

**Title:**

"Beyond Adoption: Exploring the Utilization and Integration of Resident Assessment Instrument-Home Care (RAI-HC)."

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**Session Title:**

Rising Stars of Nursing Invited Posters - Group 2

**Slot (superslotted):**

RSG STR 2: Friday, September 26, 2014: 10:00 AM-10:30 AM

**Slot (superslotted):**

RSG STR 2: Friday, September 26, 2014: 11:45 AM-1:00 PM

**Slot (superslotted):**

RSG STR 2: Friday, September 26, 2014: 3:00 PM-3:30 PM

**Keywords:**

RAI-HC, interpretive description and normalisation

**References:**

Browne, B. (2008). What is appreciative inquiry? *Imagine Chicago*, 1-11. Retrieved from: <http://www.imaginechicago.org/index.html> May, C. R., Mair, F. S., MacFarlane, A., Dowrick, C., Treweek, S., Rapley, T., ...Montori, V. M. (2009). Development of a theory of implementation and integration: Normalisation process theory. *BioMed Central Implementation Science* 4, 29-38. doi:10.1186/1748-5908-4-29 Murray, E., Treweek, S., Pope, C., MacFarlane, A., Ballini, L., Dowrick, C., ...Rogers, A. (2010). Normalisation process theory: A framework for developing, evaluating and implementing complex interventions. *BioMed Central Health Services Research*, 8, 63-74. doi:10.1186/1741-7015-8-63

**Learning Activity:**

<b>LEARNING OBJECTIVES</b>	<b>EXPANDED CONTENT OUTLINE</b>	<b>TIME ALLOTTED</b>	<b>FACULTY/SPEAKER</b>	<b>TEACHING/LEARNING METHOD</b>	<b>EVALUATION/FEEDBACK</b>
<b>Example</b> Critique selected definition of the term, "curriculum"	<b>Example</b> Definitions of "curriculum" Course of study Arrangements of instruction	<b>Example</b> 20 minutes	<b>Example</b> Name, Credentials	<b>Example</b> Lecture PowerPoint presentation Participant feedback	<b>Example</b> Group discussion: What does cultural training mean to you?

	al materials The subject matter that is taught Cultural "training" Planned engagement of learners				
The learner will gain an understanding of Normalisation Process Theory as it is applied to a complex intervention	Definition of NPT	5 min	Colleen R. Toye RN BScN	PP	audience feedback
The learner will gain an understanding of challenges faced and opportunities embraced by clinicians as they adopt, implement and potentially	Presentation of themes/findings	5 min	Colleen R. Toye RN BScN	PP	audience feedback

integrate a complex intervention					
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**Abstract Text:**

Optimal care of the community client, including those considered senior or elderly has become a critical consideration of the Canadian health care system. As such, meeting the health needs of the community client, a fundamental role of home care, has been theoretically improved by home care’s adoption of an electronic client assessment and information system known as Resident Assessment Instrument – Home Care (RAI-HC), one of the many assessment systems within the interRAI suite of assessments. Valid and reliable client outcome data and algorithms are generated from a completed RAI-HC, and available to home care and its assessor coordinators to support clinical and program decisions. However, adopting RAI-HC is one thing, understanding and utilizing it successfully is another. In order to realize the benefits of RAI-HC, user comprehension and application of this system in totality is central. In view of this, even though RAI-HC has been adopted in Saskatchewan home care programs, how well it is understood, and successfully utilized and integrated within day to day clinical practice and delivery of care, and indeed home care programming, is not known.

The literature review for the study provided a general overview of the suite of assessments that are within the umbrella of interRAI in order to establish the context for the reliability, validity and the overall usefulness of these electronic client assessment and information systems. The overview was followed by a comprehensive synopsis of RAI-HC as it relates to clinical practice for the individual client, population programming, and as well the use of RAI-HC and best practice implications. The perceptions of clinicians themselves with respect to facilitators and barriers in the utilization of these systems were inconclusive, and thus, there was a gap in the literature. What is more, an inquiry that moved its exploration beyond adoption of a client information system such as RAI-HC, to one that comprehensively evaluated the full integration and the value of these systems that are in place could advance knowledge.

