

The Need for System Change:

Knowing what game you are playing and how to increase your chance of winning

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RTNA Vision:



“Creating a health system where research and knowledge transfer are understood, valued and optimised”

“All stakeholders are encouraged to express their will and desire to incorporate evidence into policy and practice”

Realising the RTNA vision



“Creating and supporting a culture of:

- Participation
- Networking
- Open dialogue
- Mentorship”

Immediate challenges for system change



“The system needs to change if we are to fully realise the benefits of knowledge transfer and evidence-informed decision making”

Taking the chance out of Knowledge Transfer



OR

Knowing what game you are playing and how to increase your chance of winning

Propositions



1. KT is a necessary but not sufficient mechanism to transform (healthcare) systems
2. The system-as-machine metaphor is profoundly unhelpful to KT endeavours

Propositions



3. The healthcare system is best viewed as a complex, interactive, organic entity where experimentation, learning & reflection are central to creating a culture of effectiveness

Propositions



4. Successful adoption of change (in any system) is a function of the level of local autonomy experienced by:

- The individual
- The team
- The unit

Involved in the change

Propositions



5. System change is most effective when it involves key stakeholders in:

- Education and personal development
- Control of immediate physical resources
- Control of the immediate context
- Increased autonomy and control of the external environment

Structure of presentation



- Explore rationale for each proposition
- Provide justification and evidence
- Propose a framework/model to test propositions

1. Knowledge Translation (KT): a necessary but insufficient mechanism for system transformation



KT: "...the exchange, synthesis and ethically-sound application of knowledge - within a complex system of interactions among researchers and users - to accelerate the capture of the benefits of research... through improved health, more effective services and products and a strengthened health care system"

(CIHR 2005)

Policy initiatives



- National bodies to collate, synthesise and publish evidence
- National demonstration projects to develop and disseminate models of best practice
- Training programmes
- Research programmes

Practice level initiatives



- Discrete interventions e.g. distribution of printed materials
- Use of reminders
- Feedback & audit
- Local opinion leaders
- Practice development initiatives
- Use of guidelines and facilitation

The evidence so far:



- Poor uptake of clinical guidelines (Sheldon et al 2004)
- Complex interventions at multiple levels of the organisation (Grol et al 2007)
- Context increasingly important (Estabrooks et al, 2007; Cummings et al, 2007)
- Increasing use of theory to inform research interventions (Grimshaw et al, 2004; ICEBERG, 2006)
- Facilitation as an intervention – measured along a continuum (Harvey et al, 2002)

KT



- An ongoing dialogue
- Stakeholder involvement from start
- Shared learning, understanding from start
- A reciprocal relationship
- Operating at multiple levels
- Policy and practice refinement

2. The system-as-machine metaphor is profoundly unhelpful to KT endeavours



Machine:

- Technical, rational
- Logical
- Sequential
- Ordered
- Predictable
- Fixed
- Not reflective

Organism:

- Interpretative, emotional
- Intuitive
- Chaotic
- Random
- Unpredictable
- Reparative
- Reflective

Evidence



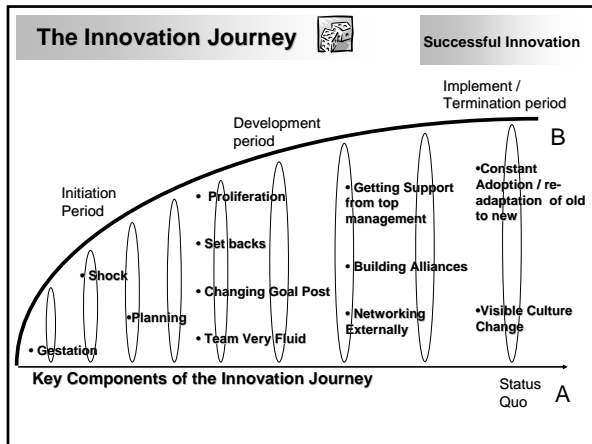
- Structural properties of a dynamic whole are different from the structural properties of sub-parts (Lewin, 1948)
- Learning organisation theory (Senge, 1990)
- Development of critical social science theory knowledge and the types of human interest they serve (Habermas, 1972)
- Models of action research (Grundy, 1982)
- Methods of evaluation (Guba & Lincoln, 1989; Pawson & Tilley, 1997)
- Complex adaptive theory (Plsek, 2001)

