Newcastle University

The Newcastle upon Tyne Hospitals NHS
NHS Foundation Trust

Alcohol Screening Brief Intervention in Endoscopy (ASBIE)

Using professional behaviour change theory to influence implementation

Gill O'Neill
Public Health Consultant

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Very Brief Background

Evidence

- Has been covered by other speakers…

National strategy / guidance

- NICE (PH 24) (2010) recommend delivering ASBI using a validated tool, in a variety of settings –secondary care
- The Government's Alcohol Strategy (2012)
- Health First – An evidence based alcohol strategy (2013)

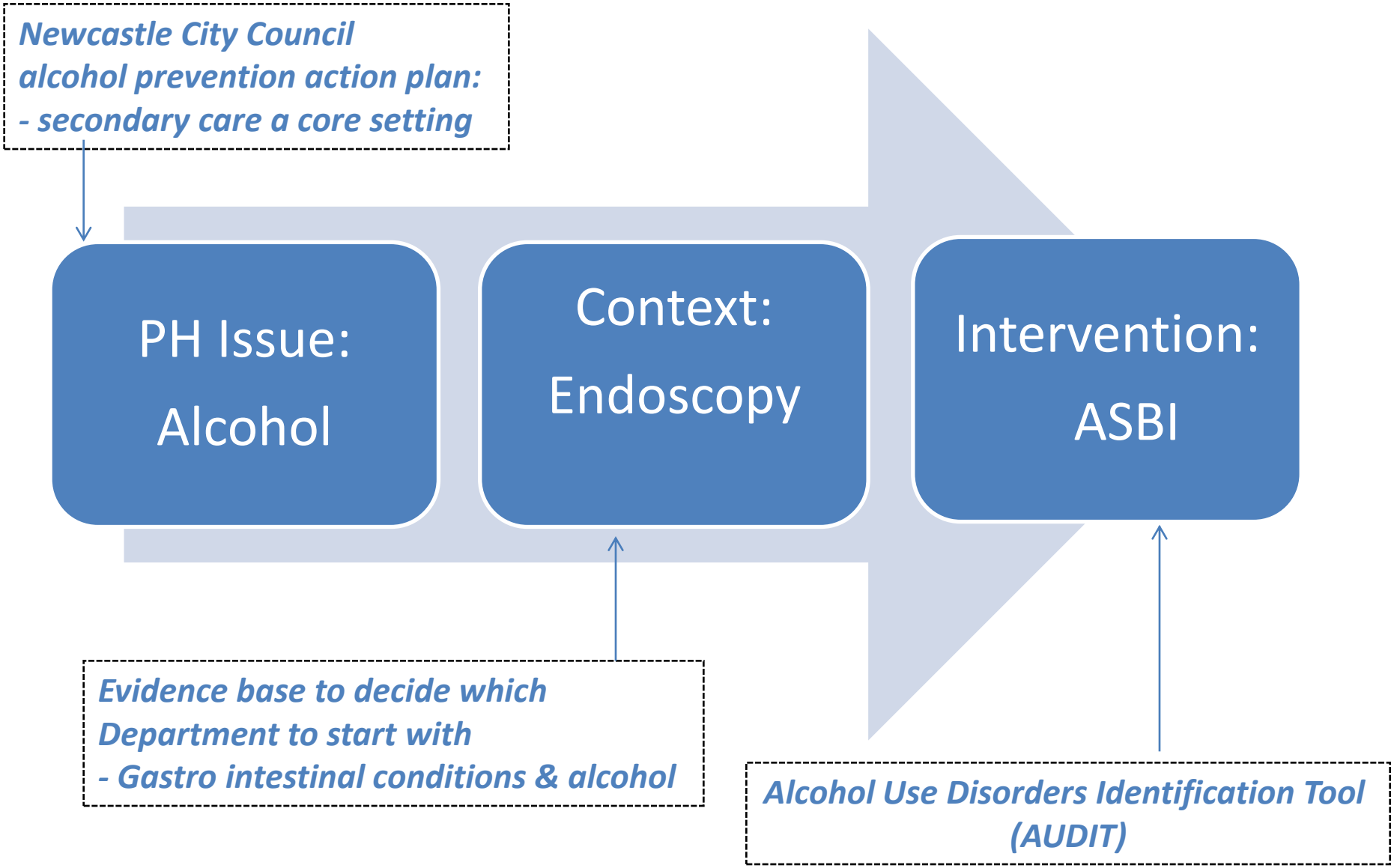
Local strategy

- Newcastle Hospitals Trust – committed to making every contact a health improving opportunity – alcohol is a key priority for delivery
- Newcastle City alcohol prevention action plan

Aim of evaluation

Complete an evaluation to determine how feasible it is to implement ASBI into routine hospital care. Using professional behaviour change theory to guide the process.

