

Using Change Management Frameworks to add Value to Health Service Evaluations

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The Problem

- **There is a gap between evidence-based best practice & daily practice in healthcare settings**
- **Complexity of the healthcare environment makes it difficult to breach this gap**
 - *“individual approaches [to change] fail to recognise that medicine is largely practiced as part of a group or team, embedded within a complex organisational structure” (Ferlie & Shortell, 2001)*
- **Need for an effective framework to identify barriers & enablers to change in this setting & inform change management strategies**

The Context

- **Qualitative Research into the Implementation of Best Practice Pain Management in Emergency Departments**
- **A project Campbell Research conducted for the National Institute of Clinical Studies (NICS) - an institute of the NHMRC**
- **Will use this project as a case study to:**
 - Highlight the evidence-practice gap
 - Introduce a multi-level evaluation framework
 - Demonstrate how this framework can be applied to **add value** to change management practices in Australian health service settings

Background

- **NICS works to improve healthcare by getting the best available evidence from health & medical research into everyday clinical practice**
- **This project examined change management in the emergency department setting**
- **Designed to inform a targeted implementation initiative to improve ED pain management based on evidence-based best practice guidelines**

Background

- A national audit had identified **gaps** between actual clinical practice & best practice
- NICS wanted to understand the barriers & enablers to these gaps prior to launching a national implementation strategy
- Qualitative research commissioned to understand the perspective of emergency department clinicians

Barriers & Enablers to Change

- **Identifying barriers to, & enablers of, change is an important step in planning how to address the evidence-practice gap**
- **Barriers & enablers can occur in different settings, across different levels of the health care system**
- **Understanding what is going on at each level, and the context, helps to develop targeted strategies**

Multi-level Framework

- CR&C utilised multi-level framework for change to guide the evaluation
- Developed by Ferlie & Shortell (2001) this framework identifies 4 levels within the health service setting where change occurs:
 1. The **individual (Emergency Department clinician)**
 2. The **team (Emergency Department)**
 3. The **organisation (hospital/ health service)**
 4. The broader **system (Australian healthcare system)**

Multi-level Framework



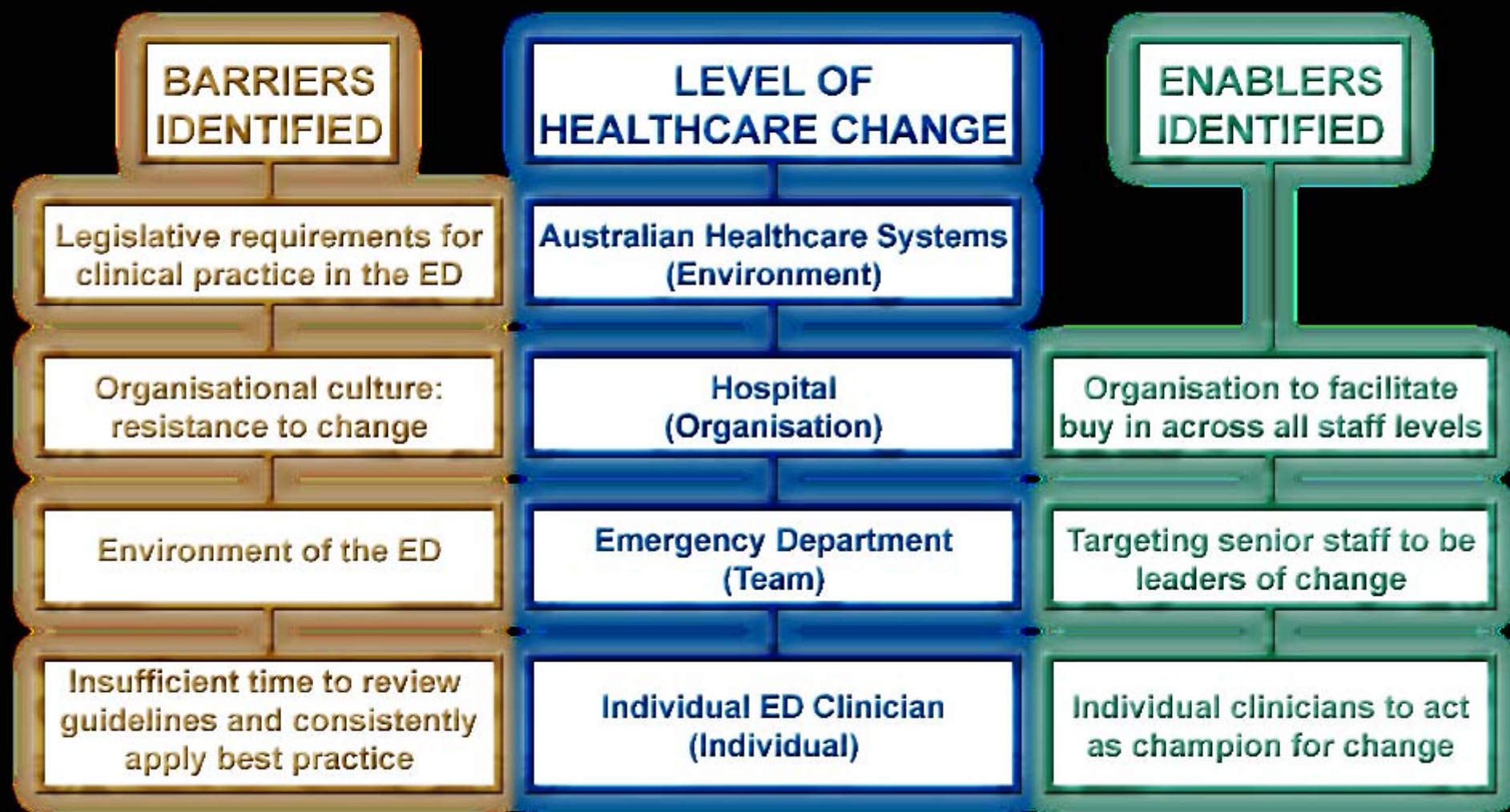
- Considering all 4 levels of change can maximise the probability of implementing **successful change & improve quality outcomes** in the health sector