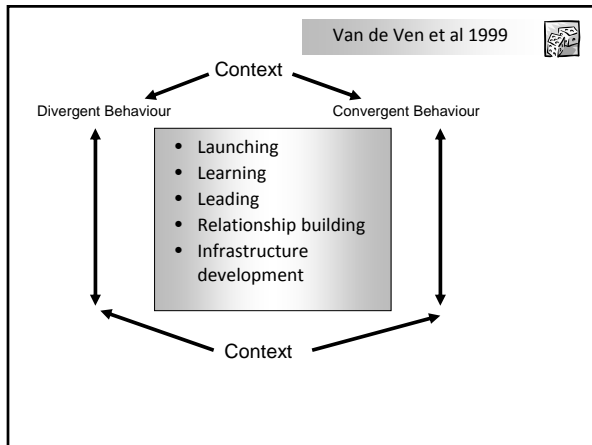
3. The healthcare system is best viewed as a complex, interactive, organic entity where experimentation, learning & reflection are central to creating a culture of effectiveness

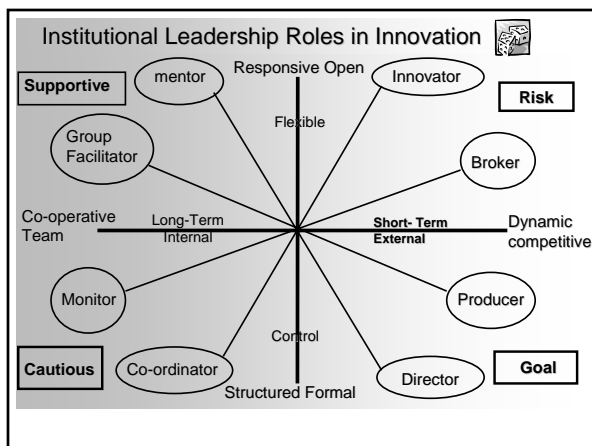


Evidence:

- Innovation journey (Van de Ven et al, 1999)
- Learning from practice (Schön, 1983; Ellström, 2001)
- The Practice Development Movement (Kitson et al, 1996; McCormack et al, 2004)







Practice Development



“Practice development is a continuous process of improvement toward increased effectiveness of patient-centred care. This is brought about by helping healthcare teams to develop their knowledge and skills and to transform the culture and context of care. It is enabled and supported by facilitators committed to systematic, rigorous and continuous processes of emancipatory change that reflect the perspectives of service users”

Garbett & McCormack, 2002

Process



- Agree primary task/common vision
- Make explicit shared values
- Start personal journey/personal development
- Identify issues to be addressed
- Collect baseline data
- Collate evidence to support proposed change
- Introduce change
- Evaluate change
- Reflect on learning

Indicators of a positive culture



- Respect for one another
- Competence and scholarship
- Improved quality of care through:
 - Creativity and innovation
 - Autonomy at the front line
 - Increase in competence
 - Pride in self and work
- Cost effectiveness
- Resilience

(Aiken et al, 1994; Kramer & Hafner,1989; Kramer & Schmalenberg, 1988a & b)

Proposition 4:



Successful adoption of change (in any system) is a function of the level of local autonomy experienced by:

- The individual
 - The team
 - The unit
- Involved in the change

Evidence

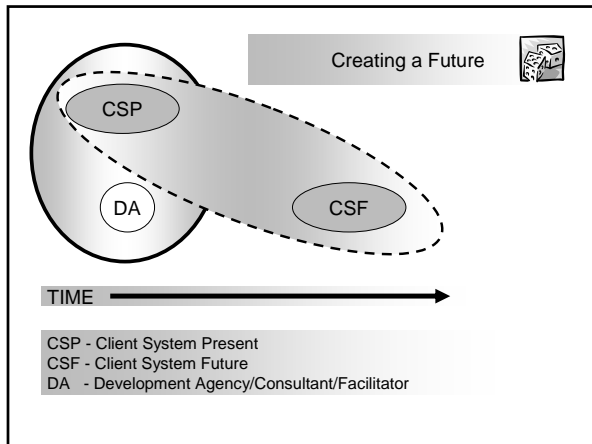



- 'Towards a Model for Integrated Rural Development' (Miller, 1993)
- 'From Conception to Delivery: A Journey Toward a Trust-Wide Strategy to Develop a Culture of Patient-Centredness' (Down, 2004)
- Magnet Hospital characteristics (Aiken et al, 1994)
- Positive contexts (McCormack et al, 2002; Cummings et al, 2007)

An Example: Rural Development




- Role of the consultant/development agency/ facilitator
 - Top down
 - Bottom up
- Separating education/facilitation role from government agency/enforcer role
 - Enabler/supporter
 - Regulator/enforcer



