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

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9:162.



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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



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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



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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

Site	Type of Agency	Employees	Guideline Implemented
1	Home Care Provider Agency	RNs, RPNs and PSWs	Assessment and Management of Pain
2	Community Care Access Centre	Case Managers and Case Manager Assistants	Venous Leg Ulcer
3	Home Care Provider Agency	Nurses, PSWs and therapists	Falls Prevention
4	Home Care Provider Agency	RNs and RPNs	Falls Prevention



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

Variable	Number (%)
Age (years)	
≤ 40	9 (19.6)
41-60	17 (37.0)
51-60	18 (39.1)
≥ 61	2 (4.3)
Position	
Frontline	19 (41.3)
Management Staff	12 (26.1)
Resources Staff	8 (17.4)
Senior Management	7 (15.2)



Findings: Demographics

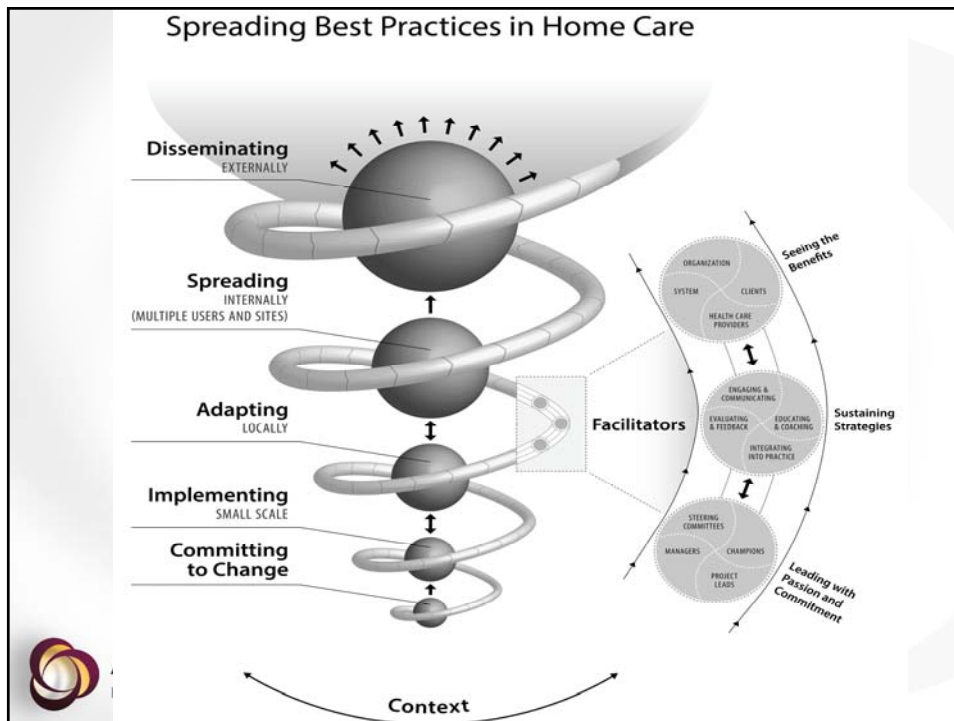
Variable	Number (%)
Employment Status	
Full-Time	37 (80.4)
Part-Time	9 (19.6)
Education	
Diploma in Nursing	15 (32.6)
Bachelor's in Nursing	13 (28.3)
Master's in Nursing	5 (10.9)
Other Bachelor's	3 (6.5)
Diploma plus other education	6 (13.0)
Other Master's	4 (8.7)
Mean Length of Time at Current Position (yrs)	6.3
Mean Length of Time at Current Organization (yrs)	8.8



