RCN Research Institute

Royal College of Nursing Newsletter

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Urgent Care in Diabetes

This qualitative study looked at the views and perceptions of people with diabetes who were admitted as an emergency, and their pathways to hospitalisation. Interviews were carried out with 45 people with type 1 or type 2 diabetes. In addition, 22 interviews explored the perspectives of healthcare practitioners and administrators, and four focus group discussions explored local resources for urgent care.

We found that very few interviewees had independently made the decision to get themselves to hospital. Healthcare professionals often sent for an ambulance, or advised going to the hospital emergency department. Relatives often took the person with diabetes to hospital, or rang for an ambulance. Patients accounted for their hospitalisation mostly in terms of difficulty managing to control their blood sugar levels, but they had particular difficulty in understanding how foot problems had developed to need urgent intervention.

In health professionals' accounts three main themes emerged:

1) patients' characteristics, e.g. lack of engagement with self-care, 2) understandable difficulties and 3) professional and system failures, e.g. lack of integration of primary and secondary diabetic care.

A range of barriers to accessing available resources for urgent care in the community and a gap in provision of urgent care out-of-hours was identified. The study has resulted in a set of recommendations in the areas of self-management, provision of urgent care, care of diabetes in hospital, and prevention of diabetic foot problems.

This research is being presented at the RCN's International Nursing Research Conference in Harrogate on 18 May 2011. Three papers are being written to report the findings.

Funded by National Institute for Health Research Research for Patient Benefit programme.

Grant holders:

Seers K Posner N Coates V Canny J and Pandya A.

Contact: Kate Seers

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

Daffodils at Warwick University

RCN RESEARCH INSTITUTE

DIRECTOR:

Prof Kate Seers

OUR RESEARCH THEMES:

Patient and Public Involvement & Patient Experiences

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.

INSIDE THIS ISSUE:

Website address:

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

Patient experience is a key element of the new Outcomes Framework.

National Clinical Guideline Centre

We would like to congratulate Sophie Staniszewska who has recently been appointed as the Chair of the Patient Experience Guidance and Quality Standards Development Committee. The guidance and quality standards are being developed by the National Clinical Guideline Centre, who have been commissioned by NICE to develop this piece of work, to be published in October 2011. The committee consists of both health care professionals and lay members and will meet over the next six months to develop evidence based patient experience guidance and quality standards . The guidance and quality standards focus on adult patients in primary, secondary and tertiary care in the NHS. Quality standards and patient experience are key elements of the new Outcomes Framework that will used to both commission and evaluate services in the new NHS.

Contact: Sophie Staniszewska

How do Nurses involve patients and the public effectively?

RCN Congress 10th-14th April 2011

Nursing & Patient and Public Involvement - Why it matters for nurses and how to do it effectively led by Sophie Staniszewska and Mark Platt

Date: Wed 13th April
Time: 1245 - 1345
Venue: ACC Liverpool
Room: Room 4A

Event synopsis: A led workshop, looking at how nurses can be better involved in, and with, patient and public involvement and engagement (PPI/E) in health and social care. The event is aimed at anyone interested in, or already doing, PPI/E and will give a broad overview of the contemporary issues for nurses, as well as providing some examples and case-studies of good practice. The event will address the RCN's priorities on: investing in Activists, developing new models of healthcare delivery, and broadening our focus beyond the NHS.

Contact: Sophie Staniszewska

Springtime at Warwick University

Quality of Life

Haywood KL, Garratt AM, Jordan KP, Healey EL, Packham JC.
Evaluation of ankylosing spondylitis quality of life (EASi-QoL): reliability and validity of a new patient-reported outcome measure.
J Rheumatol. 2010 Oct;37 (10):2100-9. Epub 2010 Aug 3.

Ankylosing spondylitis (AS) is an incurable, inflammatory disease, primarily affecting the pelvis and spine. It can have a profound influence on health status and quality of life (QOL). Well developed PROMs provide a major source of evidence of the patient experience of disease impact and healthcare. Development of the EASi-QoL was driven by evidence that factors reported as important by people with AS, including body image, mobility, and employment, were not adequately assessed by existing measures.

The EASi-QoL is a 20-item measure which assesses the influence of AS on QOL from the patient's perspective across 4 important QOL domains: physical function, disease activity, emotional well-being, and social participation. It is recommended as a new patient-derived measure of AS-specific quality of life that identifies issues of importance to patients.

