The development of a theoretical framework (The Pivot Framework) to represent the interplay between contextual and mechanistic influences on sustained staff engagement in intervention implementation.

Edward Duncan & Julie Cowie
on behalf of the Improving Patient Experience of Care Project Team
## Improving Patient Experience of Care (IPEC)

An implementation of two initiatives both supporting nursing teams to develop their own action plans which are relevant to their patients, ward and teams.

- **Releasing Time to Care™ (RTC™)**. NHS Tayside have added elements which aim to improve teamwork. We call this RTC™ Plus.
- **Caring Behaviours Assurance System™ (CBAS™)** focuses upon improving the broad culture of care on the ward, including caring behaviours.

### Table: Implementation of Initiatives

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Research Questions

To what degree is the intervention delivered in accordance with the intended implementation?

What are the key contextual features and mechanisms of action that appear to explain and account for outcomes?
Research Question
Realist Evaluation outputs

Context
- Australian Primary Health Care
  - Organisation
  - Individual clinician
  - Clinical task
  - Technology

Mechanism
- The Computerised Medical Record
  - Structure of CMR
  - Processes of care and review
  - Processes that impact on patient outcomes

Outcome
- Clinical Governance Outcomes
  - For the patient
  - For the health care provider
  - For the health system or society
Mechanism 3: Involving Users

**Constraining Factors**
- Use of service is episodic; few users keen or able to improve services for others
- Weak infrastructure; staff doubt user voice; limited pool of users; few resources
- As above plus confusion of peer support role and/or inadequate clinical backup
- "Token" consultations on materials produced by staff
- Voluntary organization has no relevant goal or cause; weak executive-level links

**Disappointment**
Users have limited or no impact on service development and delivery

**Enabling Factors**
- Leading and managing projects
- Evaluating, piloting and promoting services
- Providing peer support to other users
- Producing information for patients and staff
- Advocating via the voluntary sector

**Success**
Users have positive and important impact on service development and delivery

**Stable cohort of fit, capable users who are keen to improve services for others**
- Supportive infrastructure; positive staff; good pool of users; adequate resources
- As above plus clear brief to complement rather than replace clinical input
- Creative partnerships between users and staff
- Voluntary organization has relevant goal or cause; good executive-level links

**Figure 3.** Realist Analysis of Attempts to Modernize by Involving Service Users in the Change Effort
Scope for realist evaluation

- Description of the intervention and its key elements
- Review of theories that explain the relationship between the intervention steps
- The outcomes of the intervention depend on specific contextual factors across all levels - individual, institution, and environment

What was the intervention supposed to do?
What do we know from theories on how such interventions work?
What contextual factors affect the expected outcomes?

Intervention Logic Models

RTC – Tayside – Theory of Change - FUNCTION

**Stage 1**
- Mechanism: Achieve appropriate:
  - Team readiness
  - Team culture
  - Leadership
  - Team Commitment

**Stage 2**
- Mechanism: Release time
- Establish collective vision:
  - Purpose
  - Values
  - Identity/pride
  - Information
  - Empower/self-efficacy
  - De-stress

**Stage 3**
- Motivation
- Intentions
- Planning
- Ability
- Behaviour

**Means**
- Self-selection
- External selection
- Contract with external management

CBAS – Theory of Change - FUNCTION

**Stage 1**
- Mechanism: Establishing:
  - Collective vision
  - Collective values
  - Owned objectives/definition of quality (PCQ)
  - Owned champions
  - Owned data collection
  - External validation by system/senior staff

**Stage 2**
- Mechanism: Enabling Champions to:
  - Raise awareness of patient views
  - Celebrate success
  - Feedback problems
  - Maintain relationships
  - Avoid hostility
  - Achieve common agreement
  - Acceptance
  - Maintain their own stress levels/resilience

**Stage 3**
- Improved:
  - Self-Identity
  - Return to self
  - Self-esteem
  - Feeling valued
  - Equity of importance
  - Self-efficacy
  - Sense of recognition
  - Sense of accountability

**Means**
- Osmotic enablement of new champions

**Mechanism**
- Team Ownership
- Problem definition
- Problem cause
- Problem solution
- Problem action
- Senior Manager support

**Osmotic enablement of new champions**
- Documentation & Accountability to Executive Level
- Periodic external facilitation
Realist Evaluation

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Mechanisms

Fit

Relationships

Mode of Delivery
Contextual Characteristics

Ward vision

Leadership

Culture

Enablement
Scope for realist evaluation

What was the intervention supposed to do?

- Description of the intervention and its key elements

What do we know from theories on how such interventions work?

- Review of theories that explain the relationship between the intervention steps

What contextual factors affect the expected outcomes?

- The outcomes of the intervention depend on specific contextual factors across all levels - individual, institution and environment

Pivot model of influence of context and mechanisms on outcome.
Where our engagement model impacts on the logic model

**Stage 1**

**Mechanism**
Establishing:
- Collective vision
- Collective values
- Owned objectives/definition of quality (PCQI)
- Owned champions
- Owned data collection
- External validation by system & senior staff

**Improved:**
- Self-identity
- Return to self
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- Feeling valued
- Equity of importance
- Self/team-efficacy
- Sense of recognition
- Sense of accountability

**Stage 2**

**Mechanism**
Enabling Champions to:
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**Osmotic enablement of new champions**

**Stage 3**

**Mechanism**
Team Ownership:
- Problem Definition
- Problem cause
- Problem solution
- Problem action
- Senior Manager Support

**Documentation & Accountability to Executive Level**
Periodic external facilitation
Example case study ward

Context:
+ve: Respected SCN, Team working evident, no other current studies
-ve: Prior to engagement, CBAS regarded as a waste of time by SCN, stressed SCN.

Mechanisms:
Fit : SCN regards CBAS as the opportunity to change culture of the ward dramatically.
Relationship : SCN respected, Facilitators credible.
Mode of delivery : SCN adapted model for CBAS delivery to suit her (delivered extra workshops herself), additional support provided by facilitators to SCN, SCN evangelical in promoting CBAS.

Outcome:
Adoption and implementation of CBAS programme across the ward
Potential for CBAS to be sustained on the ward.
Ward B: CBAS

Context:
+ve: No other current studies, calm, relatively stress free ward
-ve: prior to engagement, CBAS regarded as a waste of time by SCN, defensive SCN, relationships between ward staff and each other/SCN not particularly supportive

Mechanisms:
Fit: SCN does not see CBAS as helpful for the ward. Doesn’t see value in any of its components.
Relationship: Facilitators credible, other quality champions attending training seem very influenced by opinions of SCN
Mode of delivery: Resents being taken off ward for 3 days. No support from facilitators following the 3 day training. Quality champions fail to discuss CBAS with other ward members.

Outcome:
CBAS programme not engage with by the ward.
Lessons for future initiatives

The environment into which an initiative is delivered has significant impact on the likelihood of successful engagement with and adoption of an intervention.

The different mechanistic and contextual functions means that what works in one ward may well not in another.

Implementation is not a one off action, but is a process over time. Continual monitoring is essential to maximise the likelihood of sustained practice change.
Multi criteria decision analysis:

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Thank you.

Contact:

@easduncan

edward.duncan@stir.ac.uk