

Realist Approach to Theory and Implementation of KT



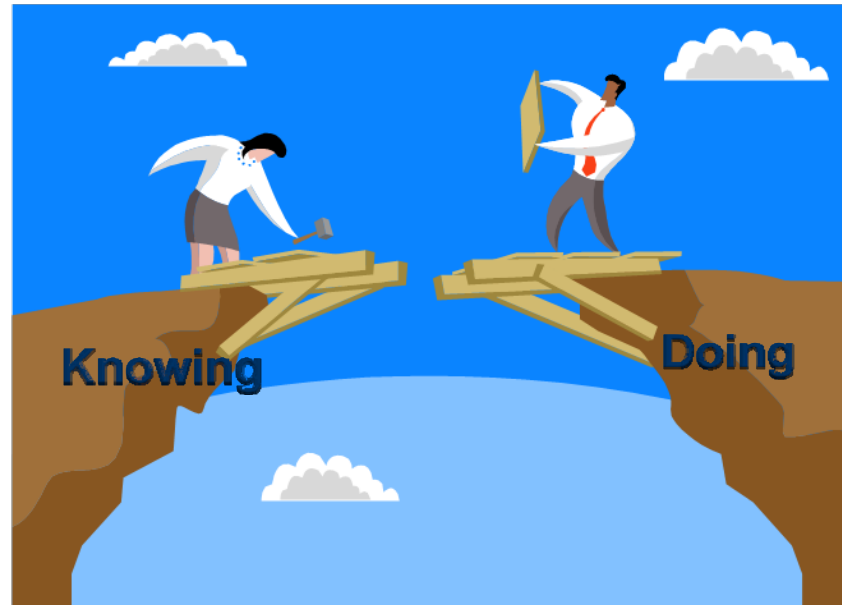
Thanks and appreciation

- Committee member
- Supervisor
- External examiner
- Neutral chair

Agenda

- Gap
- Literature Review Highlights
- Question
- Methods
- Key Findings
- Discussion

The Knowing to Doing Gap



The Knowing to Doing Gap

- Ubiquitous finding – gap continues despite significant research efforts
- Gap is especially pronounced at the front line management level
- Calls for more theory and context sensitive research approaches

Literature Review - Implementation

- Change is possible but difficult to predict
- Influential factors identified
 - Facilitators and barriers
 - Linkages
 - Local champion
- Growing recognition of team and physician influence
- Extensive number of models available but not validated

Implementation Vexing Issues

- Complex organizations
- Non-linear decision making
- Space to debate the evidence
- Complex interventions and implementation chains

Calls from the literature

- More theory based research
- More context sensitive methods
- Some calls for realist approach

Question

- How do front line health care managers working in urban adult acute-care hospitals with the Calgary Health Region implement an evidence-based package of patient safety policies?”
 - Focus on the new ‘disclosure’ policy

Methods

- Realist approach – What works for whom, in what circumstances, in what respects and how?’
- Four phases
 - Theory mapping
 - Case Study
 - Secondary survey data
 - Revised theory

Findings: Theory Mapping

- 1) Search → Literature & consult experts
- 2) Determine disclosure → contributes to safer system
- 3) Customize policy to meet local needs (56 focus groups)
- 4) physician, → Mgt & board Agree to policy
- 5) Develop Workshop → with VP/Director
- 6) Formally Educate Patient care managers (pcm) at workshop**
- 7) **Pcm receive message** → 8) **Delegate to pcm** → 9) **Pcm acts to educate frontline staff**
- 10) Frontline receive message → 11) frontline act

Findings: Case Study

- Educate outcomes:
 - Universal understanding and acceptance of the disclosure policy
 - Meant tell the family/patient
 - Policy was embraced
 - Consultations and workshop appear to contribute

Findings: Case Study

- Delegate actions varied:
 - In-services → two managers
 - Wait for corporate/nothing → nine managers
 - Discuss with team → three managers

Findings: Survey data

- 40% nurse respondents 'strongly/agree' that disclosure is practiced
- Open ended responses were very fragmented regarding practice change
 - Rich discussion of both increased and decreased disclosure practice

Discussion: Realist Approach

- CMO – In-service provided for staff – Outcome
- Context – day units with standard training times scheduled so replacement staff not required.
- - Pcms felt they had full autonomy to make implementation decisions without physician or multi-professional team input

Discussion: Realist Approach

- CMO – Wait for corporate training/nothing planned -
(most frequent outcome)
- Any of the following beliefs or experiences appeared to dampen the delegate mechanism:
 - Beliefs
 - physician support unknown/uneven
 - disclosure events are very rare
 - disclosure is managers/physicians job
 - disclosure practices already entrenched

Discussion: Realist Approach

- CMO – Consult with team Outcome

In some 24/7 units, the pcm indicated that before any action could be taken the 'team' would need to be consulted and discussions of how to implement the policy would be required.

Conclusions: revised educate theory

- Prior consultations were critically important for understanding and acceptance and a subsequent workshop clarified procedural details.
- The combination worked best.

Conclusions: revised delegate theory

Be cautious when using a hierarchical top down delegation model as lateral influences may be more important but not reflected on the organizational chart.

- Support amongst local physicians and other team members may need to be secured first before more than paper implementation occurs.

Conclusions: Realist contributions

- Theory mapping – point of fragility
- Mechanism focus may provide transferability of lessons learned
- Pawson's approach to surfacing mechanism 'a priori' appears to work better