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Attaining improvement without sustaining it?

The evolution of facilitation in a healthcare knowledge mobilisation initiative

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CLAHRC GM: Why facilitation?

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- CLAHRC GM implementation approach (2008-2013):
  - Framed by Promoting Action of Research Implementation in Health Services (PARIHS) conceptual framework and the Model for Improvement
- PARIHS defines successful implementation as a function of the interplay between Evidence, Context and Facilitation: SI = f (E,C,F)
- Facilitation:
  - A role (facilitator) + a process (facilitation)

<u>Improvement methods:</u>
Aims/goals
Collaborative learning
Local application (PDSA)
Audit and feedback
Benchmarking

CKD Improvement Project

- Internal facilitators (non-clinical and clinical)
- External support
  - experienced facilitators
  - clinical/opinion leaders
  - academic guidance
- Changes in facilitation input and support over time

Project phases

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PHASE 1

- 2 non-clinical facilitators
- Programme Manager
- Data analyst
- Clinical leader
- Academic/ experienced facilitator

PHASE 2

- 1 non-clinical facilitator
- 2 clinical facilitators
- 2 managers
- Data analyst
- Clinical leader
- Academic/ experienced facilitator

PHASE 3

- 2 non-clinical facilitators
- 3 clinical facilitators
- 3 managers
- Data analyst
- [All part-time]

How did facilitation evolve?

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Three interrelated and overlapping processes:

1. Prioritisation of (measurable) outcomes over (interactive) process;
2. Reduction of (multiprofessional) team engagement;
3. Erosion of the designated facilitator role

Prioritisation of outcomes over process

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…In the third phase especially… people were asked to buy-in to an outcome, and so, rightly or wrongly, **delivering that outcome becomes a primary focus, however you achieve that.**

...The electronic auditing tool became... the main theme of the project really... **It completely revolves around the tool...**

...The third phase... was more prescriptive in terms of the steps that people went through; **there wasn't that kind of shared learning environment...**

Reduction of team engagement

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...Phase one: it would be a self-identified **multi-disciplinary practice team** made-up of an administrator, a general practitioner, and a practice nurse. In ***the second phase,* a lot looser…** but there was that kind of… **if you can, then a multi-disciplinary team would be great…**

...Initially these practices expressed an interest to take part, whereas **the further on you moved through the phases it was a CCG decision to take part...**

***...In the third phase,* the doctors had no involvement whatsoever;** the nurses did everything they could for the project, but really... were battling it out on their own…

Erosion of the facilitator role

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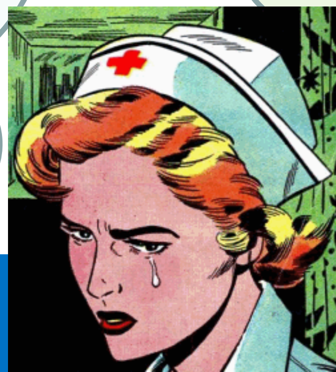
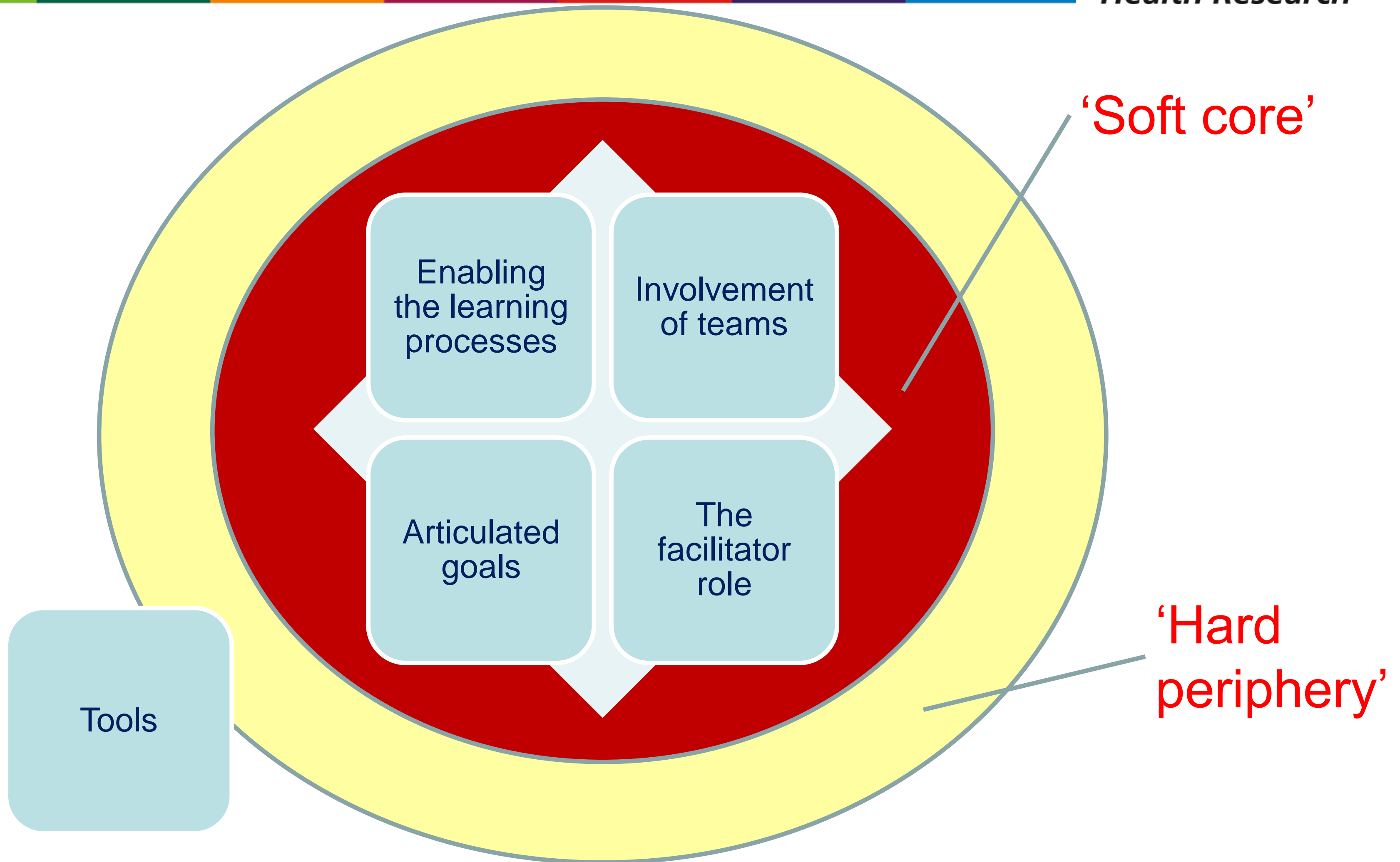
I did so much of the work for [the practices]… Although the project was completed, and the outcomes… were very good, **because I did so much of the work for them I don't think the changes in the practice will be as sustainable.**

