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COMMENTARY

Establishing a hospice at home service: lessons to share

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This paper identifies that a body of literature and policy initiatives such as the England End of Life Strategy (2004) have been a catalyst in identifying a model of hospice care in the home that best meets the needs of the community it will service. The focus of the paper is on the evaluation of this strategy locally with lessons learned and project limitations identified from undertaking this piece of work.

Evaluation has not always been planned well and at times it can seem that the evaluation is an addon rather than an essential component of the whole piece of work (Wilson, Hardy and Brown, 2008).

Evaluation is an important element of quality or service improvement projects and research activities which includes practice development work. All these approaches share a desire to enable understanding of the impact and effectiveness of processes and interventions and to contribute to our current body of knowledge in these areas of the work. For example, Pawson and Tilley (1997) using realistic evaluation; and Redfern (1998) cited in McCormack, Manley and Garbett (2004, p 86) highlight the importance of knowing from an evaluation if the initiative has worked, for whom it worked, why it worked, and in what circumstances it worked. McCormack, Manley and Garbett (2004, p86) have identified an additional consideration in evaluation studies which is what has been learned from engaging in this work that has made it work.

Person centred approaches such as fourth generation evaluation (Guba and Lincoln, 1989) differ from the evaluation approach used by the authors in that with practice development, the evaluation strategy is developed alongside of the development of the initiative using a range of strategies to gather information to inform the evaluation. The key stakeholders are part of the evaluation design, implementation and overall outcome of the work. Wilson, Hardy and Brown (2008) highlight the need to also include transformational aspects of the programme of work within the evaluation framework.

Practice development focuses both on process and outcomes as the work is planned, evolves and through on-going evaluation. There is an emphasis on learning in and from practice; and the transformation of individuals and teams and the context of care to that of person centredness. Evidence is used to inform practice and evidence is generated from the practice development work. The authors' work of establishing a hospice at home initiative is important to informing best care practice and the application of policy into the real world of practice using evidence. It also employs a number of systematic approaches to the evaluation of the project; however I suggest that it does not align with the intent, purpose and principles of practice development. In addition I am left wondering whether or not the evaluation strategy was considered up-front when determining the project scope.

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I encourage the authors to challenge their thinking and to access the literature regarding practice development theory. I suggest it may be helpful if the authors engage in conversations with others who are involved in practice development work to inform their thinking and approaches into the future regarding evaluation strategies that support practice change within a practice development framework. For example, consideration of the PRAXIS evaluation framework (Wilson, Hardy and Brown, 2008) can position the approach differently, as it focuses the evaluation work on six core elements known as purpose, reflexivity, approaches, context, intent and stakeholders to inform and design an effective evaluation which may be of benefit to the authors.

Choice of framework can either limit evaluation of projects such as this one to a service improvement scope or broaden it to look at what added benefits a project or a development in practice can bring and how the learning is being or needs to be sustained more widely across a service or an organisation.

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