Research Proposal

Aims:
1) test the suitability of the NSDT for a main intervention study
2) test the protocol for a main intervention study in a feasibility study
3) conduct a process evaluation of the study design.

Objectives: to confirm the participant numbers of the control and intervention groups; suitability of the primary and secondary outcome measures for detecting change as a result of implementing the toolkit; recruitment and retention procedures; confirm acceptability, practicality and adaptation of study design.

Activities: NHS R&D and university ethics approval. In 1 NHS hospital site, 1 control and 1 intervention ward are matched for frail elderly admissions. On intervention ward qualified nurses (n=20) use a Nurse Delegation and Supervision toolkit (NSDT). On control ward, qualified nurses (n=20) observe usual practice. On both wards, pre- and post- intervention data will be collected with validated outcome measures. 5 patient and 10 nurse interviews on intervention ward only will form a process evaluation.

Rationale: The development of the NDST (Allan et al 2015) suggested that it could be of significant use in supporting qualified nurses in the development of effective delegation and supervision skills and improving bedside care. The feasibility study will test that the measures are appropriate for the intervention and the recruitment and retention in the study, and confirm the sample size. It will assess acceptability and practicality of the NSDT and the study procedures; it will assess implementation (likelihood in which the toolkit could be implemented); adaptation (assess modifications to the toolkit); integration (assess the level of systems change needed to implement the toolkit) (Bowen et al 2009). We will conduct a process evaluation of the design by a) patient interviews b) research participant interviews.

Background: Ball et al (2013) reports that 86% nurses in acute care report care left undone (comforting and educating patients, updating care plans) during their last shift. Elements of missed care regularly omitted in an American study include ambulation, feeding, hygiene, support and discharge planning (Kalisch 2006). Ball et al (2013) and Kalisch et al (2012) report poor patient outcomes arising from episodes of missed care with a positive correlation between lower staffing levels and higher missed care episodes. Care delivery is increasingly delegated to support staff and poor delegation is frequently a cause of poor patient outcomes and episodes of missed care (Gravlin & Bittner 2010; Kalisch et al 2009) with unsupervised Health Care Assistants (HCAs) more likely to omit care. While the NHS Outcomes Framework focuses on safety and experience (domains 4 and 5), historically poor care has been either swept under the carpet or reported as complaints against staff (Allan et al 2015). Bedside care is delegated to HCAs and supervised by registered qualified nurses. Poor delegation creates a 'fertile ground for error' (Sikma & Young 2001) and ineffective delegation and supervision of HCAs (Whitehead & Holmes 2011) contribute to hospital variation in quality of care and are linked to poor patient outcomes and 'missed care' (Weidt 2010) particularly in relation to frail older people (Anthony & Vidal 2010). Missed care is any aspect of required care that is omitted in part or in whole, or delayed (Gillen & Graffin 2010). It encompasses direct patient care, such as bedside care, as well as indirect care which shapes the patient experience such as discharge planning. Delegation requires a complex set of skills which can be challenging for qualified nurses to acquire (Whitehead et al 2013) and is under-addressed in nurse education. There has been little research into delegation and supervision by qualified nurses (Nelson et al 2002) despite the significance of the delegated work and its adequate supervision (Lemieux-Charles &

McGuire 2006). Following a multi site, multi methods study (Allan et al 2015) into delegation by newly qualified nurses to HCAs, we have argued that improving functioning in nurse delegation and supervision of HCAs maximises the coordination of bedside care and ensure safe, effective and efficient patient outcomes in terms of missed care episodes (Allan et al in review). We developed the Nurse Delegation and Supervision toolkit (NDST). In this proposed feasibility study we aim to evaluate the use of this toolkit in improving qualified nurses' confidence and ability to delegate and supervise care to HCAs with two outcome measures prior to applying for NIHR funding to conduct a full intervention study.

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