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Red Cross Care Partners



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



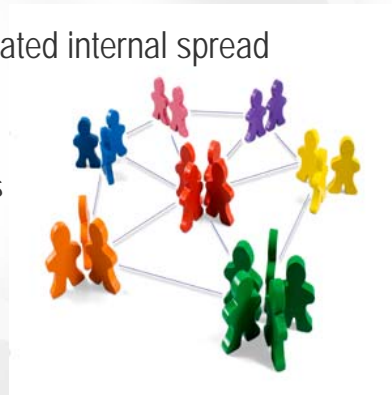
3. Adapting Locally

- 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



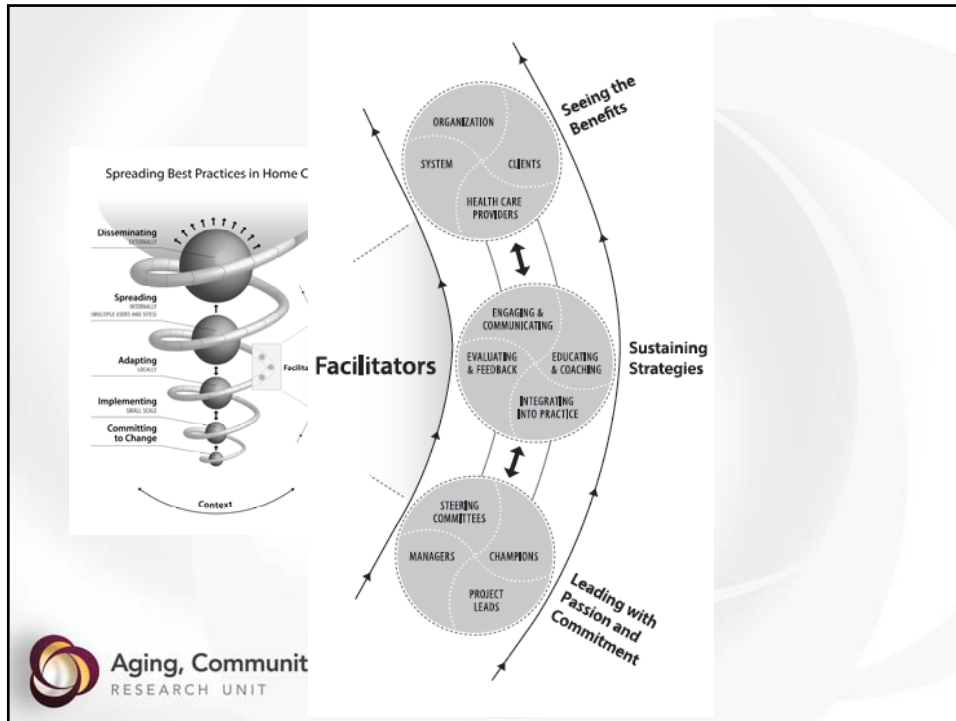
4. Spreading Internally

- 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.



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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



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Seeing the Benefits

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).



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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

PROJECT LEADS	CHAMPIONS	MANAGERS	STEERING COMMITTEE
<ul style="list-style-type: none"> •Managers or resource staff who had protected time to take on responsibility for the spread process 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> •Composed of frontline providers, managers, project leads, champions and clinical resource staff. Developed tools, provided education, evaluated and revised spread tools and processes



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)



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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 (eg turnover)



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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



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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)



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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

	Positive Cases	Negative Case
Leading with Passion and Commitment:		
Project Leads	√	
Champions	√	
Managers	√	
Steering Committee	√	
Sustaining Strategies:		
Educating & Coaching	√	
Integrating into Practice	√	
Engaging & Communicating	√	
Evaluating & Feedback	√	



Comparing Facilitators of Spread in Positive and Negative Cases

	Positive Cases	Negative Case
Leading with Passion and Commitment:		
Project Leads	√	X
Champions	√	X
Managers	√	X
Steering Committee	√	X
Sustaining Strategies:		
Educating & Coaching	√	X
Integrating into Practice	√	X
Engaging & Communicating	√	X
Evaluating & Feedback	√	X



