

Factors affecting implementation of complex interventions in end of life care: lessons from implementing person-centred support for family carers across three continents

Both health services research in general and palliative care research have predominantly focused on the development and testing of interventions, rather than the implementation of evidence-based interventions into regular healthcare practice. Without a good understanding of how to achieve this final step, new evidence-based interventions may have little real impact on the care of patients and their families. The need to study factors that affect implementation of tested interventions, in particular complex interventions, is increasingly highlighted in research guidance frameworks.¹⁻³

To exemplify main implementation issues this symposium will present research on factors that help or hinder implementation of person-centred support for family carers in end of life care, drawing on experiences from implementation of the Carer Support Needs Assessment Tool (CSNAT) intervention across three continents.

14:00-14:05 Welcome and Introductions

Chairs: **Ros Taylor** *National Director for Hospice Care, Hospice UK*
Sabine Pleschberger *EOLC-Program Director, Austrian Interdisciplinary Platform on Ageing, Vienna, Austria*

14:05-14:25 Paper 1: Implementation science: the current state of affairs

Author: **Paul Wilson** *Alliance Manchester Business School, UK; Associate Editor of Implementation Science*

Despite significant investment in the production of research on the effectiveness of interventions, full uptake in practice has yet to be realised. Research into methods to increase the uptake of research findings has become a major priority for researchers, research funders and policymakers over the past decade. This paper will set the context of implementation science and present key definitions, models and research principles.

14:25-14:35 Background to Carer Support Needs Assessment Tool (CSNAT) intervention

Author: **Gunn Grande** *University of Manchester, UK*

PRE-EAPC 2016 SYMPOSIUM

8th June 2016
14:00 – 16:00

Classroom ALE 2.49
O'Brien Science Centre
University College Dublin

References

- 1 Craig P, Dieppe P, Macintyre S, Mitchie S, Nazareth I, Petticrew M (2008). *Developing and evaluating complex interventions: new guidance*; Prepared on behalf of the Medical Research Council. www.mrc.ac.uk/complexinterventionsguidance
- 2 Moore GF, Audrey S, Barker M, Bond L, Bonell, C, Hardeman W, Moore L, O'Cathain A, Tinati T, Wight D, Baird J (2015). Process evaluation of complex interventions: Medical Research Council guidance. *BMJ*; 350: h1258. doi: 10.1136/bmj.h1258
- 3 Higginson IJ, Evans CJ, Grande G, Preston N, Morgan M, McCrone P, Lewis P, Fayers P, Harding R, Hotopf M, Murray SA, Benalia H, Gysels M, Farquhar M, Todd C (2013). Evaluating complex interventions in End of Life Care: the MORECare Statement on good practice generated by a synthesis of transparent expert consultations and systematic reviews. *BMC Medicine*, 11:111. doi: 10.1186/1741-7015-11-111

14:35-14:50 Paper 2: Impact of service context variables on implementation: a nationwide UK study

Authors: **Janet Diffin** *University of Manchester, UK*
Gail Ewing *University of Cambridge, UK*
Gunn Grande *University of Manchester, UK*

This paper presents findings from a mixed-methods implementation study of the CSNAT intervention within 36 services across the UK. Guided by the PARIHS framework (Promoting Action on Research Implementation in Health Services), it considers how contextual factors, such as service 'culture', influenced adoption of a practice change to person-centred carer support.

14:50-15:05 Paper 3: Experiences of implementation in community palliative care in Australia

Author: **Samar Aoun** *Curtin University, Perth, Australia*

This paper reports from an Australian stepped wedge cluster trial and considers how implementation of the CSNAT intervention was affected by challenges that were operating at three levels: organisational, clinician and research trial.

15:05-15:20 Paper 4: The impact of home care organisation changes on implementation: a Canadian perspective

Authors: **Erin Donald** *University of Victoria, Canada*
Kelli Stajduhar *University of Victoria, Canada*
Rick Sawatzky *Trinity Western University, Canada*

This paper presents qualitative findings from a clustered randomized control trial of the CSNAT intervention and will consider how research receptivity, changing management structures, late referral to palliative care, and individual nurse characteristics influence the implementation of complex interventions.

15:20-15:35 Paper 5: Adapting hospice-based carer support needs assessment to an acute inpatient care context: a UK study to support carers during discharge home

Authors: **Gail Ewing** *University of Cambridge, UK*
Lynn Austin *University of Manchester, UK*
Debra Gibson *University of Manchester, UK*
Gunn Grande *University of Manchester, UK*

This paper presents findings from a qualitative study with family carers, community and acute care practitioners into the challenges of adapting hospice-based carer support needs assessment to the acute inpatient care setting to support carers during discharge home. This includes translation of the CSNAT intervention from a relatively stable palliative home care context where the family is part of the unit of care, to a transitional, acute care context where the family is assigned a peripheral role.

15:35-16:00 Panel and audience discussion of challenges of implementing complex interventions in palliative care