

Poster – #EIE2021

Reflection on the tools used to identify the determinants of implementation of evidence-based guidance for palliative care in dementia.

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Research aim

To reflect on survey tools used to identify determinants of implementation of evidence-based guidance for dementia palliative care guided by the Consolidated Framework for Implementation (CFIR).

Methods

Evidence-based guidance relating to one of three topics in dementia palliative care was implemented at three sites: hydration and nutrition, pain assessment and management and medication management. CFIR was used to guide implementation and evaluation. Staff surveys in conjunction with site profile questionnaires and audits of practice were conducted pre-implementation (situational analysis) to inform the implementation strategy. A participatory action research (PAR) approach was used to implement the guidance with staff participating in work-based learning groups facilitated by experienced facilitators.

Staff surveys included open-ended questions on their top three learning needs related to the guidance and perception of the implementation climate using the VOCALISE scale (Laker et al., 2014). The post-implementation survey also included researcher-developed items to assess perceptions of the intervention and implementation strategy. Participants were also asked to identify the top three barriers and facilitators to implementation on their ward using open-ended response formats.

A hermeneutic analysis was conducted as part of the PAR process and champions at each site participated in semi-structured interviews regarding the implementation process.

Key findings

The VOCALISE subdomains include confidence, demotivation and powerlessness. Cronbach’s alpha estimates of internal consistency were lower than previous work for some subdomains. The subdomains from the VOCALISE scale were challenging to interpret in isolation and map with CFIR constructs.

Responses to researcher-developed items on the perception of implementation provided targeted information in the context of this project. Item responses were reported descriptively.

Open-ended questions to barriers and facilitators generated a range of barriers and facilitators that could be collated through coding. Open-ended responses to learning needs were collated in terms of topic and provided an indication of the number of participants with learning needs.

Discussion

What combination of quantitative and qualitative methods are optimal to provide coverage of implementation determinants in CFIR? What is the best approach to developing context-specific items/measures so that we can compare outcomes with studies in related areas?