

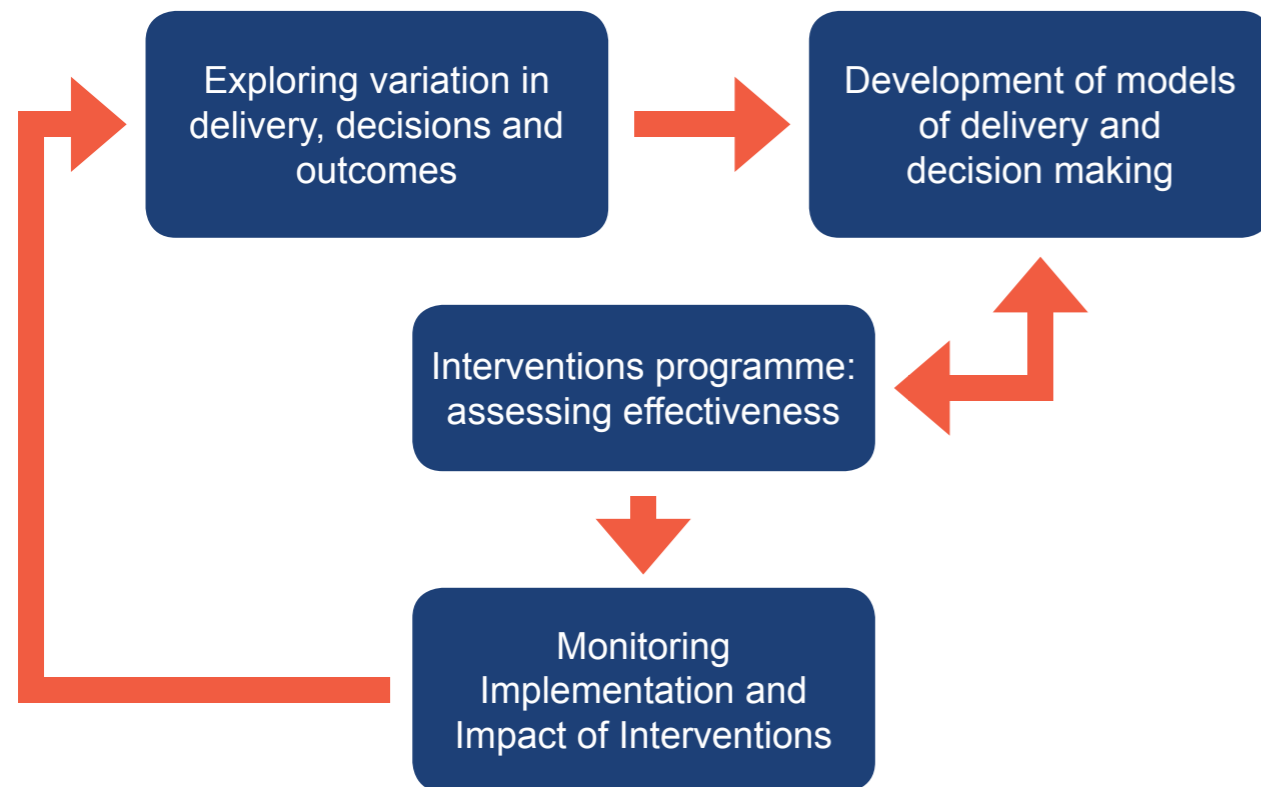
Unit background:

The Nursing, Midwifery and Allied Health Professions Research Unit (NMAHP RU) is a multidisciplinary national research unit, funded by the Scottish Government Health Directorate **Chief Scientist Office (CSO)**. It has academic bases within Glasgow Caledonian University and the University of Stirling.

Research programmes:

NMAHP RU focuses its activity on strong programmes of research that will impact on NMAHP practice and benefit patient and population health. These are: Interventions and Quality and Delivery of Care. This leaflet provides information on the Quality and Delivery of Care Programme. Further information on the Interventions Programme is available at www.nmahp-ru.ac.uk.

Quality and Delivery of Care programme and its links to the Intervention programme



Find out more:

The Unit has a website: www.nmahp-ru.ac.uk

Here you can find details on all our recent research projects and publications and keep up to date with our latest news.

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Nursing, Midwifery and Allied Health Professions Research Unit

Quality and Delivery of Care Programme

This programme focuses on **identifying problems and variation in quality and delivery** of care and understanding why they occur. It concerns understanding the **behavioural** (patient and practitioner) and **organisational** influences on care delivery and uptake of best practice. It also researches the **implementation and translation** of evidence based solutions into practice, along with further examination of models of delivery of care.

This includes exploring: who delivers care; where and how it is delivered; who receives care; and what are the outcomes of care delivery. The processes by which professionals and patients make decisions about care are central elements of this programme, alongside the organisational context in which decisions are made and care is delivered. A key influence on the delivery of care is the recognised importance of the patient experience and patient involvement.

