

RCN RESEARCH INSTITUTE

DIRECTOR:

Prof Kate Seers

OUR RESEARCH THEMES:

Patient Experiences and
Involvement

Patient Reported
Outcomes

Translating Knowledge
into Practice

This newsletter presents
selected highlights of our
Research. For details of
the full programme please
see our website.

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Website address:

<http://www2.warwick.ac.uk/fac/soc/shss/rcn>

RCN Research Institute



Newsletter

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Pathways to Urgent and Emergency Care for People with Diabetes

This research project has been funded by the National Institute of Health Research *Research for Patient Benefit Programme* through Barts and the London NHS Trust, in association with the Royal College of Nursing Research Institute at the University of Warwick and University of Ulster, from September 2008 to October 2010.

It has taken place on two sites – one in East London and the other in Northern Ireland, and involved people with Type 1 and Type 2 diabetes and a range of healthcare practitioners in hospitals and the community.

Semi-structured interview schedules have been used to conduct interviews with diabetic patients who received unscheduled and emergency hospital care associated with their diabetes, seeking their accounts of how they came to be hospitalized and their views on the care received. Similarly, interviews were also conducted with health professionals to ask their views and experiences of the reasons for unscheduled emergency diabetic care. The interview recordings were transcribed and then analysed using NVivo to organise the data.

An initial summary of the analysis of these interviews was presented at the Diabetes UK Annual Professional Conference in March this year.

Focus groups have also been conducted in the two sites to gather experiences and views from people living with diabetes as patients or family members, about their access to and experience of resources for urgent care.

Two additional focus groups, one for women and one for men, were conducted with non-English speaking Bengali participants in the East London site. Interviews with service commissioners and others responsible for diabetes care have also been carried out to collect contextual information for the two sites.

The project has been managed by a group consisting of the chief investigator Professor Kate Seers (Director, RCNRI) and principal investigators, including Dr Natasha Posner (RCNRI), and has had the benefit of input from an advisory group drawn from a wide range of people involved with diabetic care.

A poster presented at the *Health Research at Warwick Day* provided summary information about the project and is

available from Dr Natasha Posner. If you are interested in future publications based on the project results, covering pathways to emergency care and experiences in hospital, issues in self-management of diabetes and family support, and the problem of understanding diabetic foot problems:

Contact: Natasha Posner



The Reflecting Pool, Warwick University

The work of the RCNRI aims to:

- ▶ Produce high quality research that improves patient care and impacts on policy
- ▶ Increase research capacity within nursing by providing high quality research training
- ▶ Contribute towards the RCN delivering on its strategic objectives

Contact: Kate Seers

Medical Research Parliamentary Group

“A spectrum of research underpinning, applied, translational and multidisciplinary is important.”



“Realistic evaluation was found to be a useful if challenging framework for this study.”

Kate Seers and Ann McMahon attended the All-Party Parliamentary Group on Medical Research Summer Reception on 19th July at the Houses of Parliament. The aim was to raise awareness of medical and health research amongst parliamentarians.

It was well attended, with key people from government and charitable funders, Royal Colleges and Universities, as well as MPs and members of the House of Lords. The speakers included Lord Turnberg, David Willetts, Sir Mark Walport, Julian Huppert

MP and cancer survivor Claire Daniels.

Both David Willetts and Julian Huppert talked about the importance of both multidisciplinary research, and of a spectrum of research from underpinning to translational, applied research.

Conversation with Julian Huppert after the speeches highlighted the RCN's support for a research based approach to care, and the need to increase awareness of the importance of health research amongst parliamentarians.

Our impression was that this was an important meeting for the RCN to have a presence, to indicate our support for medical and health research as key to improvements in care.

Contact: Kate Seers



University of Warwick

Realistic Evaluation

Rycroft-Malone, J. Fontela, M. Bick, D. Seers, K. (2010) A realistic Evaluation: the case of protocol based care. Implementation Science 5:38
Http://www.implementation-science.com/content/5/1/38

This paper explores the use of realistic evaluation as a method for researching how protocol based care is utilised in practice. It is a method for examining “what works, for whom, how and in what circumstances”.

Protocol based care was introduced to improve standardisation and coordination of services but in reality many aspects affect the implementation and usefulness of protocols in daily working life.

Two complementary studies were undertaken and the final report can be found at <http://www.sdo.nihr.ac.uk/projdetails.php?ref=08-1405-078>

Through a synthesis of the policy and research literature four areas of theory development were identified. These were: properties of protocol-based care and protocols; development of protocols; impact of protocol based care; and implementation and use. Propositions for each of the areas were identified that were tested within a range of case studies.

Within the case studies methods used ranged from observation, interviews with key stakeholders and patients, tracking patient journeys, review of relevant documentation including

pathways, guidelines and protocols.

There are many findings from this study described fully in the final report. Examples suggest that standardised care approaches: are useful for extending the role of nurses and midwives; may be used implicitly or explicitly; are used more consistently where practitioners could see the difference standardised practices made to care; are used or not used based on their flexibility which is influenced by context; are really valued by less experienced staff; and had no influence on team work.

