It’s not what you do but the way that you do it…
Why Implementation Science is vital for Palliative Care

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University of Hull | Wolfson Palliative Care Research Centre
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Overview

- Implementation Science comes of age
- Implementation research in Palliative Care
- Why it’s not what you do…

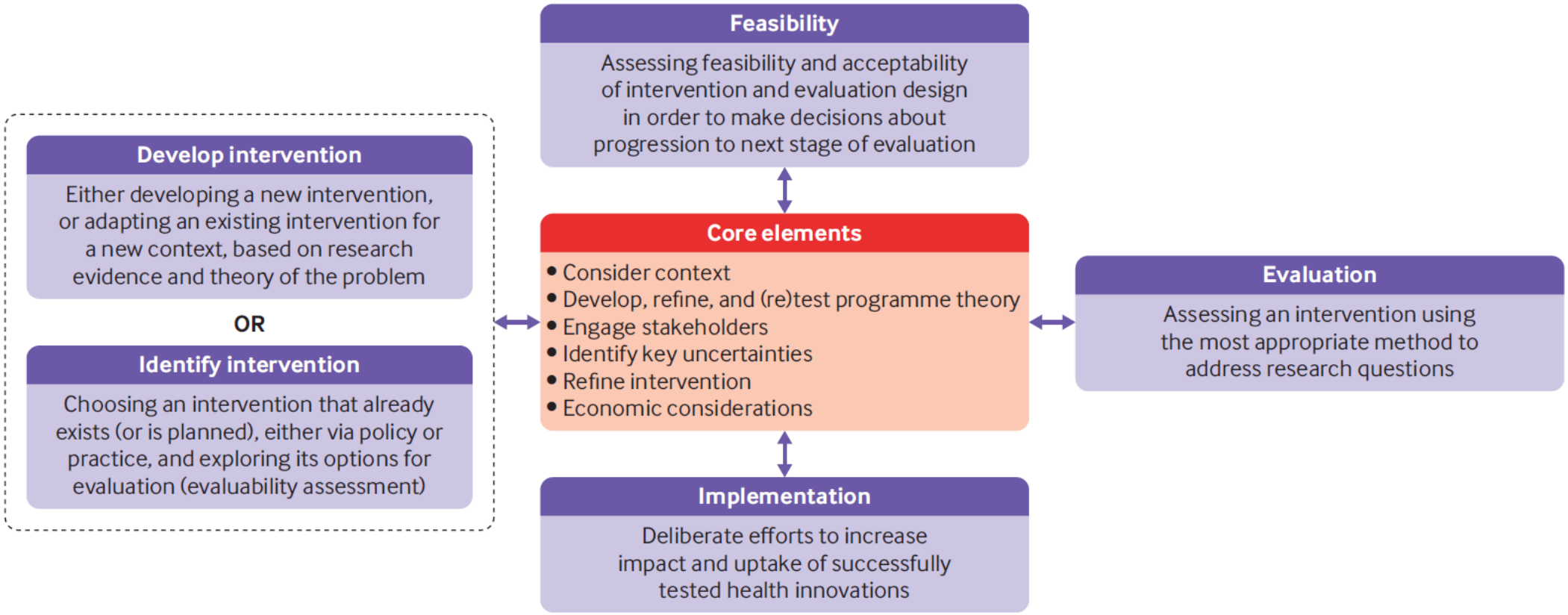
Implementation Science comes of age

Implementation Science is "… the scientific study of methods to promote the systematic uptake of research findings and other evidence-based practices into routine practice [so as to] improve the quality and effectiveness of health services." (Eccles & Mittman 2006)

'Doing' implementation research requires: "… trans-disciplinary research teams that include members who are not routinely part of most clinical trials (health services researchers; economists; sociologists; anthropologists; organizational scientists) and operational partners including administrators, front-line clinicians, and patients." (Bauer et al. 2015)

… so, is it 'a' science or simply… "… [a useful] umbrella term giving some coherence to an inherently interdisciplinary, applied research field" (Wilson & Kislov 2022)

MRC Complex Interventions Framework (2021)



MRC Framework for developing and evaluating complex interventions [(Skivington et al., 2021)]

So…

- The core challenge in Palliative Care:
  - Management of pain, breathlessness, fatigue, delirium and so on is sub-optimal; access and management is unequal (gender, ethnicity, sexuality)

- Evidence about *how* to put things into practice is just as important as evidence about *what* should be put into practice
- *(or, put another way)*

- Implementation warrants the same attention to detail and rigour as Intervention

Exhibit #1: Person-Centred Outcome Measures

Original Article

PALLIATIVE MEDICINE

Palliative Medicine
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Implementing person-centred outcome measures in palliative care: An exploratory qualitative study using Normalisation Process Theory to understand processes and context

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Abstract

Background: Despite evidence demonstrating the utility of using Person-Centred Outcome Measures within palliative care settings, implementing them into routine practice is challenging. Most research has described barriers to, without explaining the causal mechanisms underpinning, implementation. Implementation theories explain how, why, and in which contexts specific relationships between barriers/enablers might improve implementation effectiveness but have rarely been used in palliative care outcomes research.

