The Red Tray Project

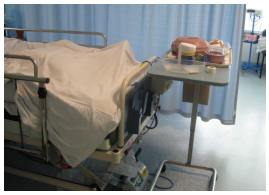
Implementation gone wrong…

Dr Adrienne Young, RBWH

What is the clinical problem?

- The orthopaedic NUM and dietitian decided that their ward needed to improve mealtime care
- High number of patients at nutrition risk
  - frail elderly patients
  - feeding assistance after fracturing an upper limb or needing a neck brace
  - hospital-wide audits: prevalence of malnutrition = 25%

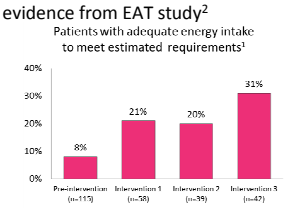
What is the clinical problem?



- Working group: NUM, dietitian, physio, nurse.
- Key mealtime issues identified based on their experiences:
  - surgeon rounds at breakfast interrupting the meal
  - inadequate feeding assistance for patients

What is the evidence?

- Strong evidence that malnutrition is a common and significant problem in hospitals[1]
- Use of Red trays and Protected Mealtimes in UK
  - Local evidence from EAT study[2]



1. Watterson et al. 2009
2. Young et al. 2013

Implementation Phase

Dietitian developed **written protocols** for red trays (in **consultation** with foodservices and NUM)

Nurse developed and displayed the **posters**.

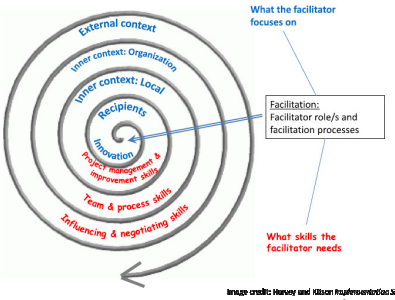
Three nursing **inservices** to talk them through the new processes prior to the launch of the red trays.

Image credit: http://www.buckshealthcare.nhs.uk/About/improving-nutrition-and-hydration-at-buckinghamshire-hospitals.htm

Implementation Phase

- Dietitian noticed that:
  - patients not getting red trays
  - patients with red trays not getting extra assistance
- Not long after implementation, the dietitian rotated workloads and handed the project over to the new dietitian.

i-PARIHS



What the facilitator focuses on

Facilitation:
Facilitator role/s and facilitation processes

What skills the facilitator needs

Image credit: Harvey and Kitson Implementation Science 2015 11:33.

Innovation – red trays, posters

What we did…	What we should have considered[1]…	What we could have done…
Went in with the solution before understanding the problem!	Underlying evidence (research, local) and knowledge sources Clarity Degree of fit with existing practice and values Usability Relative advantage Trialability Observable results	

1. Harvey and Kitson Implementation Science 2015 11:33.

Innovation – red trays, posters

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Went in with the solution before understanding the problem!	Underlying evidence (research, local) and knowledge sources Clarity Degree of fit with existing practice and values Usability Relative advantage Trialability Observable results	• Looked at the evidence: – Current practice: audits, feedback from patients and staff – Research : Is there evidence for red trays? Other evidence-based strategies? • Characteristics of the innovation: – Will it be accepted by staff and patients? – Does it require significant change to processes or way of thinking? – Clarity: Who will order and use the red trays? Who is to be featured by the hostels?

1. Harvey and Kitson Implementation Science 2015 11:33.

Recipients – who?

What we knew…	What we should have found out[1,2]…	What we could have done…
Motivated NUM and dietitian Shared vision amongst MDT working group about improving mealtime care A designated nurse "champion"	Motivation (individual/team) Values and beliefs Goals Skills and knowledge Time, resources, support Social influences, opinion leaders Collaboration and teamwork Power and authority Professional roles and identities	

1. Ref.

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Inner context – local (ward)

What we knew…	What we should have found out[1]…
Formal leadership support from NUM Ward inservice program as way to provide nursing education	Leadership: •Is the NUM likely to lead change? Other informal leaders? Culture •Prevailing values, conflicting priorities •Do staff and patients feel valued? •Past experience, learning culture, involvement in org audits etc •Staff empowered to be involved in change Infrastructure and resources

1. Harvey and Kitson *Implementation Science* 2016 11:33.

Context – org and outer

What we knew…	What we should have found out[1]…
….	Alignment with strategic priorities • Incidents e.g. PI, falls • Consumer feedback & engagement Support of key individuals and leaders within organisation • Nutrition risk committees • Director of AH/surgery/nursing etc. Culture of innovation and change; systems to support this Regulatory frameworks • Accreditation standards Policy drivers and priorities Environmental (in)stability Inter-organisational networks and relationships

Outcomes

- There was no evaluation planned for this project.

The Light & The Dark

- Light: What we learnt
  - Implementation frameworks provides a systematic way of assessing innovation, context and recipient
  - Glad that we piloted this project in just one ward, rather than hospital-wide
- Dark: What we would never do again
  - Implement without a framework
  - Implement without evaluation
  - Try to replicate what has worked elsewhere without tailoring to the context and recipients