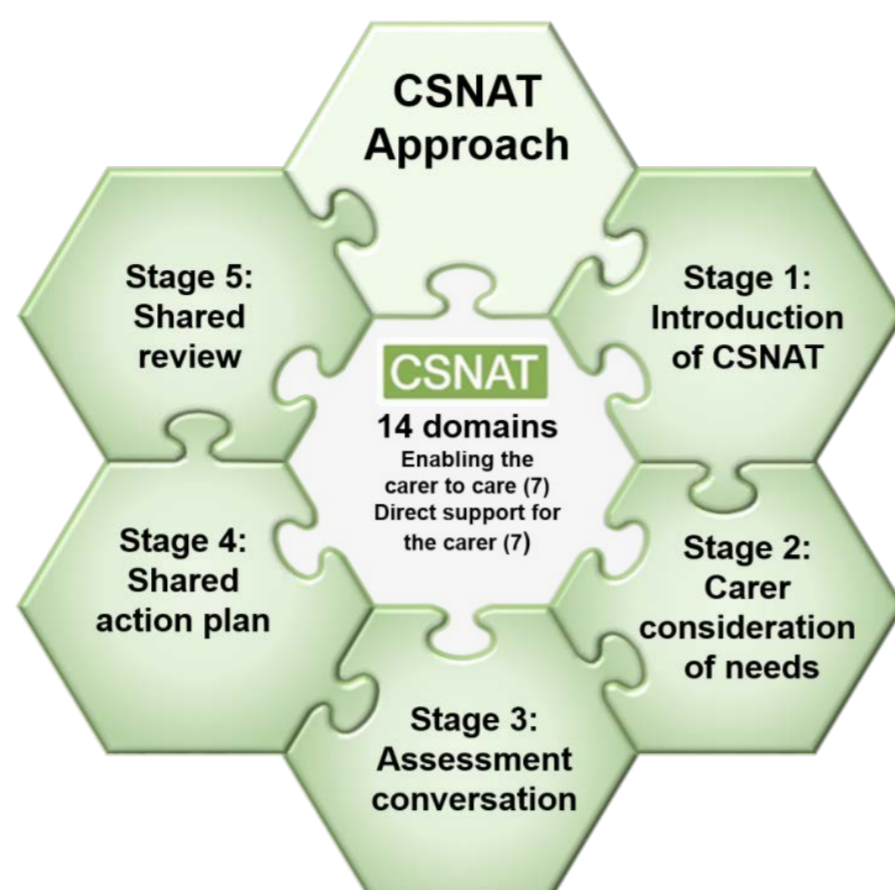


How does organisational context and staff attitudes impact on the success of implementing an intervention to identify and address the support needs of family carers?

Background

- The **Carer Support Needs Assessment Tool (CSNAT)** is an evidence-based assessment tool which facilitates support for family carers of adults with life-limiting conditions.^{1,2}
- For use in practice, the CSNAT is incorporated into a 5-stage process referred to as **The CSNAT Approach**; together these two components form the CSNAT intervention.³
- The Methods of Researching End of Life Care (MOREcare)⁴ statement recommends that implementation processes must form a central part of end-of-life/palliative care research.
- However, to date a paucity of studies have investigated **how to successfully implement** evidence-based interventions within palliative care.



Aim

- To investigate how **staff attitudes** and **organisational context** affect successful implementation of the CSNAT intervention.

Methods

- 36 UK palliative care services participated.
- Staff surveys measured attitudes and context prior to, and six months after implementation began and included:
 - a questionnaire to assess **staff attitudes** to the CSNAT;
 - the Alberta Context Tool (ACT) to assess the **organisational context**.
- Data on use of the CSNAT intervention were collected over six months; services were classified as **'high'** or **'low'** adopters on this basis.
- Relationships between service characteristics, aggregate data on staff attitudes and organisational context, and level of adoption were analysed to identify characteristics of high and low adopters of the CSNAT intervention.



Main Findings

- 157/462 surveys were returned at baseline and 69/462 at six months.

Higher proportion were **Clinical Nurse Specialist (CNS)** teams (**56%**).

Lower ratio of intervention champions in relation to total number of staff (**14%**).

Positive attitudes to the CSNAT intervention prior to implementation, **but attitudes became significantly more negative over time**.

Low adopters

Higher proportion were **hospice at home (39%)** and **day services (54%)**.

Higher ratio of intervention champions in relation to total staff numbers (**32%**).

More frequent discussions with their colleagues about care than low adopters as indicated by significantly **higher scores** on the **'informal interactions'** subscale of the ACT ($p=0.038$).

Positive attitudes to the CSNAT intervention prior to implementation which then **remained the same or improved over time**.

High adopters

Conclusions

- Intervention champions** are crucial to successful implementation of the CSNAT intervention in practice (larger services require additional intervention champions).
- Pre-implementation planning** needs to consider individual service contexts and opportunities practitioners have to assess carers' support needs.
- Throughout it is crucial to **engage regularly with practitioners** to support their use of the intervention, to maintain motivation and sustain implementation in practice.

¹Ewing, G & Grande G - on behalf of the NAHH. Development of a Carer Support Needs Assessment Tool (CSNAT) for end-of-life care practice at home: A qualitative study. *Palliative Medicine* 2012; 27(3):244-256.

²Ewing G, Brundle C, Payne S and Grande G. The Carer Support Needs Assessment Tool (CSNAT) for use in palliative and end-of-life care at home; A validation study. *Journal for Pain and Symptom Management*. 2013; 44(3):395-405.

³Ewing G, Austin L, Diffin J, Grande G. Developing a person-centred approach to carer assessment and support. *British Journal of Community Nursing* 2015; 20(12):580-584.

⁴Gysels M, Evans CJ, Lewis P, Speck P, Banalia H, Preston NJ, Grande GE, Short V, Owen-Jones E, Todd CJ, Higginson IJ. MORECare research methods guidance development: recommendations for ethical issues in palliative and end-of-life care research. *Palliative Medicine* 2013; 27:908-917.