

“Why is it so difficult to implement evidence-based tools in practice”. One successful approach to facilitating this process.

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Introduction

We needed to make our assessment of carers consistent and visible. The decision was made to introduce the use of the CSNAT (Carer Support Needs Assessment Tool) across the entire clinical service.

The Ayrshire Hospice CSNAT tells carers it is ‘About you’. It identifies the approach as an assessment process, then invites carers to consider the support domains.

It was recognised that as previous attempts to implement evidence based tools had failed, there needed to be a project plan to ensure that history did not repeat itself, and to ensure the use of the CSNAT approach became part of day to day practice.



Plan

A project team was formed. Current practice was identified. A stakeholder analysis allowed the project team to identify the key influencers in helping to change practice. Champions were identified and trained to help embed and change practice. A small pilot group started using the approach before a phased implementation across the entire clinical team.

It was recognised that to successfully embed this practice change, the clinical team had to be able to influence how best to use this new approach in practice.

Listen and review

A separate monitoring form was developed to collect practitioner feedback on both the process and outcomes of the carer assessments undertaken. Process comments such as those below, identified practitioners who had not embraced practice change and not adopted the CSNAT approach.

“CSNAT form left”

“Difficult. Husband became distressed – not ready for this conversation”

The use of an issues log encouraged the team to share their practical challenges. The project team gained an in-depth understanding of how the team were approaching the use of the tool in reality, this was key to influence and shape training to continue to develop the skills and knowledge of the clinical team helping them to adopt the CSNAT approach.

Outcomes

Analysis of carers’ needs and support provided has facilitated transition to an electronic record system through identification of fixed response categories. Most crucially the

monitoring form has evidenced assessment and support provided for carers by the hospice.

In conclusion as we focus on evidence-based outcome measures, we need to consider how we change long-standing practice.

The key to achieving successful implementation of evidence-based tools is time, resources and commitment, as well as a willingness to adopt structured change management models and processes.