

MacHSR Future Leaders Fellowship program Final reporting (Cohort 1)

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Project title: De-implementing low-value pressure injury prevention in acute hospital settings

Original problem: Prevention and management of pressure injuries (PIs) is paramount and clinical practice guidelines exist to guide patient care. However, there persists an unacceptable rate of PIs across acute, residential and home care. In Australia, data shows suboptimal practice; only 72% of those at risk of PI had a documented care plan and only 36% of those with a PI had a management plan. The problem of needing to improve PI prevention and treatment, and more closely align with evidence-based practice is something that needs urgent investment.

Report: It is a national priority to cease low-value practices that are lacking robust evidence. When patients are treated with care that is low-value, there can be unnecessary harms and costs to them and health services. These low-value practices can also harm patients and consume hospital resources that are better directed towards evidence-based care. Understanding why low-value pressure injury prevention in the form of the inappropriate use of prophylactic dressings on acute hospital patients is happening and how to stop this practice has not been researched anywhere. There is a research gap for this topic on how to de-implement this low-value nursing practice.

The overall aim of this research is to identify in the acute hospital setting, an effective strategy for de-implementation of low-value prophylactic dressings for pressure injury prevention. An additional aim will be to evaluate the utility of implementation frameworks for the de-implementation of low-value prophylactic dressings for pressure injuries.

Initially, one study was proposed. However, this research has evolved into include three primary studies that will inform this research.

Study 1: Joyce et al. (2018) Cochrane review on Organisation of Care to prevent and treat pressure injuries will be used as a base for a systematic review of trials conducted in the acute care setting. This review will focus on the effectiveness of delivery interventions and implementation strategies to prevent and treat pressure injuries. This study will inform, alongside a review of the de-implementation literature, on organisational factors that may facilitate evidence-based pressure injury care in hospitals and contribute to Study 3.

Study 2: A qualitative study of bedside nurses, nurse unit managers and wound nurse consultants in acute care wards, examining nurses' perceptions and decision-making processes about the use of prophylactic dressings to prevent pressure injuries in hospitalised adults.

Study 3: Based on Studies 1 and 2 and the research evidence base on de-implementation and implementation, to i) develop an implementation intervention using the theoretical domains framework to identify behaviour change techniques (BCTs) that will address organisational factors and individual factors that influence low-value prophylactic dressings for pressure injury prevention; ii) to identify and prioritise barriers to de-implementation of low-value care using dressings as pressure injury prevention using a nominal group technique involving an expert panel to agree how influential each barrier will be in preventing nurses from changing practice and to agree a priority list of barriers to address in an intervention.

A summary of this research and how it informs the development of an intervention is displayed in Figure 1 below.

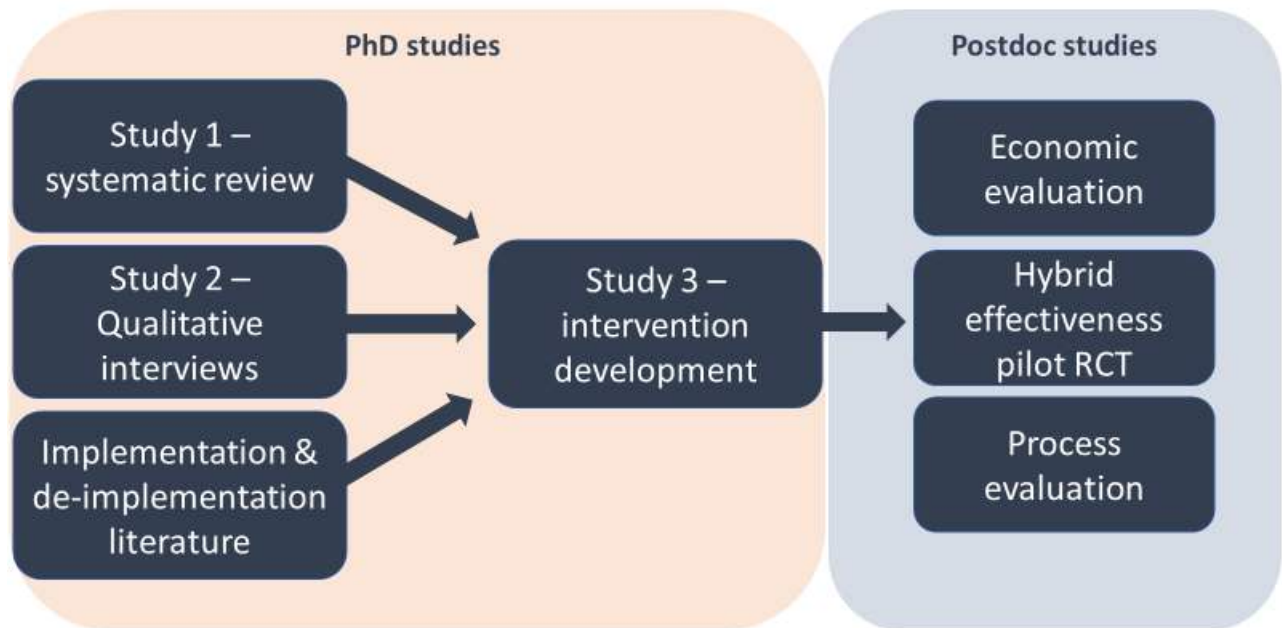


Figure 1

Currently, the systematic review has just commenced with the protocol planned to be published in the coming weeks. The qualitative study has just been ethically approved at one site and approved at another with the clause that a research collaborative agreement be signed by both the university and hospital. Data collection will begin next week and results will be published in a research journal. Implementation of this project will follow the intervention development and is currently planned while completing a post-doctoral fellowship. I have not presented this work at any conferences yet. However, there is a plan to present in 2024 once some results are published.

Activities:

- Attended MachSR online and face-to-face meetings
- Meeting with MachSR supervisor monthly to discuss barriers and solutions to research

Achievements:

- Introduction to health-services research subject complete (H1 score)
- Application for PhD program completed and accepted
- Scholarship for PhD
- Development of a protocol for qualitative study
- Development of a protocol for systematic review
- Ethics application for project

Barriers/delays: The original idea of looking at low-value prevention and management was too large for the scope of this fellowship and not narrow enough to make a difference. Prevention and management are two separate approaches (even though there is overlap between the two). This meant I had to narrow the focus of my study to be about only one low-value preventative practice. I chose the indiscriminate use of dressings in acute care settings. This also couldn't be fully understood by just one qualitative study (which was originally planned). This meant I decided to upgrade this work to a suite of PhD studies attempting to answer the question. I have faced a delay with ethics as I am both a student and clinician now completing a low-risk study, SVHM ethics department have asked for a research collaborative agreement. This has caused delays as ACU who I hold a scholarship with have a backlog of agreements to sign and it could take months. I have been approved with the Sydney site, so I am able to go ahead with interview there.

Collaboration: Through my PhD scholarship I have presented at Griffith University Research School. The PhD scholarship was part of the Centre for Research Excellence (CRE) in Wiser Wound Care. Through the CRE I have been able to collaborate with Griffith University researchers. Also being a part of St Vincent's Hospital

Melbourne, I have made connections with St Vincent's Hospital Sydney and included Sydney as a research collaborative site.