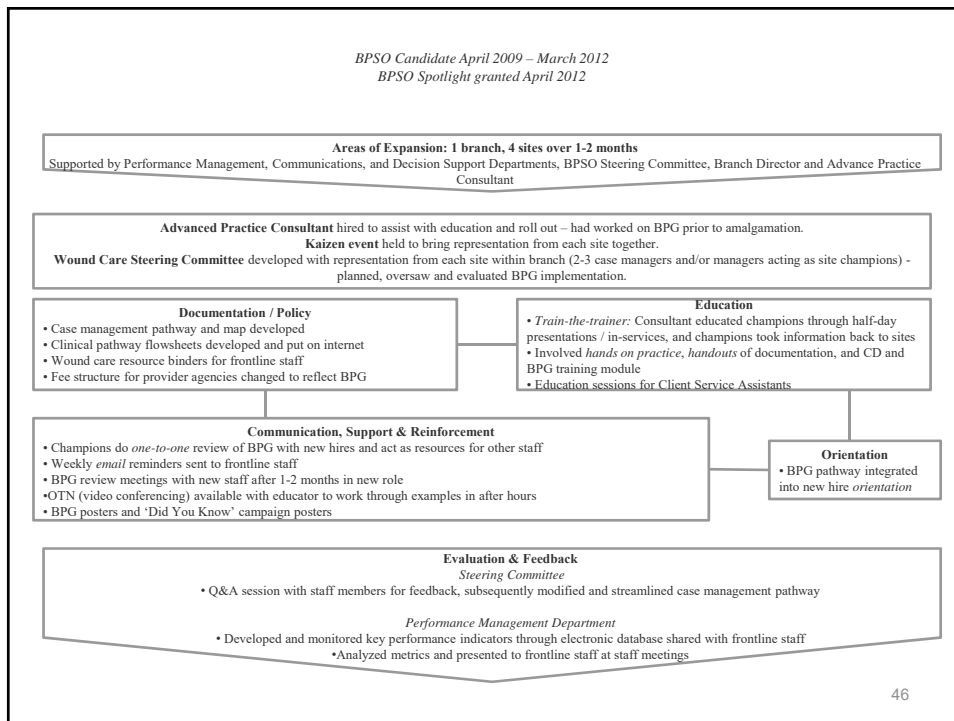
Challenge: Developing a Model of Spread

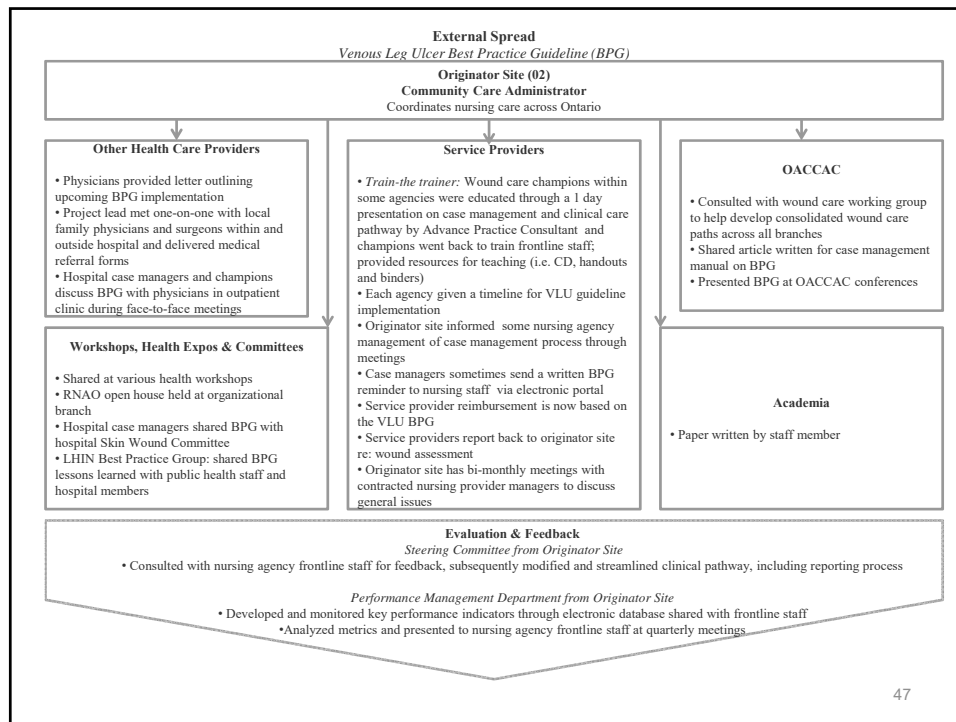
- How to integrate site similarities and differences
- How to balance simplicity vs complexity of the model
- How to consider differing views of team members related to visual depiction of the model
- How to ensure the model holds true to the data and to site experiences