Contact: Kirstie Haywood

PhD Student: Ella Van Raders

I have been working as a clinical nurse specialist (CNS) in pain management for many years. After the successful completion of a MSc, I was encouraged to investigate a phenomenon obvious to all CNS in pain management; that pain management is not always ideal despite much enthusiastic education using any number of innovative teaching and learning strategies.

I started a PhD in 2006, while still continuing my full time clinical post as senior CNS pain management. My research project is utilising ethnography to examine what factors influence ward nurses when they make decisions about pain management. If we can determine what influences nurses we will be able to target education in an effective way, not only for pain management but for other areas of patient care also.

As promised by my supervisors, I have learnt much throughout the PhD process, with each stage building on the experience of the previous ones; deciding on a question, the method to use to uncover the answer, the proposal writing, the ethics committee submission, the data collection, the data analysis, the formulation of the answer, and most recently, the presentation of that answer in a way that not only meets the requirements of the University, but gives some real insight into what it is like being a nurse presented with a pain management decision.

And now I am, somewhat gleefully, anticipating the time when my PhD thesis is submitted (October 2011), with an awareness I will then move on to yet another stage, that of disseminating the findings.

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.

Warwick in bloom

Appreciative Inquiry

Appreciative Inquiry – A positive approach to knowledge translation

Kavanagh, T, Stevens, B Seers K Sidani S & Watt-Watson J (2010). **Process evaluation of appreciative inquiry to translate pain management evidence into paediatric nursing practice.** *Implementation Science 5: 90* http://preview.implementationscience.com/content/pdf/1748-5908-5-90.pdf

Appreciative inquiry (AI) is an innovative knowledge translation (KT) intervention that focuses on strengths and achievements to promote change (Cooperrider et al 2005). This study looked at how acceptable and feasible AI was as a KT intervention in paediatric pain management.

A case study design utilizing mixed methods was chosen. Three nurse leaders and nine staff members took part in the study. There were four 3 hour digitally recorded AI sessions delivered over two weeks: Discovery (what currently works well is illuminated); Dream (where the ideal practice environment is described); Design (how you support the ideal) and Destiny (where strategies that strive for the ideal are mapped out).

An action plan was devised to develop to enhance evidence based pain assessment documentation. Participants found AI was broadly acceptable and feasible and was "a refreshing approach to change" because it was positive, democratic and built on what already worked.

Reference:

Cooperrider DL Whitney D Stavros JM (2005) Appreciative Inquiry Handbook: The first in a series of AI workbooks for leaders of change. Brunswick, Crown Custom Publishing.

Contact: Kate Seers

Helen Martin Studio, Warwick Arts Centre

Patient Reported Outcome Measures

Department of Health Patient Reported Outcome Measures (PROMs) Programme and the contribution of the RCN Research Institute.

DH PROMs Programme

In April 2009 the UK Department of Health became the first healthcare system in the world to introduce the routine collection of patient-reported outcome measures (PROMs) before and after treatment. The first phase in the DH PROMs programme requires the routine collection of PROMs by all NHS Trusts in England before and after four elective surgical interventions: hip or knee replacement, hernia repair, and varicose veins (DH 2008). The programme is currently being evaluated before being extended across other conditions.

What are PROMs and why are they important?

Well-developed PROMs are a series of questions, or questionnaires, that invite patients to assess their views on how they function or feel in relation to their health or associated healthcare. They can provide a valid and reliable assessment of health and treatment outcome and their routine completion gives prominence to patient's views about their health and associated health care.

Contribution of the RCNRI

The PROMs programme offers significant opportunities for patients and health professionals and careful evaluation of the opportunities and limitations of PROMs in routine practice is essential. All health professionals should be aware of the programme, but despite the careful 'clinical buy-in' during the first phase of the programme, there was little direct engagement with nurses or other health professionals. However, in January 2010 Dr Kirstie Haywood, Senior Research Fellow (Patient Reported Outcomes) and Dr Sophie Staniszewska, Senior Research Fellow (Patient and Public Involvement) were invited to become members of the PROMs Stakeholder Reference Group (SRG) and have worked hard since then to ensure that the views of nurses and patients have been kept high on the DH agenda. The SRG is an advisory group with responsibility for providing advice and views on key elements of the programme, thus helping to shape the design of the programme and ensure its relevance and usefulness to the wider healthcare community. The PROMs SRG will drive forward the use of PROMs where there is a clear, evidence-based, case for doing so.

Contact: Kirstie Haywood

www.nhs.uk/NHSEngland/thenhs/records/proms/Pages/aboutproms.aspx
or
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_092647

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Bluebells at Warwick University

Royal College of Nursing

All photos by Paul Kent

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