Pre-implementation qualitative assessment of a sepsis transition and recovery program to advance sepsis survivorship using the CFIR

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Background: Sepsis survivors represent a vulnerable population with high morbidity, mortality, and hospital readmissions. Postsepsis care recommendations target specific deficits experienced by sepsis survivors; however, common health system barriers limit the adoption of best practices across the transition out of acute care. The Sepsis Transition and Recovery (STAR) program is a telehealth nurse-led navigation model to proactively coordinate the application of best-practice recommendations for post-sepsis care. To inform and adapt implementation strategies for the program, we incorporated pre-implementation evaluation in the development of STAR to identify stakeholders' perspectives and implementation factors that may act as facilitators or barriers to integration of STAR into the workflow for post-sepsis care transitions.

Methods: We conducted qualitative interviews guided by the Consolidated Framework for Implementation Research (CFIR) to explore organizational support, culture, workflow processes, needs, and recommendations for STAR implementation. Between March-July 2020, we administered semi-structured interviews to eight health system leaders (Chief Medical Officers and Nursing Executives) and eight providers from diverse hospitals and care settings. Interview recordings were transcribed for coding and qualitative analysis using ATLAS.ti. We completed preliminary analysis of data from interviews with health system leaders using CFIR domains and constructs.

Findings: Health system leaders identified no other sepsis-specific transition programs in their facilities and indicated the STAR program was important to address sepsis survivor needs. CFIR guided qualitative assessment identified multifaceted facilitators (n=30) and barriers (n=27) to STAR implementation. Major facilitators spanned four CFIR domains (Intervention Characteristics, Outer Setting, Inner Setting, and Process) and included alignment between STAR and health system goals, fostering buy in with key stakeholders, strong communication with patient care teams, and effective integration with community needs and resources. Major barriers were found across all five CFIR domains (Intervention Characteristics, Outer Setting, Inner Setting, Process and Characteristics of Individuals) and included competing demands for staff time and resources, insufficient communication and education of program value and effectiveness, and ensuring informational and technology requirements for patients and providers are supported.

Implications for D&I Research: Our findings support that CFIR is an effective framework to examine facilitators and barriers for pre-implementation planning of a sepsis transition program.