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

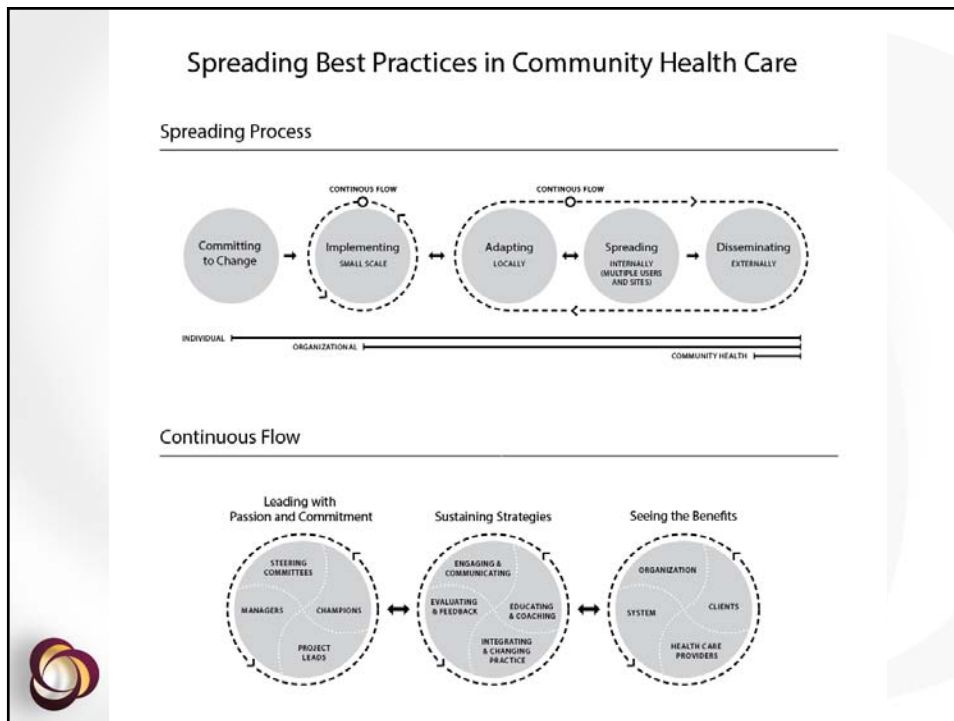
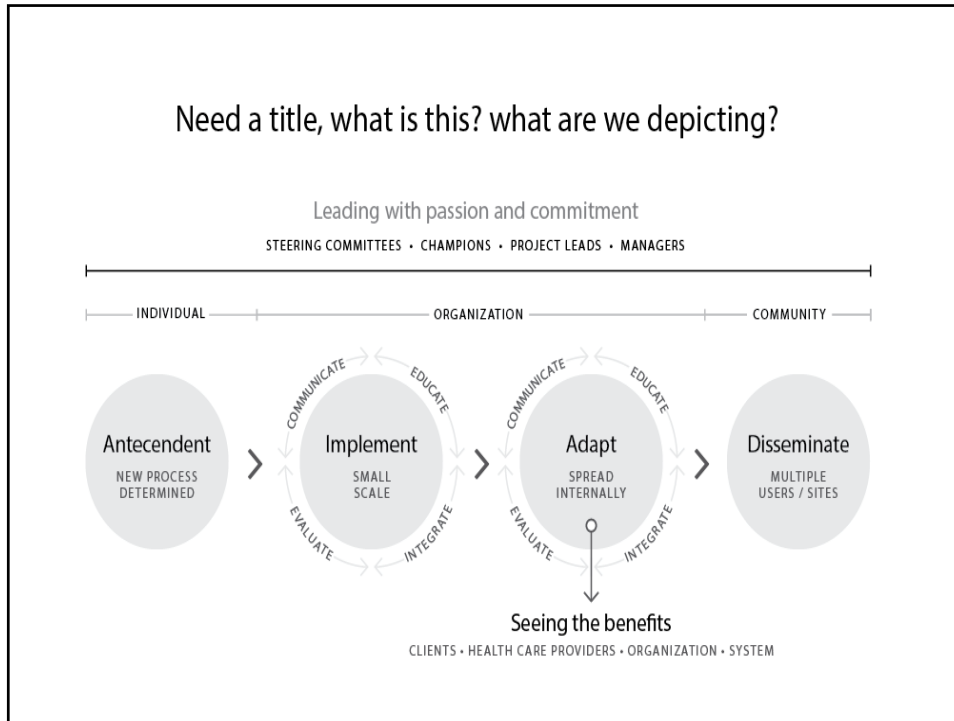