What's so good about this framework?

- Breakdown the target area
- Barriers & enablers can be identified at each level & the interdependency of these levels explored
- Enables development of specific, targeted strategies for implementing change in health services settings
- Helps decision-makers decide where to concentrate their efforts, understand what strategies will have most effect across all levels
- Tool to help translate findings into practical, effective, **valuable** change management strategies

Why the Qualitative Approach?

- **Framework combined with a qualitative approach**
 - Focus groups in 6 hospitals across 3 states (in metro & regional areas)
- **To understand the context of pain management within individual emergency departments**
 - How change occurred in individual EDs
 - Influence of different organisational cultures
 - Organic discussions around sensitive issues
- **Value added by using grassroots clinicians own words**
 - 'You told us this is what you thought'



A snapshot of the findings

- **Discord between written guidelines & everyday healthcare practice**
 - Confirmed the gap existed and that ED clinicians were aware of the gap
- **Influence of environment**
 - Limited time to access written guidelines
 - Practice strongly influenced by senior physicians
- **The team & the system**
 - Barriers perceived to stem from organisation & system blockages
 - Team orientated focus to enablers

Broader Implications

- **Overcoming the discord between written guidelines & daily practice**
 - If using written guidelines to instigate changes in practice ...
 - Assess the relevant information & develop targeted, succinct implementation strategies

Broader Implications

- **The need to tailor interventions to **context** specific barriers & enablers in complex healthcare settings to **maximise** success and best use of resources**
 - Understand where the barriers & enablers sit
 - Understand that each healthcare setting is an **unique environment**
 - Understand the influence of organisational attitude (receptive or resistant to change?)
 - Tailor change management interventions to the appropriate level, and ensure that strategies take into account the environment and organisational context
- **Effective enablers of change need to target multi-levels of the healthcare setting**
- **Change strategies targeted at a single level, without some consideration of the effect of barriers or enablers existing at other levels, are unlikely to be effective**

Broader Application

- **Application to health areas outside the hospital/ health service setting**
 - The area should have a clearly defined system, organisation & teams
 - Defined **teams** are especially important for this framework
 - Most healthcare is delivered in teams & this approach assumes the team structure will be clearly defined)
- **Not quite so adaptable to the community health setting**

In Summary

- **Health resources are notoriously limited**
 - How can we get the most value for money out of the implementation?
 - How can we make the most improvement to health outcomes?
- **Multi-level framework optimises the value of healthcare evaluations**
 - Identifies barriers & enablers as they occur at the different levels of the healthcare system
 - Change management solutions that target funds & resources at the levels where we can expect the **greatest return** for effort & the **most effective change**
- **Additional value gained by qualitative research with grassroots clinicians**
 - Provides the evidence to show:
‘we are doing it this way because **you** told us this what needed to happen for effective change to occur’

In Conclusion: Adding Value

- **What's the value of using a framework based on the four levels of change?**

An evaluation tool to identify barriers and enablers, and translate findings into practical, effective, valuable change management strategies



References

- Ferlie EB, Shortell SM. **Improving the quality of health care in the United Kingdom and the United States: a framework for change.** *The Milbank Quarterly*, Volume 79, 2001, pp. 281-315.
- Grimshaw J, Eccles M, & Tetroe J. **Implementing Clinical Guidelines: Current Evidence and Future Implications.** *The Journal of Continuing Education in the Health Professions*, Volume 24, 2004, pp. S31- S37.

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