Strategic aims of the Programme

To enable safe, effective and patient centred changes to the delivery of care provided by NMAHPs by:

- Exploring and developing models of delivery (location, technology, staff skill mix)
- Researching up-take and implementation of effective/evidence based models of delivery (adoption, consistency of implementation, costs)
- Exploring the processes by which patients and clinicians make decisions about care
- Exploring patient experiences of quality and delivery of care, and up-take and adherence/concordance among patient groups (reach)
- Exploring variation in outcomes (inequalities, inappropriate/avoidable admissions, mortality and adverse events) and maintenance of intervention outcomes
- Developing theory and methods in implementation health research



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Improving health through research 

Examples of current projects:

Safety

SAS COPD study

Evidence suggests patients with Chronic Obstructive Pulmonary Disease (COPD) are still receiving higher than required levels of oxygen in the pre-hospital phase of their treatment and that this is having a detrimental effect on ongoing care. A retrospective linked data study of ambulance service and patient mortality and morbidity data is currently being undertaken. The study aims to determine pre-hospital and emergency department treatment patterns of oxygen therapy and the short-term patient outcome.



Follow-up of hypoglycaemic emergencies

Patients, with certain conditions, who are attended by ambulance services are increasingly being treated and left at home, instead of routinely transported to hospital. Research has shown that patients who are treated for hypoglycaemic emergencies and left at home do not routinely follow up their care. This project developed and piloted a dual intervention to encourage and support patients to follow-up their care: a patient prompt card that was left with patients; and a follow-up telephone call from NHS24. Further studies are now planned to test the effectiveness of this intervention.

Models of Delivery

Postnatal Care Resource Allocation Model (PRAM)

The project uses computer based service re-design methods to assist development of effective and efficient models of postnatal care based on local requirements. Computer-based modelling makes cost and quality implications of design options explicit before service revision. The PRAM model has been developed and tested through case studies and workshops with NHS clinicians and managers. PRAM engages stakeholders in debate about their values and priorities for service allocation and the trade-offs required between cost and quality to match services to budgets.



Prolapse and Pelvic Floor Muscle Training (PFMT): Implementing Evidence Locally (PROPEL study)

Despite good evidence that PFMT reduces symptoms of pelvic organ prolapse and improves quality of life for women, there is wide variation in its provision across the UK, namely due to limited numbers of specialist physiotherapists who can deliver PFMT. This project aims to study implementation and outcomes of different models of delivery to increase service provision of PFMT across contrasting NHS sites.



Preventing and Improving Awareness across the EU (PREDI-NU)

The development of an internet-based guided self-management tool for mild to moderate depression: an evidence based approach. Translated for 11 European languages. www.ifight-depression.com



Patient Centred and Patient Experience

The Scottish Person Centred Interventions Collaboration (ScoPIC)

(www.nmahp-ru.ac.uk/scopic). A Scottish Government funded collaboration between universities in Scotland and several NHS boards. Its core aims are: the evaluation of NHS national and local initiatives aimed at improving patient experience of care; improving the understanding of the causes and consequences of good and poor patient experience of care; and developing effective research and audit tools for the evaluation of patient experience of person centred care.



Scottish Maternity Patient Experience Surveys

The unit has worked in partnership with the Scottish Government Patient Experience Programme to undertake national surveys of women's experience of maternity care in 2013 and 2015 <http://www.gov.scot/Topics/Statistics/Browse/Health/maternitysurvey>. These have provided high quality national data on women's experiences of maternity care to inform improvement in maternity services as outlined in the NHS Scotland Healthcare Quality Strategy.

Effectiveness and Quality Assessment of Care

Measuring Variation in Outcomes

The Framework for Measuring Impact is a decision support resource to guide therapists in the selection of appropriate outcome measurement. The CARE Measure Website provides a mechanism for therapists to collect data on their own levels of therapeutic empathy, and to receive individualized feedback on their performance and how they compare with their peers.



Patient Centred Assessment Method (PCAM)

Developed in partnership with University of Minnesota this is a practical tool for nurses conducting health checks to holistically assess mental wellbeing and biopsychosocial needs of patients in a manner which facilitates the referral and sign-posting to appropriate medical, psychological, social and lifestyle/self-help services.



Implementation Science

Implementation science (also known as improvement science) is a developing field of study focused on the methods, theories and approaches that facilitate or hinder efforts to improve quality and the scientific study of these approaches.

The Unit is developing expertise in Implementation Science to provide robust research evidence of which strategies work to facilitate implementation of evidence based healthcare in a safe and effective way, reaching the intended target audience and maintaining the outcomes demonstrated in controlled trials.

We are doing this via the following broad activities and the research questions they address:

Understanding adoption and up-take of research and evidence: an organisational change and behaviour change process

Adoption of research evidence by providers: Who needs to be involved at strategic levels? Do they have all the information they need to make decisions? Who will deliver the service changes? Other considerations such as: availability of workforce; costs and other resource implications; and training needs.

Adoption of research evidence by users: Who needs to be involved to ensure utilisation (patient groups, professionals/referrers)? How will they know about the intervention? How do you ensure the right intervention gets to the right people? How do you ensure ease of access for all? How do you address concerns? What influences or hinders adoption?

Modeling Implementation:

Will the delivery of the intervention maintain fidelity to the evidence based intervention or are local adaptations necessary? Will the delivery of the intervention include planned modeling of different skill mixes and scenarios for delivery? OR will naturalistic implementation in different contexts/ settings be studied to document adaptation in relation to the achievement and sustainability of outcomes.

Monitoring of variation and sustainability of outcomes:

Did the intervention reach its target audience, ensuring equity of access for all? Has the intervention been adopted and maintained in everyday practice? Are the expected benefits and outcomes achieved in trial conditions sustained over longer term?