Implementation...How?



Theoretical Foundations

Understanding how health professionals can be supported to adapt their behaviour and clinical practice is a fundamental component to the successful implementation of a new evidence based intervention (Eccles, 2005).

Implementation science is the study of methods to promote the systematic uptake of research findings into routine care (Eccles et al, 2009)

Behaviour change interventions are typically complex, involving many interactive components. These need to be mapped and understood (Craig et al, 2008)

Barriers and facilitators to change need to be identified (Flodgren et al, 2011; Farmer et al, 2011; Forsetlund et al, 2009; Jamtvedt, 2010, Baker et al, 2010)

Theoretical Frameworks

- **MRC Developing and evaluating complex interventions** (Craig et al, 2008)
  - Foundation process to frame methodology
  - Recommends all complex interventions should start with a theoretical evidence base

- **Normalisation Process Theory (NPT)** (May & Finch, 2009)
  - Sociological theory
  - Social system level change
  - Focuses on the social organisation of work and how staff within the system operate collectively to embed new practice

- **Theoretical Domains Framework (TDF)** (Cane et al, 2012)
  - Psychological theory
  - Individual professional behaviour change
  - Combines multiple behaviour change theories into a simplified 14 domain model identifying triggers which can create barriers to change or provide levers to enable change

Evidence based tools for professional behaviour change

'Facilitators'

Findings from 'Effective practice and organisational care' (EPOC) systematic reviews on professional behaviour change have been applied when implementing ASBI into routine practice

1. Involvement of local opinion leaders (Flodgren et al, 2011)
2. Education meetings (Forsetlund et al, 2009)
3. Tailored interventions (Baker et al, 2010)
4. Education leaflets (Farmer et al, 2011)
5. Audit and feedback (Jamtvedt et al, 2010)

Combine the above for more impact (Grimshaw, 2012)

Breaking down barriers to behaviour change

Barriers sited by many health professionals which can inhibit the implementation of evidence based practice

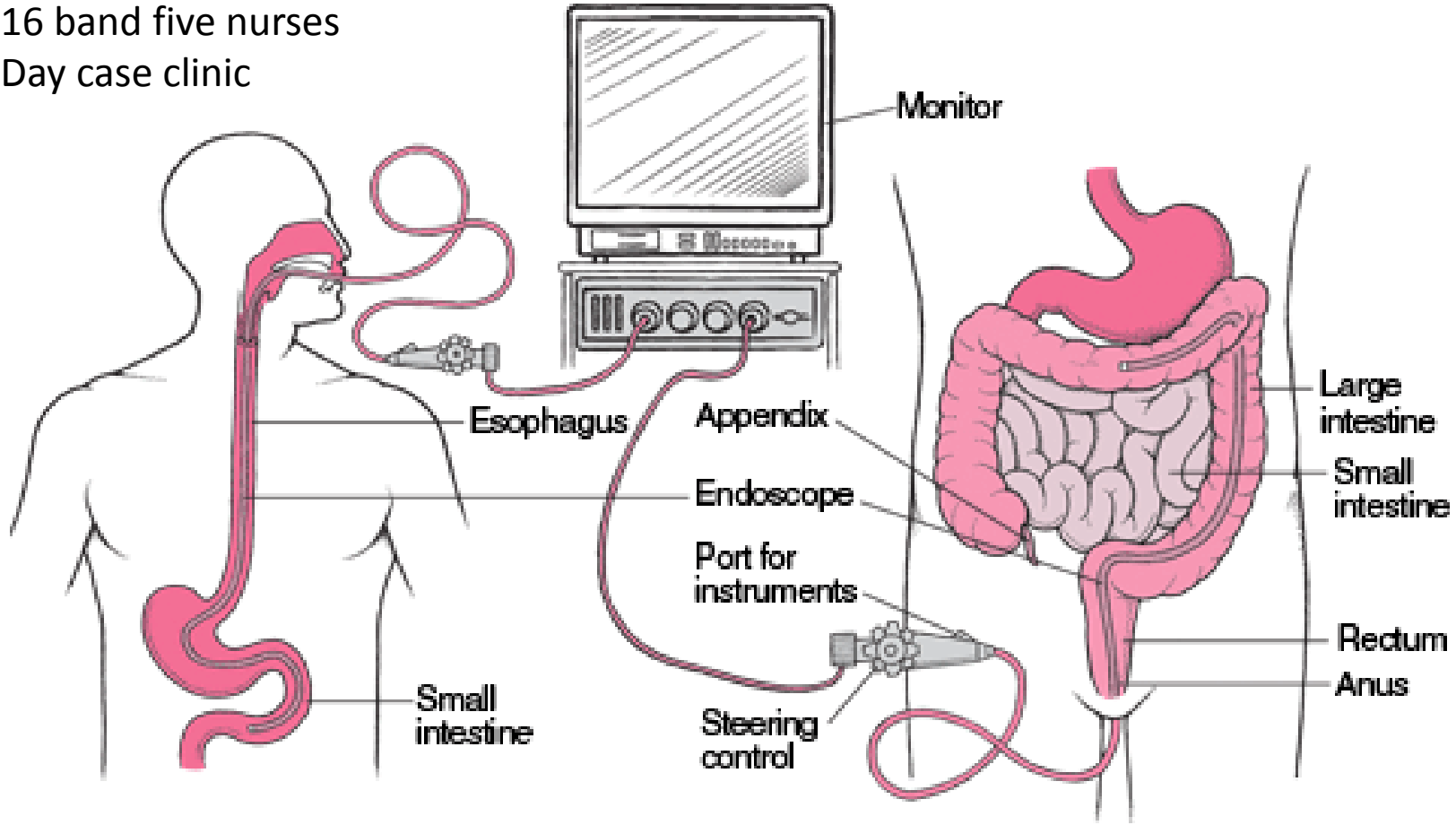
1. Poor information / administrative constraints
2. Clinical uncertainty
3. Sense of competence
4. Perceptions of liability
5. Patient expectations
6. Standards of practice

