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A Collaborative Inquiry into Whole system change in Healthcare

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Abstract

The National Clinical Programmes (NCPs) in Ireland were established in 2010 to improve access, quality and value. By 2012, it was recognised that whole system change had not yet been achieved. The aim of this research was to assess the challenges to implementation. The World Café method of collaborative inquiry was utilised. Three key questions were explored and through inductive thematic analysis, key themes were generated. There were 59 participants. A total of 930 responses were received. Using an inductive approach to analysis of themes 5 key themes were generated; Integrated care; Patient Centred Care; Clinical Governance; Funding models and e-Health. Having a clear vision methodology and clinician buy and involvement in the design of new models of care is not sufficient to ensure implementation. Implementation of new models of care must be supported by essential enablers such as policy, financial and human resource models, and knowledge management systems.

Introduction

Across the world, health and care services seek to control costs and improve quality of services [1]. The HSE (Health Service Executive) National Clinical Programmes (NCPs) in Ireland were established in 2009 in response to inadequate implementation of clinical standards and regional variation in practice revealed by a inquiries into serious adverse events in Irish hospitals during the early 2000s [2, 3]. A partnership between HSE, Clinicians and patients, the programmes aimed to improve access, quality, and cost-efficiency. The adoption of the NCPs coincided with a profoundly challenging period for the Irish economy. Large funding and staffing cuts were imposed on the health system.

Despite this, several quality metrics indicated that services were maintained or enhanced. However, after 3 years, despite these improvements, there was recognition that the desired outcome of achieving whole system change had not been achieved. This research aimed to assess the challenges that had been experienced by participants of the programmes.

Methods

A Multi-Stakeholder Engagement Process, the World Café method [4, 5] was utilised. World Café is a participatory method that uses a structured process to enable conversations that generate collective discoveries that are collated and shared [4, 5]. The aim was to obtain the views of participants on three questions which were orientated towards the principles of appreciative inquiry and developed as 'provocative propositions' [6]: 1) What is good about the Clinical Programmes? 2) What is not good about the Clinical Programmes? 3) Make one suggestion on how to improve the Clinical Programmes

The World Café setting created a relaxed environment where participants were grouped at tables of 6-8 with each question considered in turn for 30 minutes with participants noting comments and insights on cards. At the end of each session the cards were collected. Feedback was anonymous. The comments were entered into an excel spreadsheet for analysis and reporting. Participants were identified by purposive sampling and included national clinical leads, GP leads, programme managers, members of the postgraduate medical training forum and patients and patient advocacy organisations and representatives from academic institutions. 2 events were held. The purpose of the collaborative inquiry was to develop a shared understanding of challenges to implementation to inform the next phase of the programmes. The activity was screened in accordance with HSE Research Ethics guidance and was deemed not to require research ethics committee review. The work observed the ethical principles articulated within the Belmont Report [7].

Data was analysed by inductive thematic analysis of the written material, observing the 6 phases of thematic analysis according to Braun and Clarke (figure 1) [8]. Three investigators familiarised themselves with the data by reading and rereading the written submissions and noting down initial ideas. Codes were given to recurring words or ideas which were then simplified and expanded into categories and themes as patterns were identified. The themes were then expanded and further revised and finally refined. A report was produced which was circulated to all participants.

Results

59 participants engaged in the process. 930 responses were recorded. Initial analysis resulted in a significant number of codes, which were further analysed to a set of final codes (59) and then categories (9) as summarized in Figure 1.

