Implementation for Quality Improvement

Rachel Breman, PhD, MSN, MPH, RN
Today’s presenter: Rachel Breman, PhD, MSN, MPH, RN

Dr. Breman is an assistant professor and KL2 Scholar at the University of Maryland, School of Nursing. Her research is focused on implementation of patient centered care and evidenced based care practices during the intrapartum period. She has worked domestically and globally in maternal newborn health as a clinician, program manager, nurse educator and faculty.
Disclosure

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Objectives

• Discuss the Consolidated Framework for Implementation Research (CFIR)
• Discuss a case study for how to use CFIR
The Consolidated framework for implementation research

• Brings together other frameworks into one
• Don’t be distracted by the words “framework” and “research” this can be used for program planning
• It’s flexible
• It’s specific to healthcare
• If you are planning to share information about your program, the CFIR provides a structure
• CFIR can guide evaluations of interventions
• Can be used across multiple settings
Why is this important?

“During implementation, it is important to monitor progress for unanticipated influences (barriers or facilitators) and progress toward implementation goals.”

(Damschroeder, et. al., 2009)
Main components of CFIR

5 Domains
  • Intervention characteristics
  • Outer setting
  • Inner setting
  • Characteristics of the individuals
  • Process
Case study

- Community hospital that has 3500 births annually
- Active midwifery practice
- 32% NTSV cesarean rate
- Use of an early labor lounge to promote admission in active labor
  - RPC Bundle “Promoting Spontaneous Progress in Labor”
- An interdisciplinary team created a lounge
- The directors of OB and midwifery worked together
- Physician, midwifery and nurse champions were identified
- Part of the RPC
Labor Triage Process
Early labor lounge

Different stations with different activities in different parts of the hospital

• Yoga and yoga balls
• Acupressure
• Nutrition center
• Shower
• Meditation area
• Walking
Evaluation using CFIR

• Is the lounge being used?
• What parts of the lounge are being used?
• Semi-structure interviews conducted with staff
• Survey of postpartum women
  • At admission these women had term, singleton, vertex fetuses
Observations

• Lounge is often empty
• Unclear where to document who has used the lounge
CFIR Application

- **Intervention Characteristics**
  - Belief in the evidence on active labor
  - Design of the lounge

- **Outer Setting**
  - Patient/Pregnant woman’s needs

- **Inner Setting**
  - Culture
  - Implementation climate

- **Characteristics of individuals/clinicians**
  - Knowledge of the lounge
  - Self-efficacy with use

- **Early labor lounge**
<table>
<thead>
<tr>
<th>Domain</th>
<th>Construct</th>
<th>Barriers Described</th>
<th>Facilitators Described</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention Characteristics</td>
<td>Evidence strength and quality</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Design quality and packaging</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Outer Setting</td>
<td>Patient needs and resources</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Inner Setting</td>
<td>Culture</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Implementation Climate</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Characteristics of Individuals</td>
<td>Knowledge and beliefs</td>
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<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Self-efficacy</td>
<td>Yes</td>
<td>Yes</td>
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</tbody>
</table>
Use for implementation and identifying barriers and facilitators

Characteristics of the Individuals

• Knowledge and beliefs about the intervention
• Self-efficacy
Knowledge and beliefs about the intervention

• Not all the staff knew about all the aspects of the lounge
• Referring women to the lounge was viewed as a nursing role
• Most staff viewed the space positively and thought overall it was a nice space
• Some made suggestions for improvements including better lighting and meditation CDs
Characteristics of Individuals: Knowledge and Beliefs

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>RN</th>
<th>CNM</th>
<th>MD</th>
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</thead>
<tbody>
<tr>
<td><strong>Adopter</strong></td>
<td>62%</td>
<td>60%</td>
<td>14%</td>
</tr>
<tr>
<td><strong>Middle</strong></td>
<td>23%</td>
<td>20%</td>
<td>57%</td>
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<tr>
<td><strong>Non-adopter</strong></td>
<td>15%</td>
<td>20%</td>
<td>29%</td>
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</tbody>
</table>
Self-Efficacy

• RN’s uncomfortable with certain activities in the lounge
  • Rebozos
  • Acupressure
Survey of women
N=29
Next steps for the program

• Add additional trainings and refreshers on the lounge
• Reinforce nursing role
• Increase education provided to women during the prenatal period
• Improve documentation of use
Conclusion

• CFIR is a way to think about the interventions you are using
  • It can provide structure for program planning