...[The non-clinical facilitator] stepped up then and was doing more of the liaising with stakeholders and recruiting more practices, more office-based. **He took on more of a management lead...**



Facilitation as a managerial technique



Distortion of facilitation

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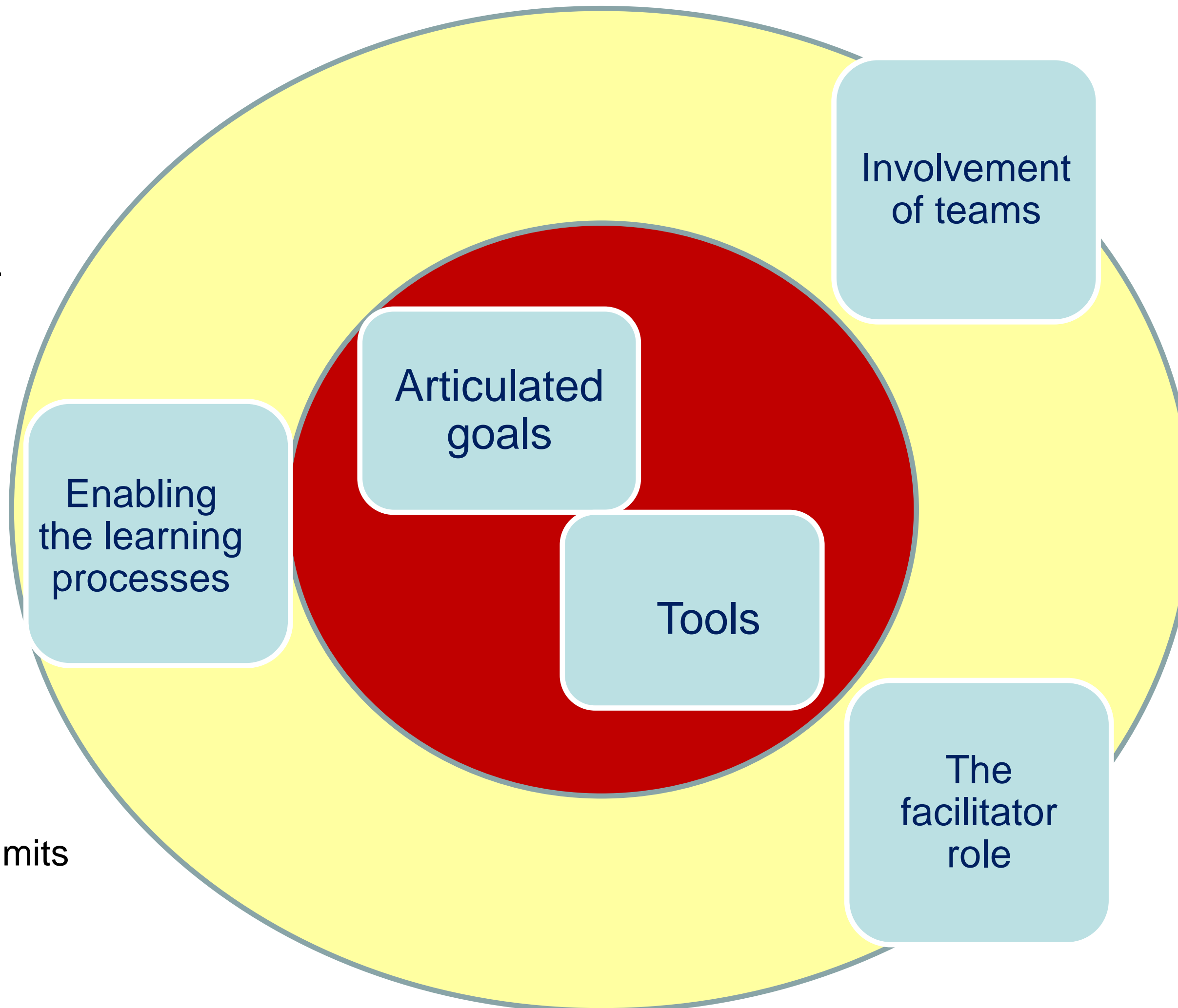
- Explicit performance goals prioritised over implicit sustainability-related goals
- Learning how to meet performance targets, rather than how to improve services
- Context substantially limits the agency of facilitators



