Challenges to Implementing Comprehensive Carer Assessment in Palliative Home Care: Findings from a Cluster Trial
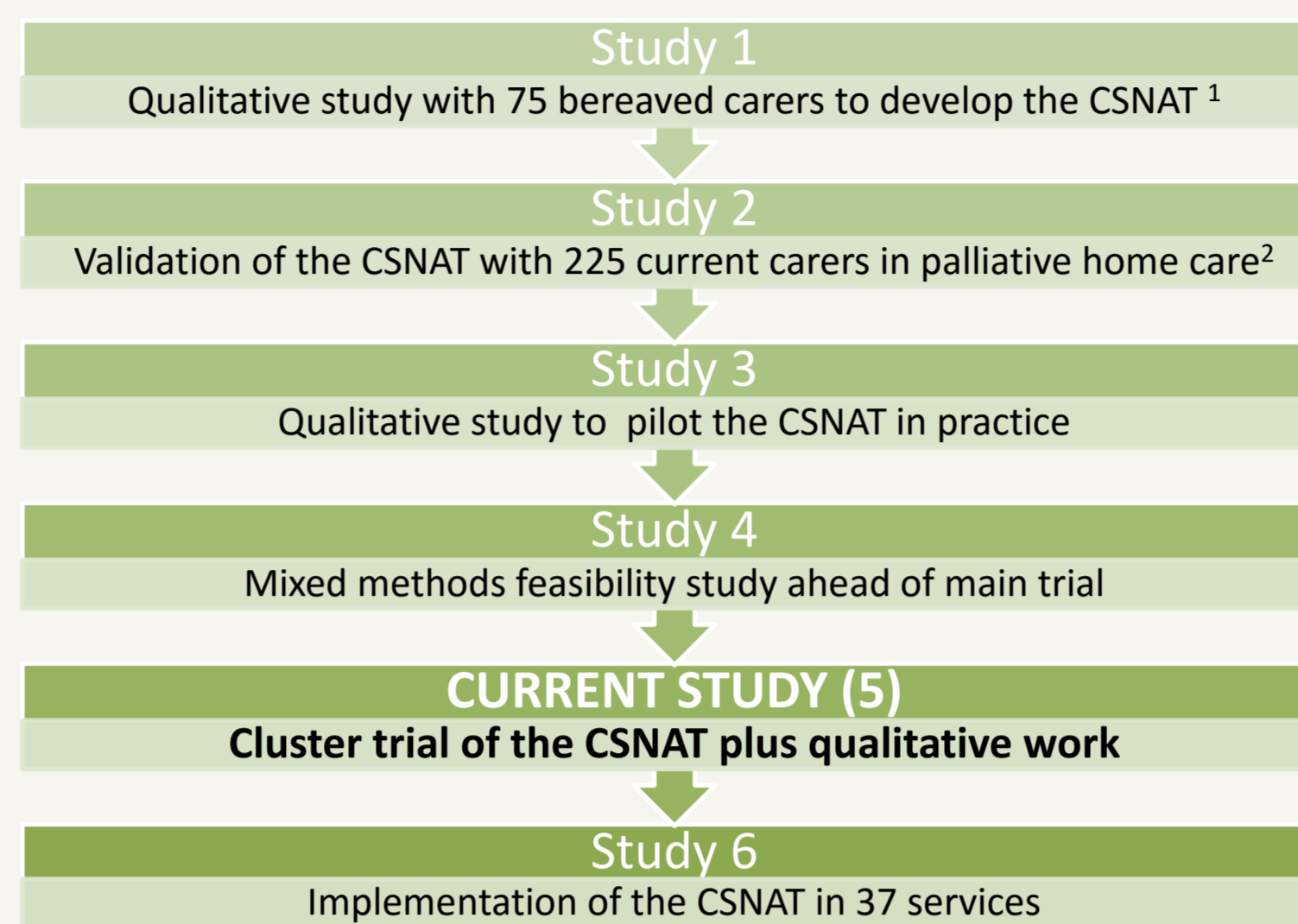
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CSNAT — Carer Support Needs Assessment Tool

An evidence based carer assessment tool [1,2] for direct measurement of support needs

