
12. Dealing with Emotions
13. Support for carers
14. Nearing death
15. After the person's death



Method – What I planned to do

NHS National Institute for Health Research

- Implementation in 2 sites:
  (6 month period)

Nursing Home

District Nursing Team

- Internal Facilitators and Participatory Action Research Principles.
- Regular contact, support from external facilitator and monthly research meetings.
- PPI – Research Buddies.
- Pre-, during- and post-implementation interviews.
- Observations and documents.
- Use of Normalization Process Theory.
- Telephone interviews with relatives of Nursing Home residents.

What actually happened

NHS National Institute for Health Research

- Implementation attempted in 4 sites (**14 months period**):


2 Nursing Homes

District Nurse Team

Hospice@Home Team

- ✓ Internal Facilitators and Participatory Action Research Principles.
- ✓ Regular contact and research meetings (**every 2-3 months**).
- ✓ External facilitator support.
- ✓ PPI – Research Buddies (**monthly**).
- X Pre-, ~~during -~~ and post-implementation interviews.
- ✓ Observations and documents.
- ✓ Use of Normalization Process Theory.
- X Interview with one relative of a resident of the Nursing Home.

Barriers – What went wrong?

NHS National Institute for Health Research

1. Turnover of staff and a lack of continuity.
2. Organizational changes and ‘bad timing’.
3. Gaining access, ‘buy-in’ and staff resistance to change.

Turnover of staff and a lack of continuity

NHS National Institute for Health Research

"Yeah, we need continuity, especially with nurses, not only nurses staff as well, so with them as [a] group…communication, so everyone knows what's what's, it's like the nurses, we tell the nurses everything and then she can give us feedback and tells us "oh this is happening"

I: Do you think when there's some more stability and continuity this [the booklet] will be something you can use a bit more?

I think we'll use it more yeah when people are more settled again" – Sherry, Technician, Nursing Home

Organizational Changes and ‘Bad Timing’

NHS National Institute for Health Research

“…we've had quite a big turnaround of staff, we've had some staff leave so we're kind of on very, very limited staff at the moment so we've been getting bank from other areas, which is difficult because they're just coming in to help out, they're not permanent here, yeah they do go into our you know poorly patients and our patients that are you know our palliative patients but they're not used to the systems that we've got in place and things like that sometimes, we've got a lot of new staff in place, that are just getting to know systems and processes…” – Victoria, District Nurse Sister

Gaining Access, 'buy-in' and Staff Resistance to Change

NHS National Institute for Health Research

"And this is where you're going to hit the problem, you know, with everyone having their own…there's an argument for everything, you know, there's a protocol, there's a policy for everything, they're not all going to match up, you know […] So trying to develop something that is going to engage all them teams, it's going to be really difficult." – District Nurse Sister

"To be honest, before I give one of those books, I'd have to make sure that the relative had actually spoken to the nurse you know what I mean so that they were well aware […] So that the relative is quite aware because some of them don't realise how poorly they was" – Toni, Health Care Assistant, Nursing Home

Facilitators – How I overcame barriers

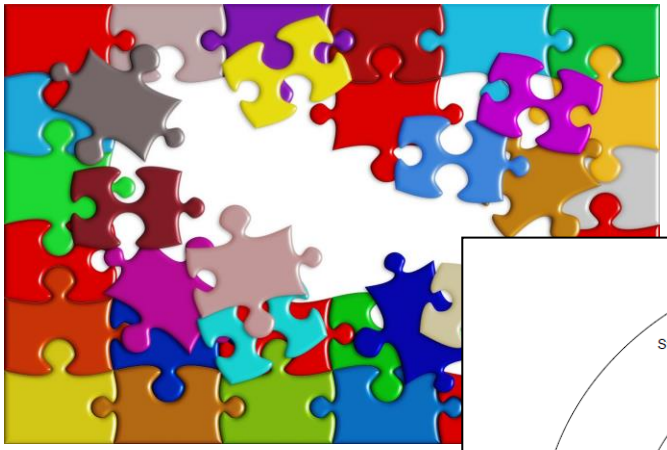
NHS National Institute for Health Research