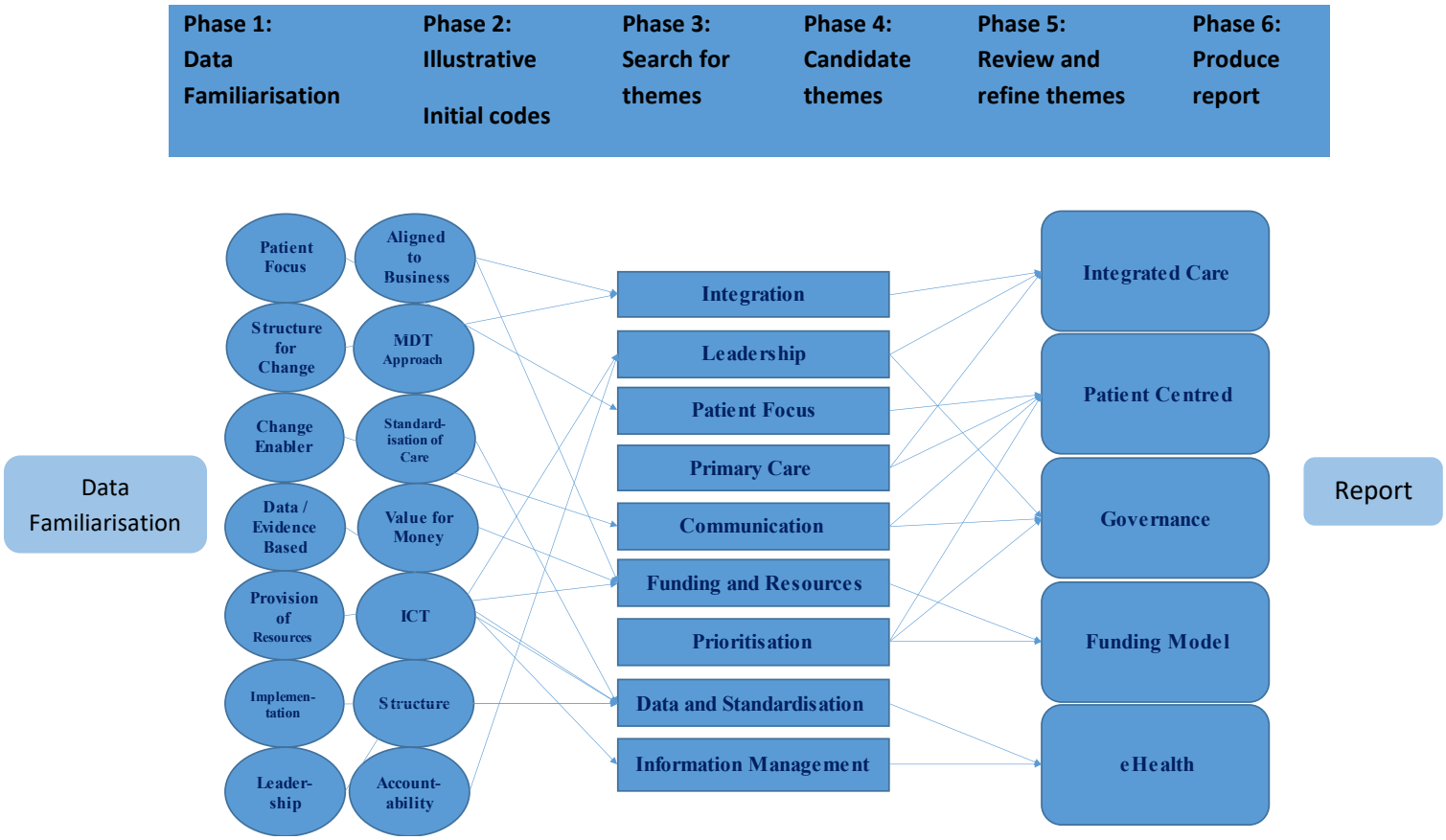

Figure 1. Codes, Categories and Themes.

Generated Themes

Theme 1: Integrated Care

An organizing concept for 76 codes and 8 candidate themes, participants described the importance of a partnership approach to the Clinical Programmes and the importance of better integration. One comment stated, "*College involvement gives the NCPs credence and credibility*" with another commenting that the multidisciplinary nature of the programmes "*Harbour better understanding between the various disciplines and health settings*" and another The NCPs "*created great and powerful connections among people across system*". There were many comments on the lack of integration across the programmes with one comment being "*The programmes are at risk of becoming silos*"

Theme 2: Patient Centred

An organizing concept for 120 codes and 10 candidate themes, participants commented "*Give patients what they need rather than what you think they need*" and another there is a "*Sincere genuine interest in patients*". It was recognised that "*there is much more to a patients care than the hospital component*". Other comments stated that the NCPs offered the opportunity to "*Identify the real priorities vs political priorities*" and that "*Patient and patient groups must be included in all stages of health planning*".

Theme 3: Governance

An organizing concept for 92 codes and 7 candidate themes, participants commented that "*Governance wasn't clear*". Another that "*there is a need for proper governance to get national policy programmes implemented*" and another comment was that there was a "*lack of evaluation of impact of change*" and another "*Clarify governance relationships / structures within the clinical programmes and within the HSE".*

Theme 4: Funding Model

An organizing concept for 33 codes and 6 candidate themes, participants commented: "*Funding not there even for initial start-up* ". The need for clear funding models to support the work was identified with representative comments including "*revise the funding model*", and "*take a prospective funding approach to more programmes*" and "*introduce funding per procedure / prospective funding for services - across acute and primary / community"*

Theme 5: eHealth

An organizing concept for 58 codes and 4 candidate themes, participants described severe challenges with information and communications technology (ICT) and procurement with one representative comment stating, "*ICT procurement and approvals process is very slow and cumbersome*" A sense of frustration was evident form the comments and one comment highlighted the "*Need for better national records / registers and information technology in general*".

Discussion

The World Café approach was powerful in facilitating cross-pollination of ideas and perspectives and the connection of diverse viewpoints into a coherent vision. The sensemaking that took place through the highly structured process, yet in a relaxed environment, enabled co-evolutionary creative conversations that generated discoveries that were harvested and shared.

While the programmes had achieved much, analysis of the themes revealed the need to maintain and enhance leadership, develop patient centred clinical pathways that seamlessly cross organisational and professional boundaries. There was a recognized requirement to; align programme design with service priorities, enhance evidence-base and performance and outcome measurement, ensure structured and consistent implementation, and ensure alignment with key enabling functions such as Finance, Human Resources (HR) and ICT. The output from this participatory inquiry supported the development of the Integrated Care programmes which are now a key pillar of national health policy.

There is very little in the scientific literature about using a World Café approach in healthcare however, we feel that this method fits well within the action research family of approaches as it relies on an appreciation of local knowledge and co-design and co-evolution of solutions [9]

Having a clear vision, a prescribed methodology and clinician buy in and involvement in the design of new models of care is not sufficient to ensure implementation. For new models of health and social care to be successful, a whole system approach to design and implementation must be taken, adequately supported by key enablers including policy, financial and HR models and knowledge and information management systems. The World Café approach proved to be a very powerful method of engagement that facilitated a collective intelligence about the challenges of implementation from many different perspectives and allowed the co-creation of solutions to inform the next phase of the programmes.

Declaration of Conflicts of Interest:
The authors have no conflict of interest.

Presentations:
This research has been presented at an integrated care conference with the conference abstract published in the International Journal for Integrated Care.

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