Bridging the Gap between Practice and Research: An Analysis of the ‘Bottom-up’ Approach within an Outcome Measurement Implementation Project

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Background
Implementation of clinical outcome measures in routine palliative care has rarely been researched. Evidence from the literature recommends a ‘bottom-up’ approach when implementing new tools are interventions in clinical services. A ‘bottom-up’ approach provides each team member the same voice regardless of their rank. Facilitating teams to maintain ownership throughout implementation is a key characteristic of a ‘bottom-up’ approach. However, it is unclear what such an approach means in practice.
The Outcome Assessment and Complexity Collaborative (OACC) is implementing routine outcome measurement in palliative care and is researching the best ways to undertake this.

Quality Improvement Facilitator (QIF)
The novel role of the QIF is to establish, develop and promote the project within teams.

Table 1 - QIF role
- Provision of training to staff
- Being available for advice and support during implementation
- Monitoring progress within services
- Collating data and delivering feedback sessions for staff
- Being responsive to services’ needs

Aim
To develop the complex intervention of implementing outcome measures, using Quality Improvement Facilitators (see Table 1) and a ‘bottom-up’ approach with clinical teams, and to determine the key components of this approach.

Methods
The QIFs collected field notes during implementation of outcome measurements in different services participating in OACC. These were then analysed using content analysis with review of emerging themes by clinical stakeholders and the implementation team in order to establish consensus regarding the key components of the implementation approach.

Results
The OACC project is running in six organisations delivering specialist palliative care. We determined that a successful ‘bottom-up’ approach should have the following characteristics: empathic attitude, balancing project and clinical priorities, and an emphasis on practical applications to aid clinical work and outcomes (see Table 2).

Results Table 2 – Characteristics of ‘Bottom-Up’ approach Implementation

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Why</th>
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<tr>
<td>Empathic attitude between implementation team and clinical team</td>
<td>It is essential for the Quality Improvement Facilitator to understand the clinical workload of each team in order to demonstrate credibility and approachability</td>
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<td>Teams have to balance the OACC project and clinical priorities at the same time</td>
<td>Strict timelines mean each clinical team must balance time requirements to avoid jeopardising implementation</td>
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<td>Emphasis on practical applications to aid clinical work and outcomes</td>
<td>The teams created and tailored solutions for implementation to address clinician concerns together with the Quality Improvement Facilitator</td>
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Conclusion
A flexible and responsive ‘bottom-up’ approach that integrates innovative ideas from clinical teams is essential when implementing outcome measures. The QIF role is important to make the ‘bottom up’ approach a reality. Qualitative research is required to further develop the complex outcome implementation intervention.

Acknowledgements
We would like to thank all the palliative care teams who are part of OACC for their outstanding work and efforts to implement outcome measures in their services.

The outcome Assessment and Complexity Collaborative is funded by the Guy’s and St Thomas’ Charity.
The OACC team is also working in collaboration with the NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Palliative Care and End of Life Care Programme. The Collaboration is led internally by Applied Health Research andCare and externally by the National Institute for Health Research (NIHR). The programme is a partnership between King’s Health Partners, St George’s University London, and St George’s Healthcare NHS Trust.

For more info about OACC:

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