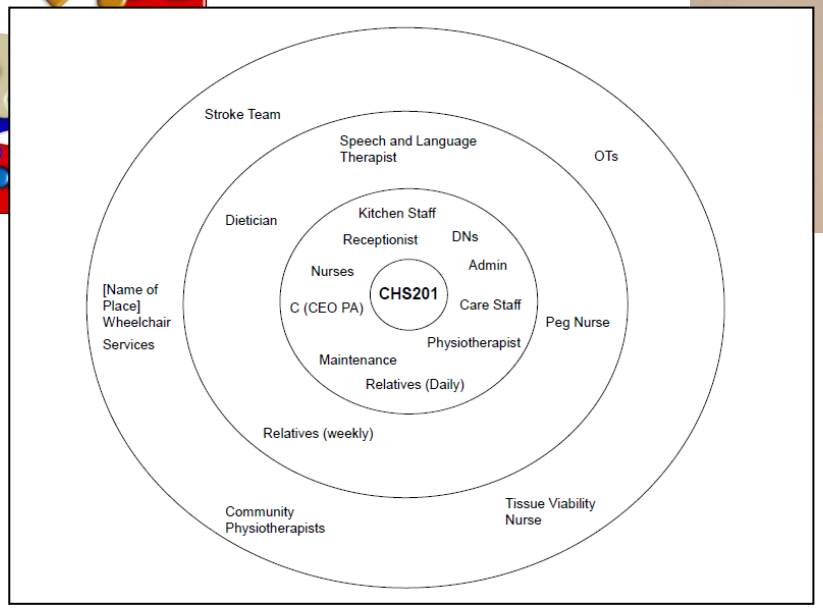
1. Pre-implementation work and understanding the context.
2. Renegotiating my role.
3. Training for staff.
4. Problem-solving and help from my ‘Research Buddy’.

Pre-implementation Work and Understanding the Context

NHS National Institute for Health Research

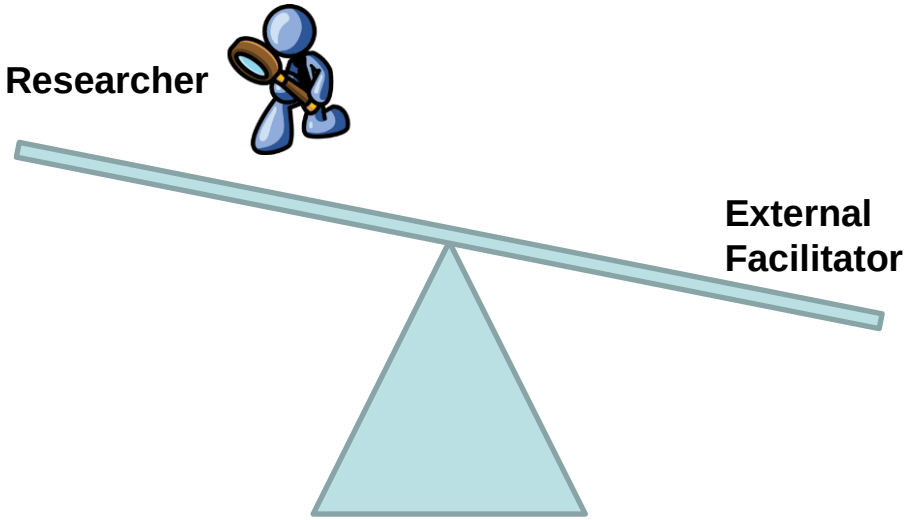
Understanding how to fit it in with the existing work practices and structure.



