Spreading and Sustaining Best Practices for Home Care of Older Adults: Methods and Results of a Grounded Theory Study

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Acnowledgements

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Funding:
Ontario Ministry of Health and Long-Term Care

Paper:
Objectives

- Discuss why it is important to study sustainability and spread of innovations
- Describe results of a grounded theory study of sustainability and spread of best practices
- Discuss methodological challenges associated with the study and strategies used to overcome these challenges

Spread

- “The process through which new working methods developed in one setting are adopted, perhaps with appropriate modifications, in other organizational contexts” (Buchanan et al., 2006)
- Spread and scale-up often used interchangeably
Why Study Spread

- Spread can result in healthcare improvements through efficient use of scarce resources
- Spreading best practices in health care organizations involves time-consuming, complex and resource-intensive processes
- Many implementation, sustainability and spread efforts fail over time
- Limited research on process of spread, factors influencing spread and models of spread

Why Study Spread in Community Based Organizations?

Clients served:

- Growing population of older adults who are high users of home care services
- Vulnerable older adults with multiple chronic conditions and complex care needs

Unique work environment:

- Geographical distribution of staff
- Limited budgets and heavy workloads
- High turnover rates of staff and managers
Purpose

• To develop an understanding of:
  – How best practices related to older adults are spread within home care agencies

Research Questions

• What is the process used to spread best practices related to caring for older adults within home care agencies?
• What factors influence spread or non-spread?
Methods

Design: Qualitative Grounded Theory
(Strauss & Corbin)

Sampling: 4 home care agencies in Ontario:
• had implemented a guideline related to older adults
• had spread, were in the process of spreading or planned to spread the guideline within their agency

Settings

<table>
<thead>
<tr>
<th>Site</th>
<th>Type of Agency</th>
<th>Employees</th>
<th>Guideline Implemented</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Home Care Provider Agency</td>
<td>RNs, RPNs and PSWs</td>
<td>Assessment and Management of Pain</td>
</tr>
<tr>
<td>2</td>
<td>Community Care Access Centre</td>
<td>Case Managers and Case Manager Assistants</td>
<td>Venous Leg Ulcer</td>
</tr>
<tr>
<td>3</td>
<td>Home Care Provider Agency</td>
<td>Nurses, PSWs and therapists</td>
<td>Falls Prevention</td>
</tr>
<tr>
<td>4</td>
<td>Home Care Provider Agency</td>
<td>RNs and RPNs</td>
<td>Falls Prevention</td>
</tr>
</tbody>
</table>
Methods

Data collection:

In-depth semi-structured interviews:

- Planned: 8-12 front line providers, managers and directors x 4 sites
- Baseline and one year later
- Completed: 84 interviews with 46 participants; 44 at baseline and 40 one year later

Interviews conducted by PI and Research Coordinator

Interview Guide

Time 1:
- Experiences with spread process
- Roles in spread process
- Process of spread
- Facilitators and barriers to spread

Time 2:
- Experiences with spread process in the past year
- What has changed
Methods

Data analysis:
• Interviews transcribed verbatim
• Open, axial and selective coding
• Flow chart representing internal and external spread activities
• Constant comparison
• Member checking

Findings: Demographics

<table>
<thead>
<tr>
<th>Variable</th>
<th>Number (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td></td>
</tr>
<tr>
<td>≤ 40</td>
<td>9 (19.6)</td>
</tr>
<tr>
<td>41-60</td>
<td>17 (37.0)</td>
</tr>
<tr>
<td>51-60</td>
<td>18 (39.1)</td>
</tr>
<tr>
<td>≥ 61</td>
<td>2 (4.3)</td>
</tr>
<tr>
<td>Position</td>
<td></td>
</tr>
<tr>
<td>Frontline</td>
<td>19 (41.3)</td>
</tr>
<tr>
<td>Management Staff</td>
<td>12 (26.1)</td>
</tr>
<tr>
<td>Resources Staff</td>
<td>8 (17.4)</td>
</tr>
<tr>
<td>Senior Management</td>
<td>7 (15.2)</td>
</tr>
</tbody>
</table>
### Findings: Demographics