Creating a future 

Primary task of a development programme is to help the client system to increase control of the environment in 4 ways:

- Development of human resources through education/skill development
- Improvement of physical resources
- Enabling the client system to extend its own control over the physical environment
- Client system becomes more autonomous and influential in managing relations with the external environment

Proposition 5: 

System change is most effective when it involves key stakeholders in:

- Education and personal development
- Control of immediate physical resources
- Control of the immediate context
- Increased autonomy and control of the external environment

Evidence:



- The Innovation Journey (Van de Ven et al, 1999)
- RCN Clinical Leadership Programme (Cunningham & Kitson, 2000a & b; Large et al, 2006)
- Magnet Hospital Characteristics (Aiken et al, 1994)

Example: RCN Clinical Leadership Programme
(Cunningham & Kitson, 2000a & b)



- Programme elements:
 - Personal needs-led development programme
 - Workshops on specific issues
 - Action learning sets
 - Direct observation of care
 - Patient story telling
- Support:
 - Expert (external) facilitator
 - Local (internal) facilitator
 - Local clinical leaders and their teams

Example: RCN Clinical Leadership Programme
(Cunningham & Kitson, 2000a & b)



- Stages of Development:
 - Managing self
 - Managing the team
 - Hearing what the patient is saying
 - Networking across units
 - Influencing the Board at executive & strategic level

The PARiHS Framework



$$SI = f(E, C, F)$$

Successful implementation (SI)
is a function (f) of the relation between:

- The nature of the evidence (E)
- The context (C) or environment in which the proposed change is to be implemented
- The way or method by which the change is facilitated (F)

Facilitating Effective System Change



Facilitation: "... a process of enabling individuals and groups to understand the processes they have to go through to change aspects of their behaviour or attitudes to themselves, their work or other individuals. Hence, the focus is on facilitating experiential learning through critical reflection."

(Rycroft-Malone, 2004, p136)

The process of enabling or making things easier

- Appropriate
 - Purpose
 - Role
 - Skills
- (Kitson et al 1998)

Facilitation



LOW


HIGH

No mechanisms or inappropriate methods of facilitation in place

Appropriate mechanisms for facilitation in place



Purpose, Role, Skills

Facilitation 

Purpose


Task	Holistic
Doing for others	Enabling others

Role

<ul style="list-style-type: none"> • Episodic contact • Practical/technical help • Didactic, traditional approach to teaching • External agents • Low intensity - extensive coverage 	<ul style="list-style-type: none"> • Sustained partnership • Developmental • Adult learning approach to teaching • Internal/external agents • High intensity - limited coverage
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Skills & Attributes


Task/doing for others	Holistic/enabling
<ul style="list-style-type: none"> • Project management skills • Technical skills • Marketing skills • Subject/technical/clinical credibility 	<ul style="list-style-type: none"> • Co-counselling • Critical reflection • Giving meaning • Flexibility of role • Realness/authenticity

So, what's the game and have we increased our chance of winning? 


Hypothesis: Successful introduction of new knowledge involves key stakeholders in:

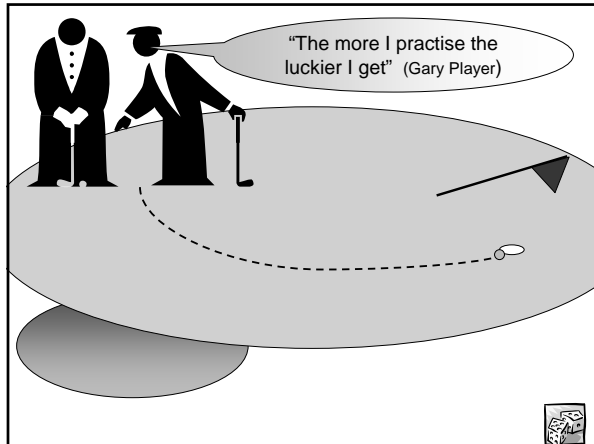
- Agreeing proposed benefits
- Recognising complexity
- Embracing reflexivity
- Gathering evidence of effectiveness
- Working collaboratively with 'facilitator'
- Evaluating the process
- Committing to add to the evidence base

OCEAN'S THIRTEEN 



- Long term solutions to the problem of maintaining adaptiveness to change cannot...depend on manipulative techniques. ...On the contrary they must depend on helping the individual to develop greater maturity in controlling the boundary between his own inner world and the realities of his external environment
(Miller & Rice, 1967 p269)





Thank you...any questions?



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