Realistic evaluation was found to be a useful if challenging framework for this study.

Contact: Kate Seers

PhD Student: Lynne Currie

Lynne Currie is currently in her final year of a part time PhD within the RCN RI and is exploring patient and public perspectives of safety in the NHS. In her day job she works as a Project Manager within the Quality, Standards and Innovation Unit at the Royal College of Nursing.

Patient safety is a crucial issue in the NHS with a number of patients experiencing harm as a result of preventable errors, although the actual levels of patient safety failures occurring in the UK health service are contested. A key challenge is the lack of evidence currently available on how patients and the public view patient safety and whether they feel they have a role to play in its future direction. The extant patient safety literature focuses almost exclusively on the policy and professional perspective and this study aims to make visible those viewpoints that are missing or have been marginalised in the patient safety debate. Ensuring that patients and the public have their say about patient safety and have their views

acknowledged and included in all future decisions about the direction of patient safety is a crucial element in delivering a patient centred health service and is also important from a human rights perspective.

The theoretical perspective underpinning the study is critical theory influenced by the work of Jurgen Habermas. Lynne has undertaken an extensive review of the extant literature, and she has carried out 19 in-depth interviews with a range of patients and patient representatives and is currently in the process of analysing the data.

Very tentative initial findings indicate that patients and the public appear to:

- view patient safety in a much more holistic sense than those definitions found in the extant patient safety literature
- see a role for blame in some situations when an error has occurred

- lean towards an ethos of full disclosure in making things more open and honest
- believe that professionals have a duty to always speak up and challenge when they witness unsafe practice, regardless of hierarchy or professional allegiance
- believe that patients themselves, (or in the case of patients who are unable to do so, then family or carers) should challenge professionals when they believe the care and treatment they are receiving is not safe
- believe that it is too convenient to blame everything on 'the system'

It is envisaged that this study will resonant with recent work that has been carried out by other critical researchers exploring patient safety, and hopefully place the patient/public voice in patient safety on an equal footing with the voices of policymakers and professionals.

Contact: Sophie Staniszewska

Society of Academic Primary Care

Sophie Staniszewska presented a plenary session as the 39th Annual Scientific Meeting (ASM) of the Society of Academic Primary Care (SAPC2010) in Norwich. The conference explored the theme of impacts of the work of members on different stakeholders.

Sophie's plenary focused on patient and public involvement and whether it makes a difference to research and to health and social care services. Sophie presented a set of propositions and debated key aspects.

The overall conclusion was that there is clear emerging evidence of the beneficial impacts of patient and public involvement, but that the evidence base is weak in a number

of ways. A key limitation is the poor quality of reporting, which has led Sophie and colleagues at the RCN RI to develop guidance for researchers and users on key information they must include when reporting studies of patient and public involvement.

We hope this will help strengthen the patient and public involvement evidence base in the same way that the CONSORT guidance helped improve the quality of RCT reporting. The plenary ended with a lively debate and much discussion afterwards.

Contact: Sophie Staniszewska

The RCN Research Institute, within the School of Health and Social Studies, at the University of Warwick, provides a vibrant student research community. If you are interested in undertaking a PhD, part time or full time, please contact:

Prof Kate Seers.



White Koan by Lilian Lijn, Warwick Arts Centre

Fluid Optimisation

Tutton, E. Gray, B. (2009)
Fluid optimisation using a peripherally inserted central catheter (PICC) following proximal femoral fracture: lessons learnt from a feasibility study. Journal of Orthopaedic Nursing, 13, 11-18.

This paper describes an attempt to use a randomised controlled trial to explore fluid optimisation in a group of frail older patients (65-100 years old) with a fractured hip. Patients in the study were randomly assigned to three groups: usual care with a short peripheral intravenous cannula; PICC insertion and the usual fluid prescription; PICC insertion and a guided fluid prescription based on central venous pressure (CVP) readings.

The study was stopped after 14 patients had entered the trial. Qualitative findings from two focus groups with staff indicate two areas of challenge, technical skills and patient frailty.

Technical skills identified the difficulty of educating staff in the use of new equipment that was used so rarely on the unit. A gap between learning to use the equipment and using it in a hectic daily work environment created tensions for staff. The visual look of the equipment was also off putting. Once staff had used the equipment several times they felt more confident. Staff were concerned about the use of PICC's in this frail group particularly as PICC insertion was often not straightforward. They were also concerned about whether the PICC's were being

used appropriately by other staff members.

Obtaining a sample was complicated by lack of weekend cover for PICC insertion, long periods of time before arrival on the trauma unit and uncertain surgery times. Patients were therefore often over the 18 hours required for admission to the study. Obtaining consent was problematic due to patient frailty. Many patients had poor memory or concentration and had limited capacity to make a decision that involved randomisation and two interventions. Fluid optimisation remains an issue in this group and alternative forms of research and practice development are required.

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All photos by Paul Kent