Evidence-based practice in residential aged care - challenges and opportunities

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Content

Sharing an intellectual journey:

◆ The Encouraging Best Practice in Residential Aged Care Program

◆ What we know from the health literature about implementing evidence

◆ The work done so far on implementing evidence-based practice in residential aged care in Australia

◆ Challenges and opportunities
Encouraging Best Practice in Residential Aged Care (EBPRAC) Program

◆ Aims to improve evidence based clinical care for residents of Australian Government subsidised aged care homes.

◆ The first of its kind both nationally and internationally.

◆ Projects funded over two years.

◆ Program objectives:
  – demonstrable improvements in clinical care
  – clearer industry focus on improvements to clinical care
  – dissemination among residential aged care providers and staff of proven best practice in clinical care
  – provide an opportunity for aged care clinicians to develop and enhance their knowledge and skills
  – support staff caring for older people in residential aged care to access and use the best available evidence in everyday practice
  – develop national clinical or educational resources and evidence summaries that support evidence-based practice in aged care.
EBPRAC Program – funded projects

◆ Julie Byles: University of Newcastle
  – Nutrition & hydration
◆ Stephen Gibson: National Ageing Research Institute
  – Pain management
◆ Keith Hill: National Ageing Research Institute
  – Falls prevention
◆ Anne Fricker: South Australian Dental Service
  – Oral health
◆ Debra Rowett: Drugs and Therapeutic Information Service
  – Medication management
EBPRAC Program collaborators

- Approximately 40 residential aged care facilities across six states
- University of Queensland
- Queensland University of Technology
- NSW Health Department
- Victorian Department of Human Services
- Australian Centre for Evidence Based Practice in Aged Care
- University of Tasmania
- University of Adelaide
- Southern Division of General Practice, South Australia
- National Prescribing Service
- Edith Cowan University
Translating evidence into practice
(the science of translational research)

◆ The aim of translational research is to achieve efficiency i.e. broad impact at low cost, rather than efficacy and effectiveness.

◆ Translational research is closely linked to the diffusion of innovations paradigm but with distinctive features. Translation:
  – only considers evidence-based innovations
  – is predictive and interventionist
  – targets practitioners
  – relies of formative feedback
  – encourages context-specific adaptation and improvement

◆ A lack of uptake of evidence by practitioners is typically framed as a practitioner problem, and consequently the solution is typically seen as more communication, more often, in different ways.

(Dearing 2006)
Diffusion of innovations literature

Some of the factors associated with successful implementation of innovations:

- decision making devolved to teams on the ground
- support, commitment and involvement of senior management
- widespread involvement of staff at all levels
- few job changes
- timely, high quality, education is available
- dedicated funding
- timely and accurate feedback about the impact of implementation
- adaptation of the innovation to the local context

(Greenhalgh et al. 2004)
What makes information credible and useful

- Just having good evidence is not sufficient for getting it adopted.
- The interpretation of evidence is socially constructed.
- There are different views on what constitutes credible evidence.
- Other sources of evidence exist e.g. tacit/experiential knowledge and craft skills.
- Many areas of practice are ‘grey areas’ when it comes to evidence to support practice, resulting in a reliance on trusted colleagues for advice.

(Dopson et al. 2002)
A nursing perspective

- Proposed conceptual framework for the implementation of research evidence into practice.
- Based on their experience as change agents and researchers.
- Successful implementation involves an interaction between:
  - the level and nature of the evidence
  - the context in which the evidence is implemented
  - the way in which the process is facilitated.
- Context is considered to include culture, leadership and routine monitoring systems (measurement).
- Framework tested with four case studies - concluded that successful implementation is associated with a high level of evidence, a receptive context to change and appropriate facilitation of change.

(Kitson et al 1998)
Managing change

- Creating and communicating a mandate for change.
- Leadership commitment, involvement, and accountability.
- Support by informal opinion leaders.
- Involvement and support of middle managers.
- Dissatisfaction with the current process.
- Support from employees which is more likely if the change is in their own best interests.
- The organisation’s circumstances, problems, and needs must be analysed prior to any change.
- A change agent to help establish a climate for creating, implementing, and sustaining change.
- Use information from consultants outside the organization.
- Allocate sufficient money, time, and personnel.
- Demonstrable benefits of the change.
- Change is perceived as reasonable.
- The changes can be easily adapted to fit into existing culture and practices.
- There is evidence of effectiveness, with information from peers generally more convincing than empirical evidence.
- The change is not unnecessarily complex.
- Modification of existing organisational systems.
- Staff don’t fear the changes, particularly the fear of being unable to acquire any new skills that are required.
- Change is monitored with feedback to staff (Gustafson et al. 2003).
What has been done (and published) to implement evidence in Australian RACFs

◆ Use of physical restraints
◆ Oral health for those with dementia
◆ Constipation
◆ Hydration
◆ Nutrition and physical activity
◆ Advanced care planning
◆ Falls prevention
◆ Falls prevention and stroke
◆ Nursing interventions for hydration, bowel management, falls prevention and skin care
Evidence summary

- Total of 14 different studies
- Six based on work undertaken as part of the Aged Care Clinical Fellowship Program funded by DOHA.
- Most of the studies undertaken within the last 2-3 years.
- Seven studies used an audit and feedback tool that followed the Joanna Briggs Institute Practical Application of Clinical Evidence System.
- Typically this work has been undertaken over short timeframes (only one study took place for longer than one year).
- Six studies took place in one RACF and only four studies have involved more than five RACFs.
- Little discussion of broader organisational and cultural issues that might have influenced the uptake of evidence.
Organisational and cultural issues

- There was little resistance to change because ‘it was something that we knew we had to do and this project gave us the means to do it’ (Darcy 2007).
- Successful implementation required acceptance of the evidence by all stakeholders (Walpole 2007)
- An existing quality improvement structure assisted the implementation of evidence (Grieve 2006)
- Support of senior management assisted implementation (Grieve 2006)
Challenges

- Heavy workload of RACF staff (McConigley, Toye et al. 2008)
- Scarcity of resources (Black and Haralambous 2005; McConigley, Toye et al. 2008)
- Limited skills and knowledge of care workers (McConigley, Toye et al. 2008)
- Maintaining knowledge (Cheek, Gilbert et al. 2004)
- ‘Boundary’ issues between different workers (Cheek, Gilbert et al. 2004)
- Lack of management support (Black and Haralambous 2005)
- Contextual, structural and environmental issues (Cheek, Gilbert et al. 2004; Black and Haralambous 2005)
- Beliefs or expectations of staff, residents and families (Black and Haralambous 2005)
Challenges and opportunities: a frame of reference

- Receptive context for change
- Model for change / implementation
- The nature of the change in practice, including local adaptation, local interpretation of evidence and ‘fit’ with current practice
- Demonstrable benefits of the change
- Adequate resources
- Staff with the necessary skills
- Stakeholder engagement, participation and commitment
- Systems in place to support the use of evidence e.g. monitoring, feedback and reminder systems