Aim: To use Normalisation Process Theory to understand and explain the causal mechanisms that underpin successful implementation of Person-Centred Outcome Measures within palliative care.

Design: Exploratory qualitative study. Data collected through semi-structured interviews and analysed using a Framework approach.

Setting/participants: 63 healthcare professionals, across 11 specialist palliative care services, were purposefully sampled by role, experience, seniority, and settings (inpatient, outpatient/day therapy, home-based/community).

Results: Seven main themes were developed, representing the causal mechanisms and relationships underpinning successful implementation of outcome measures into routine practice. Themes were: Subjectivity of measures; Frequency and version of Integrated Palliative care Outcome Scale; Training, education, and peer support; Building and sustaining community engagement; Electronic system readiness; The art of communication; Reinforcing use through demonstrating value.

Conclusions: Relationships influencing implementation resided at individual and organisational levels. Addressing these factors is key to driving the implementation of outcome measures into routine practice so that those using palliative care services can benefit from the systematic identification, management, and measurement of their symptoms and concerns. We provide key questions that are essential for those implementing and using outcome measures to consider in order to facilitate the integration of outcome measures into routine palliative care practice.

Keywords

Outcome measures, implementation science, qualitative research, palliative care

What is already known about the topic?

- Routine use of Person-Centred Outcome Measures improves health status and well-being in patients through enhancing quality of care and facilitating healthcare professionals in addressing symptoms and concerns that are most important to patients
- Outcome measures are used inconsistently (if at all) in routine palliative care practice
- Barriers to the implementation of outcome measures into routine practice include lack of knowledge, time, and feedback, and the absence of champions driving change

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How can we use Implementation Science?

- Use implementation frameworks and theories to ‘open up the black box’ of implementation and therefore focus:
  - What is investigated
  - How it is studied
  - What is measured
- Explicitly investigate implementation issues - where appropriate, these should have parity with investigation/testing of the intervention
- Use and/or modify existing Implementation Science research resources (e.g. NPT ‘NoMAD’ survey)
- Take the ‘next step’ of designing implementation strategies that can be evaluated

Conceptualising implementation strategies

1. Use evaluative and iterative strategies
2. Provide interactive assistance
3. Adapt and tailor to context
4. Develop stakeholder inter-relationships
5. Train and educate stakeholders
6. Support clinicians
7. Engage consumers
8. Utilise financial strategies
9. Change infrastructure

(Fiori et al. 2022)

Exhibit #2: Delirium

Original Article

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Improving the Detection, Assessment, Management and Prevention of Delirium in Hospices (the DAMPen-D study): Feasibility study of a flexible and scalable implementation strategy to deliver guideline-adherent delirium care

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Abstract

Background: Delirium is a complex condition, stressful for all involved. Although highly prevalent in palliative care settings, it remains underdiagnosed and associated with poor outcomes. Guideline-adherent delirium care may improve its detection, assessment and management.

Aim: To inform a future definitive study that tests whether an implementation strategy designed to improve guideline-adherent delirium care in palliative care settings improves patient outcomes (reduced proportion of in-patient days with delirium).

Design: With Patient Involvement members, we conducted a feasibility study to assess the acceptability of and engagement with the implementation strategy by hospice staff (intervention), and whether clinical record data collection of process (e.g. *guideline-adherent* delirium care) and clinical outcomes (evidence of delirium using a validated chart-based instrument;) pre- and 12-weeks post-implementation of the intervention would be possible.

Setting/participants: In-patient admissions in three English hospices.

Results: Between June 2021 and December 2022, clinical record data were extracted from 300 consecutive admissions. Despite data collection during COVID-19, target clinical record data collection ($n = 300$) was achieved. Approximately two-thirds of patients had a delirium episode during in-patient stay at both timepoints. A 6% absolute reduction in proportion of delirium days in those with a delirium episode was observed. Post-implementation improvements in guideline-adherent metrics include: clinical delirium diagnosis 15%–28%; delirium risk assessment 0%–16%; screening on admission 7%–35%.

Conclusions: Collection of data on delirium outcomes and guideline-adherence from clinical records is feasible. The signal of patient benefit supports formal evaluation in a large-scale study.

Keywords

Delirium, feasibility, guideline adherence, hospices, implementation

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Key challenges in Palliative & Chronic Care

1. The management of pain, breathlessness, fatigue, delirium and so on is sub-optimal; access and management is unequal (gender, ethnicity, sexuality)
2. Risk that effective technologies (esp. digital) that could support symptom management and care delivery will simply ‘sit on the shelf’ (Payne et al. 2020)
3. The workforce will dwindle further if health, well-being and career development remain a low priority (Mills et al. 2020)
4. Medicine is necessary but not sufficient (Abel & Kellehear 2022; Sallnow et al. 2022)

The wisdom of Fun Boy Three & Bananarama

It ain't what you do, it's the way that you do it

It ain't what you do, it's the time that you do it

It ain't what you do, it's the place that you do it

And that's what gets results

The original *'Tain't What You Do*

Melvin James 'Sy' Oliver
Image: Public domain

James 'Trummy' Young
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