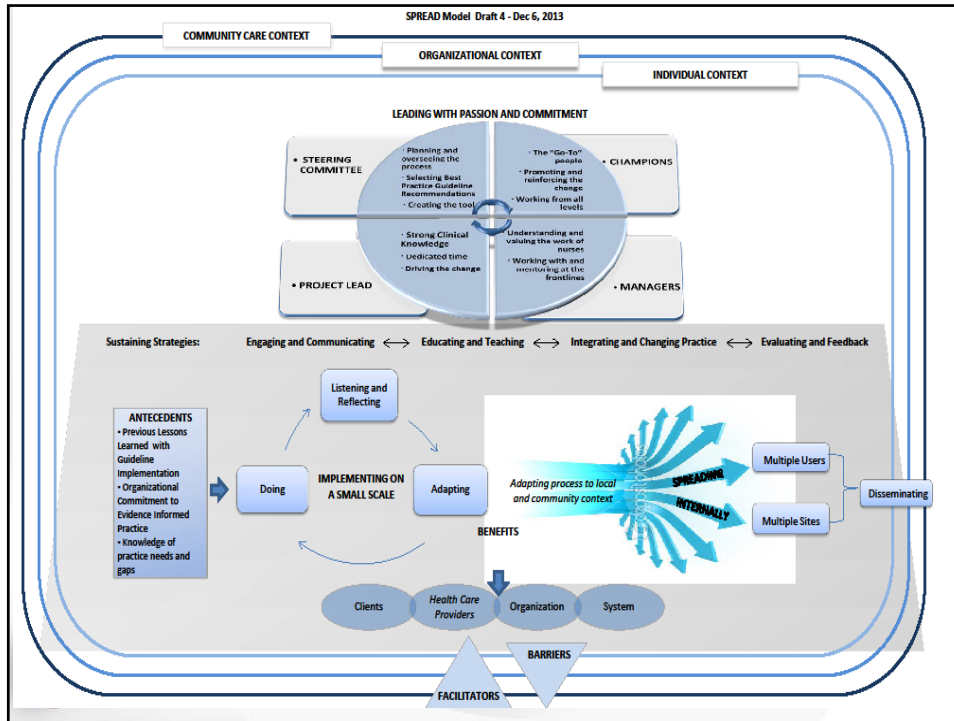


Strategies: Developing a Model of Spread

- 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

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