



University of Wollongong

CHSD

Centre for Health Service Development



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

Malcolm Masso

Australian Association of Gerontology (NSW Division)

Regional Conference

Wollongong

April 2008

# 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