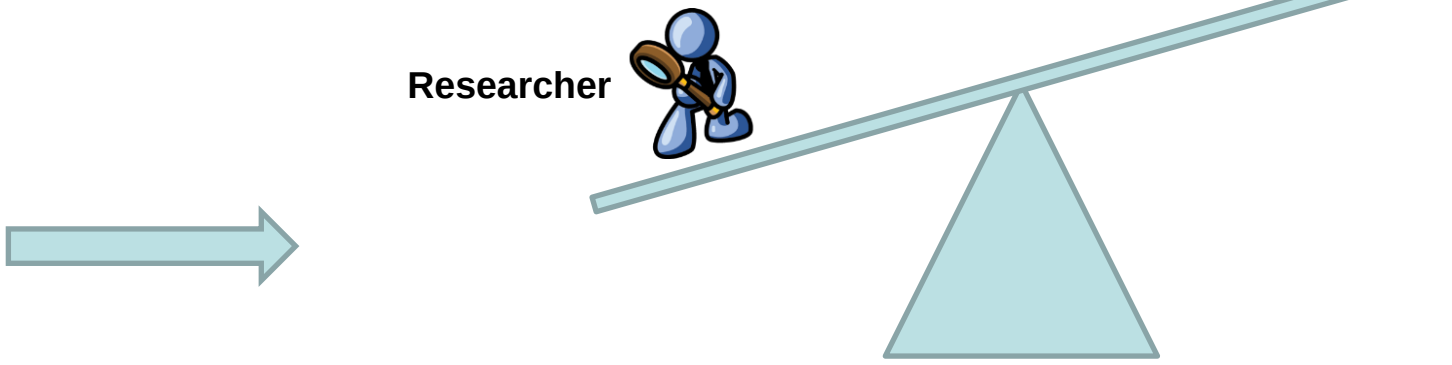


Renegotiating My Role

NHS National Institute for Health Research

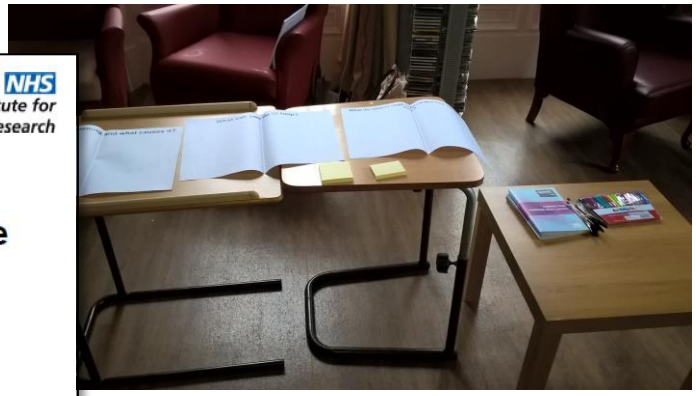


External Facilitator
Consultant
Trainer
End of Life "Specialist"
Confidant
Participant?



Training for staff

NHS
National Institute for Health Research



MANCHESTER 1824
The University of Manchester

NHS
National Institute for Health Research

Nutrition at the End of Life Training

Wednesday 18th January 2017

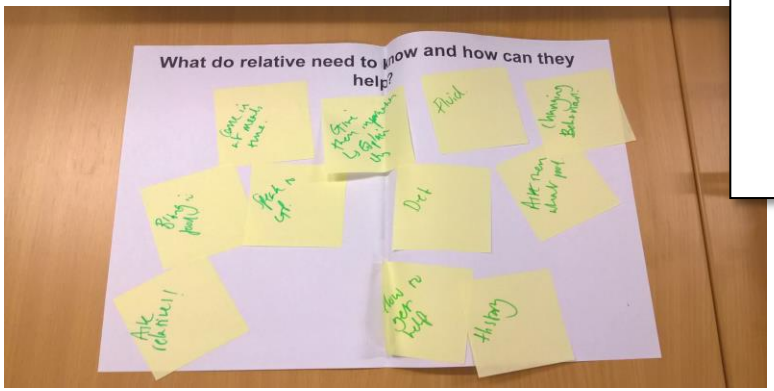
at 2pm

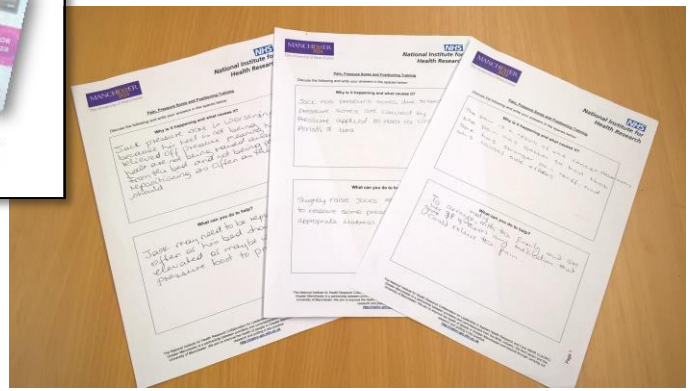
Including an Introduction to the '*Caring for Someone with Cancer*' Booklet.