<table>
<thead>
<tr>
<th>Variable</th>
<th>Number (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employment Status</strong></td>
<td></td>
</tr>
<tr>
<td>Full-Time</td>
<td>37 (80.4)</td>
</tr>
<tr>
<td>Part-Time</td>
<td>9 (19.6)</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
</tr>
<tr>
<td>Diploma in Nursing</td>
<td>15 (32.6)</td>
</tr>
<tr>
<td>Bachelor’s in Nursing</td>
<td>13 (28.3)</td>
</tr>
<tr>
<td>Master’s in Nursing</td>
<td>5 (10.9)</td>
</tr>
<tr>
<td>Other Bachelor’s</td>
<td>3 (6.5)</td>
</tr>
<tr>
<td>Diploma plus other education</td>
<td>6 (13.0)</td>
</tr>
<tr>
<td>Other Master’s</td>
<td>4 (8.7)</td>
</tr>
<tr>
<td><strong>Mean Length of Time at Current Position</strong></td>
<td>6.3</td>
</tr>
<tr>
<td><strong>Mean Length of Time at Current Organization</strong></td>
<td>8.8</td>
</tr>
</tbody>
</table>

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#### Spreading Best Practices in Home Care

- **Disseminating Internally**
- **Spreading Internally (Multiple Users and Sites)**
- **Adapting Equally**
- **Implementing Small Scale**
- **Committing to Change**

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**Context**
Findings: Five Phase Process of Spread

1. Committing to Change
2. Implementing on a Small Scale
3. Adapting Locally
4. Spreading Internally
5. Disseminating Externally

1. Committing to Change

- **Commitment to evidence-informed practice**
  - Focus on: Implementing, evaluating & spreading BPGs
- **Commitment involved allocating resources**
  - E.g., funding for a dedicated project leader; targeted education; supplies, etc.
- **Commitment involved identification of practice needs and gaps**
  - There was a willingness and readiness to take action
2. Implementing on a Small Scale

The 3 spread organizations had:
1. A Steering Committee
2. Dedicated Project Leads
3. Champions
4. Managers

These individuals and groups:
– reviewed the BPG
– identified key practice recommendations
– developed practice tools based on recommendations
– helped to plan processes to spread new practices

3. Adapting Locally

• Project leads, champions, managers & Steering Committees reflected on feedback & adapted the innovation and the spread process to better fit the specific contexts of the sites
4. Spreading Internally

• Moving the innovation to multiple sites & users within the organization
• Phased approach was used
• 3 of 4 organizations demonstrated internal spread
  – None demonstrated external spread where innovation was adopted by external organizations

5. Disseminating Externally

• Participants described sharing their experiences through presentations at palliative care, home care, and gerontology conferences, as well as through published articles.
Facilitators of Spread

1. Seeing the Benefits
2. Leading with Passion and Commitment
3. Sustaining Strategies
1. Seeing the Benefits

- Seeing the benefits created an ongoing momentum for the spread process.
- Participants acknowledged the power of rapidly seeing benefits for clients as a result of the practice change and its impact on providers.
- Seeing the benefits of the change for their own practice
- Seeing the benefits of change at a system level

I think what makes this one easy to spread is the fact that very quickly the nurses realize how much they can improve the disease experience for their patients. So they really help buy-in because they feel empowered to make a difference. And pain is such a distressing symptom that to walk away from that visit and know you have made a difference is really a powerful thing (Participant 01-04).
2. Leading with Passion and Commitment

- Leading with passion and commitment refers to the leadership approach of four groups of individuals:
  - project leads, champions, managers and steering committees

