

Developing Capability: Guiding Principles From a Realist Evaluation of Implementation of Multi-site Hospital Interventions

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INTRODUCTION

Building clinical capacity for staff to face unfamiliar or unpredictable patient scenarios is a powerful implementation strategy for large-scale improvement interventions.

This study presents guiding principles for implementers, distilled from a realist evaluation of a value-based care initiative delivered to all health districts in New South Wales, Australia (n = 100 hospitals).

AIM

The aim of this study was to distil findings to produce guiding principles to guide implementers and developers of future initiatives

METHODS

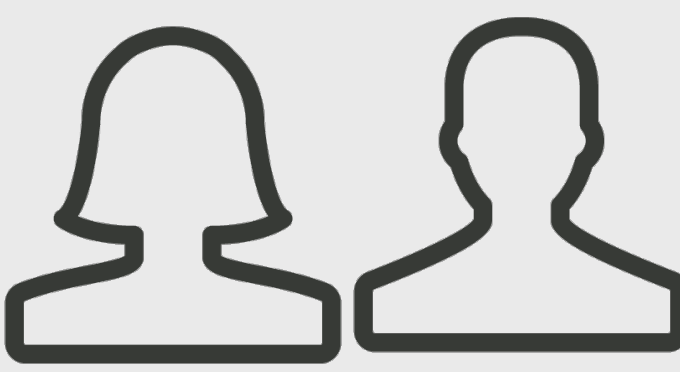
We used findings from a mixed methods realist evaluation. We wanted to understand the contexts, mechanisms and outcomes to determine what works, for whom and under what circumstances. Data was drawn from:



the published and grey literature



public and internal program documents



informal discussions with implementation support staff

semi structured interviews with 10 informants (out of 37 identified) from 7 local health districts.

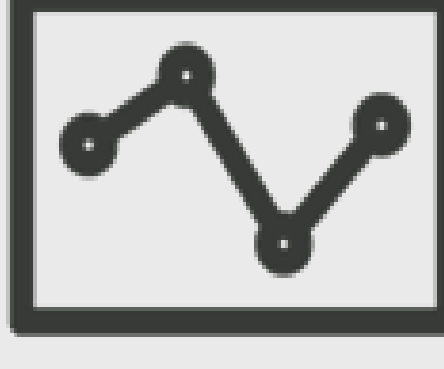


Data analysis included a synthesis of the data sources to make sense of what was going on. We then formulated the findings into guiding principles which are reported here.

The setting was seven local health districts in New South Wales, Australia that implemented three initiatives within a value-based healthcare program: Inpatient treatment of:



Diabetes Mellitus



Chronic Obstructive Pulmonary Disease



Chronic Heart Failure

RESULTS

- Five guiding principles were distilled from the data:
- 1

Involve all levels of the health system to effectively implement large scale capability
- While it is the clinicians on the wards that may be enacting change, their ownership and commitment to the initiatives is heavily influenced by macro- and meso-levels of the health system; i.e., state-wide agencies, senior site leaders and management .
- 2

Design capability development activities in a way that supports a learning culture
- Teams and organisations that have a positive learning culture are known to be more effective in embedding change.²⁵ Characteristics of a learning culture include a commitment to continuous improvement, and the use of data to inform practice. Key to creating and sustaining a learning culture is support from senior management to develop capability within work hours and incorporate these activities into routine work.
- 3

Plan capability development activities with staff turnover in mind
- Rather than a single round of activities, plan to repeat them at regular intervals for new staff, or incorporate initial learnings into updates and ongoing events to ensure all staff’s capabilities are improving. Regular updates will maintain the currency and positive attitude of existing staff and reinforce the value of the initiative.
- 4

Increased capability should be distributed across teams to avoid bottlenecks in workflows and the risk of losing key staff
- Developing capability across whole teams is a more efficient and sustainable approach and can also mitigate the risk of losing key staff. For leadership roles vulnerable to staff turnover or changing priorities, sharing the role and succession planning should be considered to maintain momentum of the initiative.
- 5

Foster cross-site collaboration to focus effort, reduce variation in practice and promote greater cohesion in patient care

Collaboration between sites can standardise practices, reduce effort, and increase engagement. Key to this are designated leadership or coordination roles that span sites and link up individual teams.²⁹ Whether the groups actually meet, or the cross-site coordinator acts as a go-between, collaboration can promote group problem solving, sharing of experiences and useful approaches, prevent duplication of effort, and keep the momentum on the initiative.

CONCLUSIONS

The role of resource provision, ward and team culture, and leadership emerged as key considerations when attempting to implement large-scale change in dynamic and complex systems. We will discuss these issues interactively with the audience, and consider how to apply these guiding principles in low-, middle- and high-income settings

PAPERS FROM THIS PROJECT

1.

Sarkies MN, Francis-Auton E, Long JC, Partington A, Pomare C, Nguyen HM, et al. Implementing large-system, value-based healthcare initiatives: a realist study protocol for seven natural experiments. *BMJ Open*. 2020;10(12):e044049.

2.

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3.

Long JC, Sarkies MN, Francis Auton E, Nguyen HM, Pomare C, Hardwick R, et al. Conceptualising contexts, mechanisms and outcomes for implementing large-scale, multisite hospital improvement initiatives: a realist synthesis. *BMJ Open*. 2022;12(5):e058158.

4.

Francis-Auton E, Sarkies M, Pomare C, Long Janet C, Hardwick R, Nguyen HM, et al. Real Talk: A Realist Dialogic Approach in a Realist Evaluation *International Journal of Qualitative Methods*. 2022.

5.

Long JC, Sarkies MN, Francis-Auton E, Roberts N, Hardwick R, Nguyen HM, et al. Guiding principles for effective collaborative implementation strategies for multisite hospital improvement initiatives: a mixed-method realist evaluation of collaborative strategies used in four multisite initiatives at public hospitals in New South Wales, Australia. *BMJ Open*. 2023;13(6):e070799.