This training was devised by Siste[redacted] and Amy Mathieson (University of Manchester).

All staff welcome

The National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care (NIHR CLAHRC) Greater Manchester is a partnership between providers and commissioners from the NHS, industry, the third sector and the University of Manchester. We aim to improve the health of people in Greater Manchester and beyond through carrying out research and putting it into practice.
http://clahrc-gm.nihr.ac.uk





Problem-solving and help from my ‘Research Buddy’

NHS National Institute for Health Research

- Additional support and “wave the flag” for me.
- Listener, sharer and suggestion-maker.
- Resourceful and instrumental in recruitment of sites.
- Two-way learning process.

“Sharing and Caring”

NHS National Institute for Health Research

“I’ve enjoyed sharing with you, sharing information, thoughts, plans, all the sharing things I’ve enjoyed. I’ve enjoyed caring about you and what’s happened to you, [laugh] and your disappointments, and the stress and the pressure that have come in different situations, especially when you’ve been trying to collate information from various areas; I’ve really sort of cared about you. And you did phone me that time really upset, and I thought, you know, that’s lovely that Amy feels that she can phone me and say that she’s really upset because of a disappointment. So caring has been…so the sharing and caring.”

Strategies and Facilitator Role

NHS National Institute for Health Research

- Obtain manager's support first.
- Offer incentives.
- Have more than one Internal Facilitator.
- Be flexible yet persistent.
- Have contingency plans.
- Keep a reflexive diary.
- Get a 'Research Buddy'.

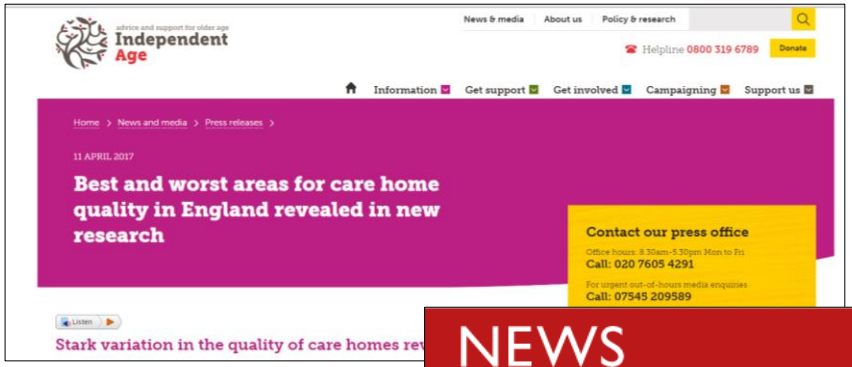
What does this mean for implementation of evidence-based practice in CN?

NHS National Institute for Health Research

- Successful implementation is not always possible; individual and community level adoption is more likely.
- Over-regulated practices and fear of making mistakes acts as a barrier.
- Context, organizational infrastructure and change acts as a barrier.
- Timing is key.
- Difficult to appraise new practices (NPT).
- Observations “most effective” data collection method?
- ‘Getting to know’ carers.
- Community care in crisis?

Community Care in Crisis?

NHS
National Institute for Health Research



Conclusion

NHS National Institute for Health Research

- The barriers encountered reflect general trends and nationwide challenges.
- Some barriers are difficult to plan for, and contextual factors can inhibit change. However, strategies can be utilised when ‘bumps in the road’ are encountered to ease implementation.
- Researchers should describe implementation strategies in the literature. It’s only by sharing our experience of implementation that lessons can be learnt and techniques improved.
- Implementation within community nursing requires a facilitated approach, acknowledging both top-down and bottom-up techniques.
- Meaningful PPI is possible in palliative and end of life care research.

NHS
National Institute for Health Research

Thank you!

Any Questions?

For further information, please contact:

Amy Mathieson

Amy.mathieson@postgrad.manchester.ac.uk
@Amy_mathie