Roles within Organization

<table>
<thead>
<tr>
<th>PROJECT LEADS</th>
<th>CHAMPIONS</th>
<th>MANAGERS</th>
<th>STEERING COMMITTEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Managers or resource staff who had protected time to take on responsibility for the spread process</td>
<td>• Individuals at all levels of the organization (e.g., frontline, managers, administrators) and in all sites or locations who were passionate about the innovation and acted as resource or ‘go-to’ persons</td>
<td>• Managers worked closely with frontline providers to facilitate spread (e.g., educational sessions, joint home visits). They were active members of the project Steering Committee</td>
<td>• Composed of frontline providers, managers, project leads, champions and clinical resource staff. Developed tools, provided education, evaluated and revised spread tools and processes</td>
</tr>
</tbody>
</table>
Leading with Passion and Commitment

Just because she was persistent, and when you have a vision you share it with other people and you’re passionate about something, they tend to feel your passion too, so I think that that was probably the biggest driving force that contributed to her success with it...she just created all these followers (Participant).

3. Sustaining Strategies

Four strategies that helped to sustain the continued use of the innovation once spread had occurred:
- engaging and communicating
- educating and coaching
- integrating into practice
- evaluating and feedback

Sustainability was intertwined with spread
Sustaining Strategies

So, it’s never finished. It’s a cyclical thing. We just have to keep going with it to sustain it, to make sure that people continue to use it and continue to learn and continue to try and find a way to reduce the number of injuries, if not the number of falls (Participant).

Contextual Factors

Context of home care riddled with barriers to spread process:

Individual: resistance to integrate new practices given workloads, documentation requirements

Organizational: staff and manager turnover; lack of electronic records

Systemic: large and decentralized workforce; managed competition
Implications

Effective and efficient processes and strategies are required to facilitate guideline spread, and include:

- Making critical investments in resources to support spread of best practices (e.g. Leaders/ champions, communication, education)
- Integrating strategies for sustainability at the start of the spread process
- Implementing efficient audit and feedback mechanisms to “see the benefits” of spread early and often (stakeholder engagement and communication)

Implications

Effective and efficient processes and strategies are required to facilitate guideline spread, and include:

- Providing technical support for improved audit, feedback and program evaluation (e.g. IT, electronic health records, evaluation expertise)
- Considering contextual factors in planning for spread (e.g. turnover)
Methodological Challenges and Strategies

1. Choosing sites to best capture spread
2. Deciding when to collect data on spread
3. Using negative cases to enrich findings
4. Developing a model of spread
5. Considering context

Challenge: Choosing Sites to Best Capture Spread

- How to identify home care sites that had implemented best practices related to older adults and planned to or had spread practices
- How to capture diversity in home care sites eg guidelines
Strategies: Choosing Sites to Best Capture Spread

• Working with provincial nursing association to identify home care sites that had implemented best practice guidelines related to older adults (BPSO program)
• Obtaining information from sites re stage of spread
• Meeting with representatives from selected sites to discuss how their process of implementation and spread fit with study goals

Challenge: Deciding When to Collect Data on Spread

• How to avoid assessing spread too early (not enough information) or too late (recall issues) in the process
• How to assess process over time (longitudinal data collection)
Strategies: Deciding When to Collect Data on Spread

- Building on previous research
- Understanding of implementation process
- Collecting data at ‘baseline’ and one year later; this permitted assessment of changes over a one year period
- Including sites that were early on and later on in the spread process

Challenge: Negative Cases

- How to deal with disappointment that 1 of 4 sites did not spread
- How to use a negative case to contribute to the theory and model development
- How to reconcile differing viewpoints of front line staff and managers
Strategies: Negative Cases

• Comparing the similarities and differences between positive and negative cases of spread (process, facilitators)
• Collecting data from different perspectives (front line, managers); theoretical sampling (front line)
• Valuing the negative case as an important source of data to enrich findings and theory