- Privileging some 'core' components over the others
- Replacing 'core' components by the 'peripheral ones
- Facilitators shifting from 'enabling' to 'managing' and 'doing'

Implications for practice

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- Revisiting the facilitation concept
  - from individuals in facilitator roles to network of facilitators and facilitator development and support
  - differentiating facilitator role and scope according to context
- Revisiting the PARIHS framework
  - from heuristic to integrated-PARIHS framework
  - explicit theoretical base
  - facilitation as the active element
  - operationalising the facilitation role and process

The i-PARIHS framework

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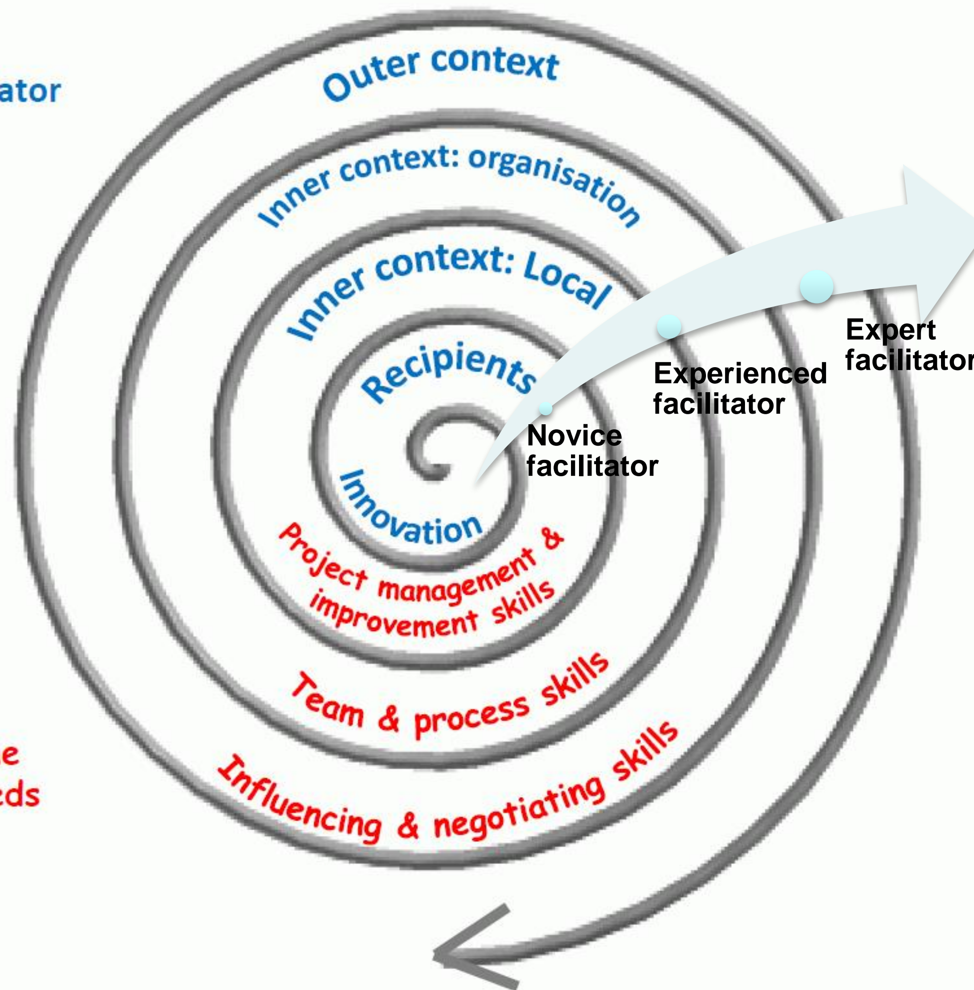

Application in practice

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- An organisational change programme: Central Adelaide Local Health Network
    - Move to a new hospital
    - ‘Transforming health’ agenda
    - Goal of building a learning organisation
- ‘Enabling for Change’ programme creating a network of:
    - Expert facilitators (5)
    - Experienced facilitators (36)
    - Novice facilitators (216)
- Work in progress ….!