Using co-production to improve patient carer and staff experiences in health care organizations: a multi-centre, mixed methods evaluation in inpatient stroke units (CREATE)

Record Status
This is a bibliographic record of an ongoing health technology assessment being undertaken by a member of INAHTA. Links to the published report and any other relevant documentation will be added when available.

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Using co-production to improve patient carer and staff experiences in health care organizations: a multi-centre, mixed methods evaluation in inpatient stroke units (CREATE) Health Services and Delivery Research

Authors' objectives
Stroke is a common health problem which often leaves people with disabilities requiring specialist stroke unit care. Patients and carers regard inpatient therapy and rehabilitation as the most important elements of treatment after stroke. However, national recommendations for the amount and frequency of therapy are not currently being met and studies show that inpatients in stroke units spend most of the day inactive. It is essential that stroke services find new ways to provide opportunities to increase supervised and unsupervised patient rehabilitation activity. Patient, carers and other stroke unit staff, not just therapists, could have more active roles in helping patients to participate in and practise rehabilitation activities. Therefore, we propose developing and assessing the impact of a relatively new method of bringing together staff, former patients and carers to review and jointly redesign the way in which rehabilitation-related activity is provided in stroke units in the early days and weeks after stroke. The research would be conducted in 4 stroke units, 2 in London and 2 in Yorkshire. The method, Experienced Based Co-Design (EBCD) is a structured process for co-producing services between staff, patients and carers. It draws expressly on patient experiences and shares these with staff as the basis for service review and redesign. Although not previously tested in early phase stroke care, co-production has resulted in transformation of other healthcare services and we anticipate that this method will transform how inpatient stroke rehabilitation is delivered. We will use EBCD in 2 stroke units, then test the new ways of working produced in 2 additional units to see whether being part of the EBCD process is important in successfully introducing these changes in other stroke units. The new ways of working will be evaluated using patient reported experience and outcome measures. We will also interview staff, patients and carers about their experiences of and views on participating in the EBCD approach. We will observe the practices of staff, and the amount and type of supervised and unsupervised patient rehabilitation activity in the study sites before and after the new ways of working have been implemented. The research team includes an expert in the EBCD model, researchers with professional backgrounds in physiotherapy, nursing, social anthropology and medicine who have led national studies of stroke care. Some team members have lead roles in developing the National Clinical Guidelines for Stroke. The team is supported by an expert advisory group, which includes stroke survivors, clinical staff, service managers and commissioners. The research costs requested support a range of activities essential for successful evaluation of the EBCD model including training staff to use EBCD, staff cover whilst representatives from units participate in co-producing new processes and interventions, and for researchers to undertake data collection and to support all participants throughout the EBCD process and implementing the EBCD derived new ways of working in the additional stroke units.

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