Comparing Facilitators of Spread in Positive and Negative Cases

<table>
<thead>
<tr>
<th>Leading with Passion and Commitment:</th>
<th>Positive Cases</th>
<th>Negative Case</th>
</tr>
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<tbody>
<tr>
<td>Project Leads</td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>Champions</td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>Managers</td>
<td>√</td>
<td></td>
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<tr>
<td>Steering Committee</td>
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<td>√</td>
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<tr>
<td>Integrating into Practice</td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>Engaging &amp; Communicating</td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>Evaluating &amp; Feedback</td>
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<td>√</td>
<td>X</td>
</tr>
<tr>
<td>Champions</td>
<td>√</td>
<td>X</td>
</tr>
<tr>
<td>Managers</td>
<td>√</td>
<td>X</td>
</tr>
<tr>
<td>Steering Committee</td>
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Challenge: Developing a Model of Spread

- How to integrate site similarities and differences
- How to balance simplicity vs complexity of the model
- How to consider differing views of team members related to visual depiction of the model
- How to ensure the model holds true to the data and to site experiences
Strategies: Developing a Model of Spread

- Starting with flow charts for each agency of internal and external spread processes
- Looking for similarities across flow charts
- Identifying antecedents, spread strategies and processes, benefits, facilitators and barriers to spread
- Sharing these lists with participants at time 2 data collection and asking for their feedback

**Areas of Expansion: 1 branch, 4 sites over 1-2 months**

- Supported by Performance Management, Communications, and Decision Support Departments, BPSO Steering Committee, Branch Director and Advanced Practice Consultant

**Advanced Practice Consultant** hired to assist with education and roll out – had worked on BPG prior to amalgamation.

**Wound Care Steering Committee** developed with representation from each site within branch (2-3 case managers and/or managers acting as site champions) - planned, overseen and evaluated BPG implementation.

**Documentation / Policy**
- Case management pathway and map developed
- Clinical pathway flowcharts developed and put on internet
- Wound care resource binders for frontline staff
- Fee structure for provider agencies changed to reflect BPG

**Education**
- **Train-the-trainer:** Consultant educated champions through half-day presentations / in-services, and champions took information back to sites
- Involved hands on practice, Annotate of documentation, and CD and BPG training module
- Education sessions for Client Service Assistants

**Orientation**
- BPG pathway integrated into new hire orientation

**Communication, Support & Reinforcement**
- Champions do one-on-one review of BPG with new hires and act as resources for other staff
- Weekly email reminders sent to frontline staff
- BPG review meetings with new staff after 1-2 months in new role
- OTN (video conferencing) available with educator to work through examples in after hours
- BPG posters and ‘Did You Know’ campaign posters

**Evaluation & Feedback**
- **Steering Committee**
  - Q&A session with staff members for feedback, subsequently modified and streamlined case management pathway

- **Performance Management Department**
  - Developed and monitored key performance indicators through electronic database shared with frontline staff
  - Analytical metrics and presented to frontline staff at staff meetings
Strategies: Developing a Model of Spread

- Developing different versions of the model
- Discussing findings and model with team
- Returning to the data to confirm the model
- Conducting Google searches for images of models
- Meeting with study sites to share model and obtain feedback
- Hiring a tech company to develop the visual of the model
Strategies: Developing a Model of Spread

Recognizing the phases of spread are complex, and reflect a number of process characteristics:

- **Sequences** (sequential movement through phases)
- **Cycles** (educating staff, trying it out, feedback, revising)
- **Spirals** (spread activities gained momentum, accelerated or spiraled)
Challenge: Considering Context

• How to encourage participants to consider contextual factors influencing spread
• How to facilitate honest reflection of sensitive topics (e.g., how competition with other agencies influences spread)

Strategies: Considering Context

• Considering and reflecting on team’s experiences with home care (practice and research)
• Reviewing data for indications of contextual factors
• Adding probing questions at time 2 (e.g., facilitators and barriers to sharing information re spread)
• Reviewing policy documents and literature (managed competition)
Summary

- Use wide variety of strategies to study spread; longitudinal data collection is ideal
- Integrate feedback from multiple viewpoints often (participants, researchers)
- Avoid settling on a model too early; explore options
- Value the negative case as a rich information source
- Enjoy the journey

“Joy in looking and comprehending is nature's most beautiful gift.”

Albert Einstein
Questions?