Do you need more support with…	No	A little more	Quite a bit more	Very much more
…understanding your relative's illness?			✓	
…having time to yourself during the day?		✓		

14 domains for comprehensive assessment of different support needs to meet End of Life Care Strategy (2008) recommendations for carer support

On-going programme of research on carer support

Study 1
Qualitative study with 75 bereaved carers to develop the CSNAT [1]

Study 2
Validation of the CSNAT with 225 current carers in palliative home care [2]

Study 3
Qualitative study to pilot the CSNAT in practice

Study 4
Mixed methods feasibility study ahead of main trial

CURRENT STUDY (5)
Cluster trial of the CSNAT plus qualitative work

Study 6
Implementation of the CSNAT in 37 services

The CSNAT can provide carers with the opportunity to consider, express and prioritise their support needs

Integrating the CSNAT into practice legitimise carer's concerns, makes them more visible and opens topics up for discussion [3]

Integration of a new tool into practice is known not to be straightforward: this was the case with the CSNAT

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Study Aim

To identify factors hindering implementation of the CSNAT in routine palliative home care to inform CSNAT trial results

Methods

- CSNAT implemented in six palliative home carer services as part of cluster trial to test for improved carer outcomes
- Training for the trial included fundamental principles of using the CSNAT in practice: move to a carer-led approach
- Qualitative study across all sites on experiences of using the tool in practice
- Sample: 8 practitioners who were CSNAT 'champions' and 7 service managers
- Interviews and focus groups transcribed verbatim: extracts quoted in italics
- Extensive field notes (FN) made on site visits and contacts with champions
- Thematic framework analysis

Findings

(1) Integrating CSNAT into practice

- Many felt they 'already do this': so why the need for a tool? CSNAT champions came to question this view: *I struggle to believe that carer assessment systematically happened with everyone without a tool. I know it's said that we all do it (C/M3); We just didn't do it before (C3).*

- Rather than an assessment conversation involving the CSNAT, it was viewed as a 'form'; 'extra paperwork' (FN 6/3/13). This was seen in language used: practitioners referred to 'giving it out' and 'getting it back' (FN 24/9/13*). A champion reflected on how *some places have kept their practice and the CSNAT as two separate things and have not integrated it (C5).*

- Relinquishing practitioner-led assessment, one service manager explained: *there is still a mind switch for some staff to think, "actually no, this is for the carer to be able to decide for themselves". I think that is a bit inherent in nursing that we want to be doing things* (M1). This was not a CSNAT issue: she had found this was also true of patient holistic needs assessment.

(2) Structural challenges

- Recording systems for carer data were an additional challenge with no foundation of carer records to build on. Additionally all sites set up new electronic recording systems during the trial which was a priority for use of staff time.

- Lack of a 'steady state' in teams. All services reported people off sick and staff turnover. When there were staffing problems: *the tool went down the agenda. Team meetings were more about how can we cope with all these patients* (C8) .The combination of constant change and unpredictable workload had an impact: *So when you are introducing something like CSNAT, unless you can see that it is going to help you balance that workload, you will actually perceive it as adding to the workload* (M4).

(3) Trial itself as a barrier

- Research and practice implementation conflicted with each other: *I think before, some people got confused and said things like 'we're doing this research project' and 'fill this out to be part of a trial'* (C8). Staff referred to 'getting your data back' (FN 29/1/13).

Conclusion

- Factors hindering CSNAT implementation aided understanding of trial results
- Findings also informed revision of the CSNAT training to a comprehensive training package for CSNAT use

Implications for practice

The CSNAT approach has been developed to facilitate comprehensive carer-led assessment in palliative home care

** see the CSNAT approach poster **

Implications for Organisations

Insights gained from this study have implications for palliative care service providers wishing to implement comprehensive carer assessment in everyday practice

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

[2] Ewing G, Brundle C, Payne S and Grande G (2013) 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*, 44(3) 395 – 405.

[3] Ewing G, Austin L, Grande G. Using the Carer Support Needs Assessment Tool (CSNAT) in Practice: What Have We Learned? Palliative Medicine: Abstracts of the 7th World Research Congress of the European Association for Palliative Care (EAPC) 2012; 26:630-631.

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