The researcher also considered normalisation process theory (NPT), a middle range theory that offers a set of sociological tools that can be applied to “understand and explain the social processes through which new or modified practices of thinking, enacting, and organizing work are operationalized in health care” (May et al., 2009, p. 30). NPT is concerned with three core problems, implementation, embedding, and integration of interventions into routine work (normalisation), thus optimizing the intervention’s impact on health and health care (May et al., 2009; Murray et al., 2010). NPT focuses on the work that individuals and groups do to facilitate the normalisation of a complex intervention into practice, or in other words, how research (intervention that has been proven effective) becomes embedded into practice (Murray et al., 2010).

The research question ‘what are the factors that promote or inhibit the successful implementation, utilization, and embedding/ integration of RAI- HC within home care services’ has been explored. As such, the primary purpose of this study was to move beyond the adoption of RAI-HC – to identify and to understand those factors that impact the successful implementation, utilization and eventual embedding/ integration or “normalisation” of RAI-HC within home care services’ day to day practice in Saskatchewan home care programs.

In this qualitative interpretive description, the researcher gathered data via face to face semi structured interviews – the interviews were founded in appreciative inquiry, an approach that focuses on what is working well in order to bring the desired future into being (Browne, 2008). The participants were purposively selected from three Regional Health Authority Home Care Programs in Saskatchewan. The findings suggest encumbered utilization of RAI-HC, opportunities to empower its utilization, and the factors that influence both. Additionally, the findings with respect to implementing RAI-HC and how that

relates to NPT reinforced that the utilization of RAI-HC has not been normalised into day to day home care practice within the three RHA's involved in the study.

The consistency of factors that have been interpreted to impede or to potentially facilitate the comprehensive utilization of RAI-HC may well be fundamental to optimize practice change. Therefore, three recommendations ensued as a result of the study:

1. Leadership within RHA's and home care programs ought to reflect upon the overall support that is provided to the users of RAI-HC to include:

- A review of the program's orientation and ongoing education practices to include continuing competence and audits
- A review of RAI-HC clinical and technical support.
- A review of the devices (laptops/tablets) that are in use for the completion of RAI-HC.
- A review of the role of the assessor/coordinator and their role priorities.
- A review of how well RHA leadership understands RAI-HC and all that it can offer the health system with respect to optimizing community care.

2. Users of RAI-HC ought to reflect upon the challenges and opportunities of utilizing RAI-HC, and consider what it is they can do to change/ improve their practice by:

- Embracing RAI-HC preparation for use and ongoing education when it is offered and/or available in order to build understanding and trust of RAI-HC as a system that can support clinical decision making.
- Embracing the habitual utilization of RAI-HC in order to build self confidence in the utilization of RAI-HC.
- Eliminating redundant practices such as duplicate assessments.
- Utilizing available devices (laptops and/or tablets) and consider the benefits of point of care technology and how this information can empower the client and support the user's practice.
- Considering championing the utilization of RAI-HC, and supporting others in their learning and practice.

3. Finally, considering the widespread adoption of RAI-HC not only in Saskatchewan, but internationally, and considering this system is applied and potentially utilized by a variety of health professionals, governing bodies and decision makers ought to advocate for the implementation of a RAI-HC educational component in post-secondary health sciences education.

Even though the comprehensive utilization of RAI-HC has been shown to be encumbered for the participants involved in this study, these same participants are committed to the potential value of RAI-HC and what it can offer with respect to meeting client and population needs in the community. The participants identified this value time and again throughout their interviews, and gravitated to the client outcome data more often than they realized. These users would like the opportunity to understand fully the comprehensive system of RAI-HC and then to successfully utilize and apply it. Given the elimination of the factors that potentially impede utilization, and the establishment of factors that potentially facilitate utilization, this is conceivable.