RESOLVE: Understanding the processes underpinning the successful implementation of patient-centered outcome measures in routine palliative care: a normalisation process theory approach

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Background

- Routine use of Patient-Centred Outcome Measures (PCOMs) improves health status and well-being but are used inconsistently (if at all) in palliative care

- Most research in this area has described barriers to implementation without explaining the causal mechanisms that underpin successful implementation

- Normalisation Process Theory (NPT) is a type of implementation theory that may be useful in this context through helping to understand and explain the individual and structural mechanisms that underpin successful implementation of PCOMs

   Aim: To use NPT to understand and explain the causal mechanisms underpinning the implementation of PCOMs into routine practice

Methodology & Methods

- Exploratory qualitative study across 11 services delivering specialist palliative care in the Yorkshire region of England

- Participants (health care professionals) were purposefully sampled across age, experience, role, and settings

- Data collected through semi-structured interviews and analysed through a thematic framework approach

- 63 participants of various ages, genders, experience, settings, and roles (nurses, doctors, allied health professionals, healthcare assistants, chief executives, I.T. and quality improvement staff)

Results

- **Seven themes** (and *sub-themes)* encompassed within different, interconnecting mechanisms of NPT were identified as important processes in the implementation of PCOMs

- These mechanisms are represented in Figure 1

- Fundamental to successful implementation was having efficient I.T. infrastructure in place that allowed staff to easily input, view, share, and extract PCOMs data so that findings could be fed back to those using them

- In turn, this allowed palliative professionals to understand the value that PCOMs had in driving good practice at patient, team, service, and population levels

- This made people feel involved in implementation and facilitated individual responsibility and motivations in using them properly

- When these systems were not in place, PCOMs risked poor implementation and use, and being viewed as a 'tickbox exercise'

Figure 1: Overview of main findings
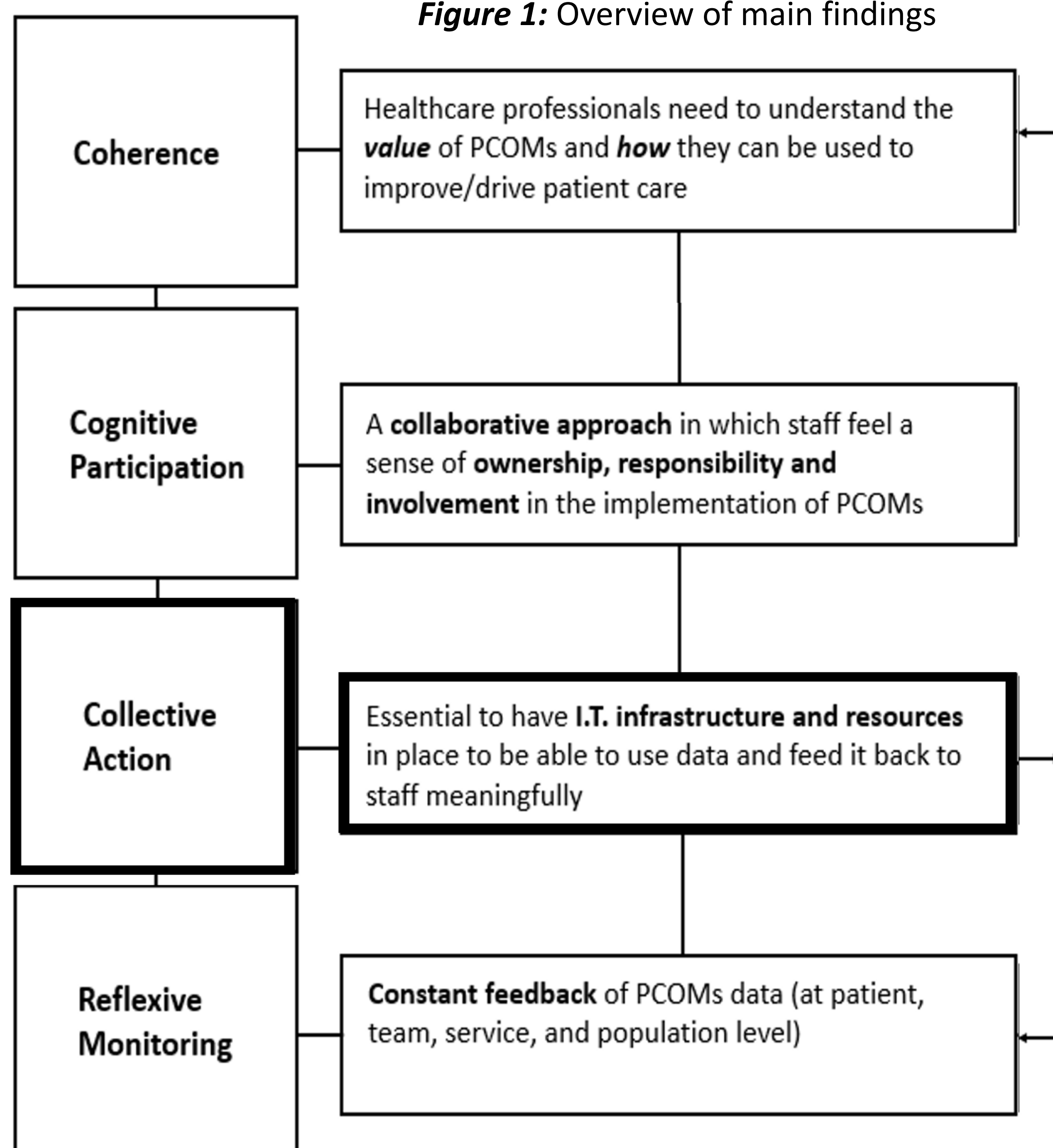
Discussion & Conclusion

- This study extends theoretical development in this area by using NPT to understand and explain the causal mechanisms that impact implementation of PCOMs

- Essential to implementation are efficient electronic systems that allow for the capture, sharing, and timely feedback of PCOMs data so that those using them understand their value, use PCOMs effectively, and feel involved in implementation

- Measure-specific challenges, such as confusion over what measures were and how/when to use them appropriately, should be addressed to ensure PCOMs can be collected whilst maintaining quality and safety of care for patients

- Addressing these factors is key to driving implementation by facilitating behaviour change in staff and creating environments in which their effective and safe use is possible to improve care.

- Table 1 provides questions to consider when implementing and using PCOMs in routine practice .

Table 1: Key questions to consider when implementing and using PCOMs

Questions to consider	
Those implementing PCOMs	• Have you provided regular, up-to-date, relevant training? • How will you include your team in implementation? • Do you have electronic systems in place to use PCOMs? • Have you considered how to feed back PCOM information to staff? • Have you identified an outcomes champion?
Those using PCOMs	• Do you know which PCOM to use, when, & why? • Do you know how to use the electronic systems on which PCOMs are stored? • Do you understand how to clinically respond to PCOM data to improve care?

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