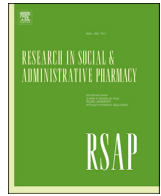


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Forming and activating an internal facilitation group for successful implementation: A qualitative study



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ABSTRACT

Background: This study focuses on an implementation facilitation strategy to improve the delivery of anticoagulation care within pharmacy-run clinics across 8 Veterans Health Administration (VA) medical centers. Other studies have explored various models of implementation facilitation, including external facilitation (EF), internal facilitation (IF), and blended facilitation (BF) combining both approaches. This study focuses on the use of an internal facilitation team of anticoagulation coordinators representing 8 VA anticoagulation clinics to enhance the implementation process. This study examines how the team became instrumental in the successful implementation of evidence-based practice change.

Methods: Semi-structured interviews were conducted annually over 4 years with representatives from each site, the internal facilitators (site champions), at 8 VA hospitals (47 interviews). Additionally, five external facilitators, experts in quality improvement and anticoagulation care who guided the implementation, were interviewed. Analysis drew on a deductive approach based on the Promoting Action on Research Implementation in Health Services (PARIHS) model and emergent thematic analysis to identify factors related to effectiveness of the internal facilitation team.

Results: Key findings are that the following factors enhanced successful uptake of the anticoagulation initiative: 1) Regular participation by the site champion in the internal facilitation team; 2) Champion strongly committed to being an agent of change; and 3) Champion received greater support from their supervisors. The first and second factors are interrelated, as internal facilitators who actively and regularly participated in the internal facilitation team often became truly committed to the improvement project. Both factors relate to the third, as supervisor support not only facilitated changes in practice, but also facilitated regular team attendance and stronger participation.

Conclusions: Our study adds to implementation science by detailing how internal facilitators learn their skills over time, and how a group of internal facilitators can help each other succeed. These findings can guide those who wish to incorporate internal facilitation teams as an implementation strategy, and demonstrate how sites can build capacity for implementation efforts.

Synopsis: This study focuses on an implementation facilitation strategy to improve the delivery of anticoagulation care within pharmacy-run clinics across 8 Veterans Health Administration medical centers. Internal facilitators (IFs) guided by and supported by an external facilitators (EF), successfully

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implemented the clinical innovation. This study examines how the IF group became instrumental in the successful implementation of evidence-based practice change.

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1. Introduction

In recent decades, pharmacists' responsibilities for patient care have expanded to include comprehensive medication therapy management, disease state management, and medication reconciliation. As outlined in the Joint Commission of Pharmacy Practitioners, these evidence-based patient care processes involve collecting necessary subjective and objective patient information, assessing the information and the clinical effects, developing an individualized patient plan in collaboration with other health professionals, implementing the care plan, and following-up and monitoring the care plan for effectiveness.¹ In some settings, Clinical Pharmacy Specialist (CPS) is a term for pharmacists who are empowered to fulfill these advanced pharmacy roles, due to enhanced training (such as the doctorate-level PharmD degree) and postdoctoral training (usually residency).² The Veterans Health Administration (VA) employs approximately 7100 pharmacists,³ approximately 3100 of whom operate under a scope of practice and therefore meet the description of a CPS. It should be noted that the VA "scope of practice" is similar to but more empowering than a "collaborative practice agreement" wherein pharmacists have varying levels of autonomy and responsibility in a relationship with a physician.^{4,5} With a scope of practice, VA CPSs have the ability to prescribe, to order and to follow laboratory tests, and generally perform all functions required to manage medication therapy. This goes beyond the traditional pharmacy functions such as medication dispensing and compounding. CPSs working in the VA system are not subject to state pharmacy practice laws because the VA is a federal institution.

Anticoagulation clinics (ACCs) were the first examples of clinical pharmacy's direct patient care in VA, although there are now pharmacy-run clinics in VA for the management of diabetes, hypertension, hyperlipidemia, Hepatitis C, mental health, and other conditions. Despite the growth of clinical pharmacy in VA, VA pharmacy departments continue to emphasize more traditional pharmacy functions, such as dispensing and compounding, as targets for quality measurement and quality improvement. Therefore, even in VA, clinical pharmacy is still relatively new to the idea of applying quality improvement principles to improve clinical pharmacy-based patient care. Clinical pharmacy is thus an area that is ripe for implementation initiatives to improve patient care through the introduction of evidence-based clinical practices (EBPs).

Implementation Science is a scientific field focused on the translation of research evidence into clinical practice. Many federal organizations and initiatives have supported and produced work in this rapidly-developing field of study, including the National Institutes of Health (NIH), the Patient-Centered Outcomes Research Institute (PCORI) the National Information Center on Health Services Research and Health Care (NICHSR), and VA's Quality Enhancement Research Initiative (QUERI), with which this study is affiliated.^{6–8} The field of Implementation Science is focused on the study of methods that can be used to build a body of systematic evidence for how best to implement evidence-based clinical practices (EBPs), as opposed to having each new project needing to rediscover certain key methodological lessons about how to make change happen.^{9,10} Implementation Facilitation is a strategy that

demonstrates real potential for delivering sustainable practice change.^{11–14} Implementation Facilitation ("facilitation") is a process of interactive problem solving and appropriate supports. Facilitation can involve external facilitation alone, internal facilitation alone, or a blend of both. Internal facilitation (IF) is delivered by individuals who are internal to the organization or health system who work to implement new EBPs and clinical innovations with peers.¹⁵ External facilitation (EF) is delivered by outside experts with expertise in the content area, implementation approaches, and quality improvement approaches.^{11,15,13} The combination of internal facilitation and external facilitation, sometimes called blended facilitation,^{15,13} combines the advantages of both modalities by bringing together outside expertise and support with strong internal contextual knowledge and social networks. Some recent implementation science work has focused on facilitation roles and how they grow over time in practice.^{14,17–20} Adding to this interest in facilitation roles, there is a current interest in interdisciplinary facilitation teams and how they foster change.^{14,21}

This present study empirically examines the roles and actions of an internal facilitation team in a regional anticoagulation improvement initiative that involved 8 VA New England medical center anticoagulation clinics (ACCs). The project focused on implementing several EBPs, including a treatment algorithm, to improve anticoagulation care. Recent research findings show blended facilitation has more frequently, but not exclusively, taken the form of an external facilitator working one on one with an internal facilitator at each site.¹⁵ By contrast, in the present study, the external facilitators organized the internal facilitators into a team that could deliver mutual support and assistance. Focusing on the dynamics of facilitation, in this manuscript, we will explain how participation in this internal facilitation group not only enabled successful implementation, but also provided benefits to the internal facilitators themselves in terms of skill building and career development.

2. Methods and materials

2.1. The clinical innovation

Warfarin, also known by the brand name Coumadin, is the most commonly used anticoagulant in the United States.²² Warfarin's management is complex and its safety and effectiveness are improved when patients spend a greater proportion of time in the therapeutic range. Anticoagulation control can be measured using percent time in therapeutic range (TTR), which has been used as a measure of control of therapy at the patient level and of quality of care at the site level.^{23,24} In VA, warfarin is managed in dedicated pharmacy-run anticoagulation clinics (ACCs) where patients are seen frequently to ensure that levels are within range.

For the Anticoagulation Clinic Improvement Initiative (ACCII), ACC frontline staff was asked to implement and use a number of processes to improve TTR including consistent use of an algorithm to adjust warfarin doses and choose follow-up intervals. Other evidence-based practices that were emphasized included prompter follow-up after out-of-range values, use of guideline concordant target ranges, and efforts to reduce loss to follow-up.^{25–28} Consistent use of the algorithm to adjust warfarin doses and

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