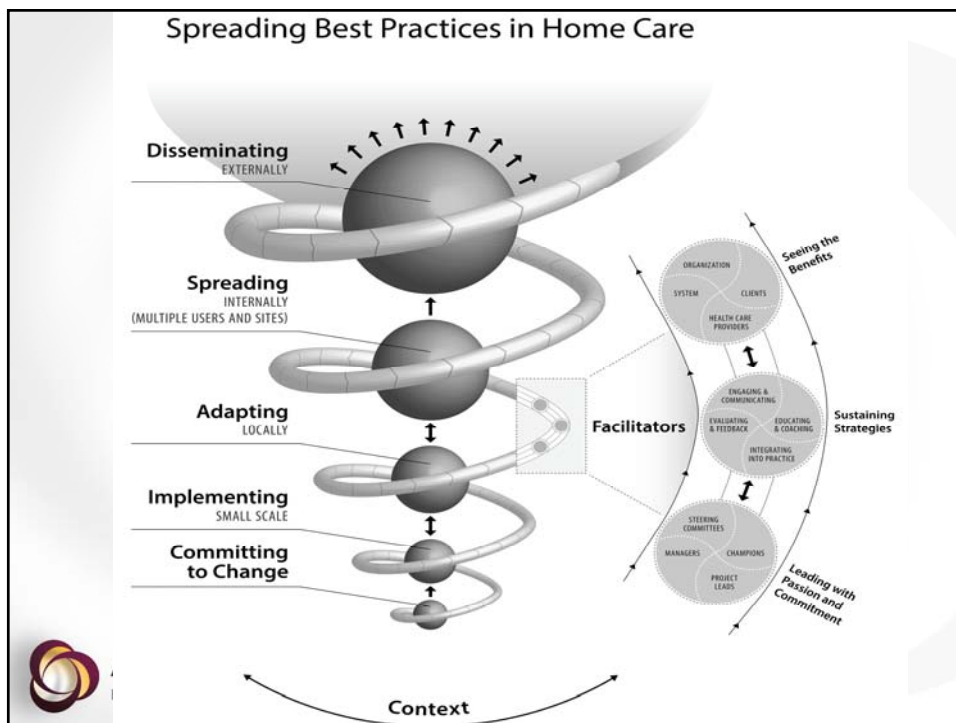
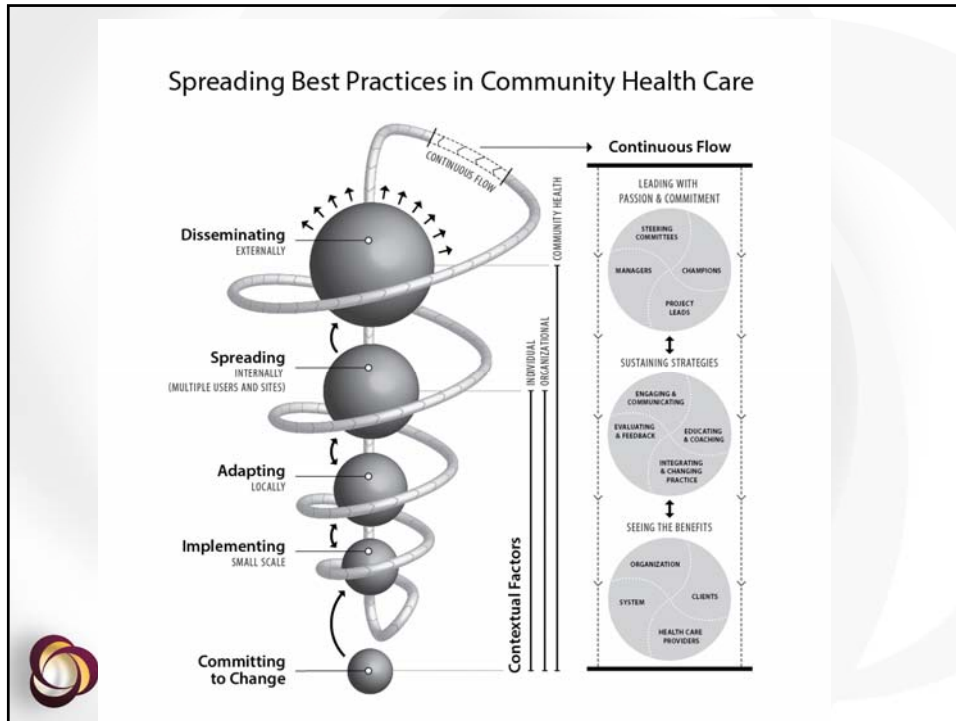




Strategies: Developing a Model of Spread

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?

