Development of an intervention to increase adherence to nebuliser treatment in adults with Cystic Fibrosis: CFHealthHub

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First Intervention Visit: Worksheet

Participant ID: 
Interventionist name: 
Date: 
Time: 

Consent visit Motivation rating (from COM-BBQ): ____
Consent visit Confidence rating (from COM-BBQ): ____

1. I have turned on the Dictaphone ☐
2. Are there prescription changes needed Yes ☐ No ☐
   These are:

3. Complete the online consent form with the participant ☐
4. Briefly Introduce CFHealthHub
   Check My progress ☐ Settings ☐
   CFHH App for smartphones ☐
   Navigation bar (top right) ☐
   Personalisation settings:
      Wallpaper explained ☐
      Notifications ☐
      Rewards messages ☐
      Data sharing allowed ☐

5. Ask participant to navigate to My Toolkit and discuss ☐
   Show:
      My Treatment modules ☐
      Treatment video(s) ☐

6. Discuss Motivation rating ☐
   (see top of page 1 of worksheet)
   Key reasons for motivation given were:

   Reflect and reinforce reasons ☐
   Say: When you completed the questionnaires about the study you
   were asked to agree or disagree with the statement:
   'I want to do all of my prescribed nebuliser treatment in the next 4
   weeks'. (see motivation rating above)
   Why did you want to do your treatment that much?

   Say: This is tailored content, specifically designed for you based
   on your prescription and the answers that you gave to the
   questionnaire

   Say: So you want to do your treatment because…..
   You’re absolutely right doing your treatment will…..

7. Show adherence graphs or charts, orientation to display and functions.

- Graphs:
  - Default
  - Date slider
  - Target line
  - Traffic light colour scheme
  - Hover for times

- Tables:
  - Weekly
  - Absolute values
  - Traffic light colour scheme

8. Review adherence and focus on successes

   - Yes
   - N/A

   Key factors resulting in success were:

   [Box for input]

9. Ask about their nebuliser treatment on one (or two) day(s) last week

   - Identify which treatments are being missed:

   [Box for input]

10. Ask about factors affecting non-adherence

    - Yes
    - N/A

    Key factors affecting non-adherence were:

    [Box for input]

11. Is motivation too low to continue?

    - No
    - Go to part 12

    - Yes
    - because:
      - No/low intention to take treatment
      - Identified from beliefs
      - Shuts down/not bothered
      - Possible depression referred to PI
      - Other:

    [Box for input]
12. a) Support participant to make action plan(s).

Yes ☐  What is the cue (if) in the if then plan?

No ☐  Because:

b) Support participant to set personal target goal  Yes ☐

Agreed goal is  %

Which drugs do these planned treatments relate to:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Ideal number of treatments</th>
<th>Planned number of treatments</th>
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13. Identify and discuss key anticipated barriers in meeting goal and identify solutions  Yes ☐  N/A ☐

<table>
<thead>
<tr>
<th>Problem/Barrier</th>
<th>Solution</th>
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<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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</tbody>
</table>

14. Discuss confidence  (goal set)  Yes ☐

I am confident that I can achieve my target goal in the next 4 weeks

Strongly disagree  1  2  3  4  5  6  7  Strongly agree
Remind about times of good adherence ☐  
Remind about tools to help ☐  
Go to part 16

15. Discuss confidence (no goal set)  Yes ☐  
Focus on relationship building

You need to understand the motivational barriers to adherence. So ask open questions, listen carefully, and reflect back what is said to make sure that you understand

Did you identify additional modules that should be added to My Toolkit?  
Yes ☐  
No ☐

16. Are there any suitable videos to add to the toolkit at this time?  
Yes ☐  
No ☐

Choose videos that best match the characteristics of the participant e.g. gender, age, occupation, barriers encountered. (optional)

17. Review the session  Yes ☐  

Remind how to log in ☐  
Remind how to access adherence charts ☐  
Remind how to access My Toolkit ☐  
Remind who to contact if problems ☐  
Ask if participants have any questions ☐

Say: Remember you did manage to do all of your treatment when…. or You've made a plan now that could help with that problem

Say: When you completed the questionnaires about the study you were asked to agree or disagree with the statement: 'I am confident that I can do all of my prescribed nebuliser treatment in next 4 weeks'. You said (see rating at top of worksheet sheet)

Why were you that confident?

What might help you to feel more confident?

Say: The most important thing is that we begin to learn how to help you with your nebuliser treatments. If this/these plans don't work, then don't worry. If that's the case then we'll work to find other plans and solutions to suit you when we meet next time.

18. Make/confirm appointment for next session  Yes ☐  

Date and time:
Location/Mode