Ensure to overcome these barriers!

Process pathway
1. Informal meetings with staff teams (Early January 2013)
2. Establish Steering Group (January 2013 and hold bi-monthly)
3. Observe patient pathway (January 2013)
4. Pre training questionnaire (February 2013)
5. First Focus Group (February 2013)
6. Delivery of face to face training (March 2013)
7. Staff recommended to complete e-learning module (March 2013)
8. Post training questionnaire (March 2013)
9. 12 week pilot to implement alcohol screening and brief advice (Audit of activity)
(April – June 2013)
11. Regular Feedback to staff on progress (Monthly)
12. Post 12 week pilot questionnaire (End of June 2013)
13. Post 12 week focus group (End of June/early July 2013)
14 Data Analysis (July/August 2013)
15. Writing up (July/August 2013)

Endoscopy at RVI

Two band six sister nurses
16 band five nurses
Day case clinic



12 week pilot April – July 2013

Focus group themes (TDF)

Pre training/pilot

Knowledge: lacking

Skills: low confidence

Role: in their remit

Beliefs capabilities: low

Beliefs consequences: time

Environment/resources: busy clinic/high pt turnover

Pre focus group: 6 x band 5 nurses
Post focus group 4 x band 5 nurses
1 hour in endoscopy department
Deductive framework analysis (Pope et al 2000)

Post 12 week pilot

Knowledge: good

Skills: increased confidence

Role: Health educators

Beliefs capabilities: increased

Beliefs consequences: shorter tool feasible

Environment/resources: loved resources. Shift to pre admission and add to general paperwork – then feasible

Staff questionnaire results

- Questionnaires
  - Pre training
  - Post training
  - Post 12 weeks pilot

- Knowledge: increased after training and consolidated after 12 weeks
- Skills: increased after training and again after 12 weeks pilot
- Confidence : increased after 12 weeks pilot
- ASBI part of their routine role: maintained as nurses thought it should be part of their health promotion role to begin with

Nurses delivering ASBI

Intervention received	Abstainer (n=232)	Lower Risk (n=691)	Increasing Risk (n=179)	Higher Risk (n=14)	Probable Dependence (n=12)
Personalised feedback	186 (80.1%)	575 (83.2%)	158 (88.3%)	13 (92.9%)	12 (100%)
Change for life leaflet	4 (1.7%)	65 (9.4%)	117 (65.4%)	8 (57.1%)	8 (66.7%)
Brief advice sheet	4 (1.7%)	31 (4.5%)	105 (58.7%)	7 (50%)	8 (66.7%)
Sign posting sticker	0	0	22 (12.3%)	5 (35.7%)	6 (50%)

Recommendations

1. Strong clinical leadership throughout process
2. Commitment for staff to attend 1 hr face 2 face training
3. Dedicated facilitator to deliver training
4. Implement ASBI across a whole department
5. Shadow patient pathway
6. AUDIT-C embedded into patient assessment booklet
7. Ensure brief advice sheet and C4L leaflet available in patient consultation room – easily available
8. Review and monitor to ensure quality and consistency

Questions

Thank You

Gill.o’neill@durham.gov.uk