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Distortion of implementation techniques in health care: The case of ‘facilitation’

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What is facilitation?

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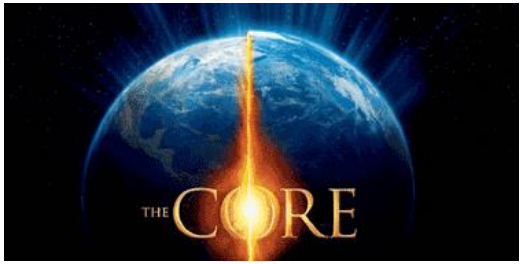
- Enabling the learning processes
- Designated facilitator role
- Articulated goals
- Team-based approach

- Involves reflection upon current practice in order to:
  - Identify gaps in performance
  - Introduce change
  - Enable knowledge sharing
  - Improve outcomes of healthcare service provision

- Requires a variety of skills:
  - Project management
  - Leadership
  - Relationship building
  - Communication

‘Core’ and ‘periphery’



- Enabling the learning processes
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periphery

- Variety of tools and techniques:
  - PDSA
  - Audit and feedback
  - Benchmarking
- Facilitator role:
  - Clinician?
  - Project manager?
  - Researcher?
- Goals:
  - Top-down?
  - Bottom-up?
- Approach:
  - Pre-planned and monitored

    or
  - Fluid, flexible and emergent?

Facilitation in context

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- Facilitation is a key component of the PARIHS (Promoting Action of Research Implementation in Health Services) conceptual framework
- PARIHS defines successful implementation as a function of the interplay between:
  - Evidence,
  - Context and
  - Facilitation

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

- Contextual tensions:
  - Senior endorsement is important but not sufficient for successful implementation
  - Engaging healthcare practitioners is crucial but increases their workload
  - Multiprofessional teams have internal boundaries that need to be addressed by the facilitator
  - Goal-oriented culture may adversely affect horizontal learning and knowledge sharing



Case study

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- Five-year collaboration between the University and the NHS (National Health Service)
- CKD project aiming to
  - increase the identification of Chronic Kidney Disease patients in primary care and
  - improve the management of blood pressure in this patient group
- Non-clinical and clinical facilitators
- Multi-professional improvement teams (a doctor, a nurse and a manager) driving improvement in their general practices
- External support: clinical lead, academic lead and several managers
- Each year a new group of general practices was recruited
- Changes in facilitation input and support over time
- Longitudinal analysis: three rounds of interviews

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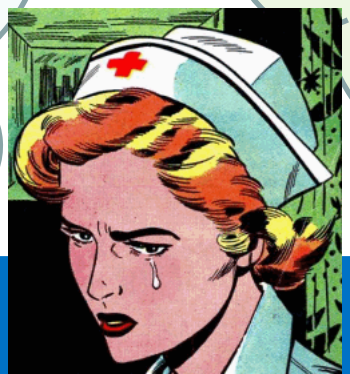
I did so much of the work for [the practices]… Although the project was completed, and the outcomes… were very good, **because I did so much of the work for them I don't think the changes in the practice will be as sustainable.**



…[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...**

Soft core and hard periphery?

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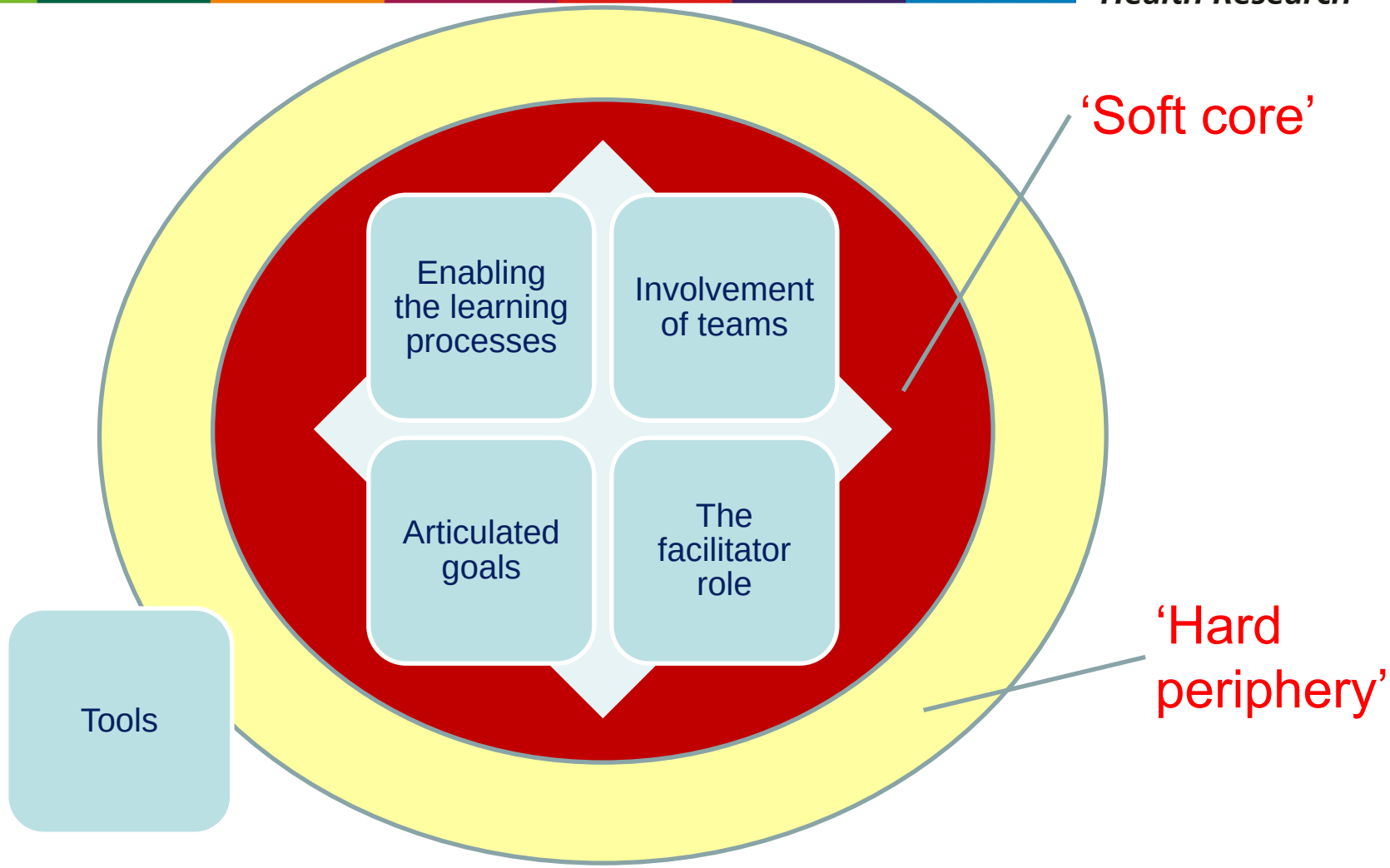

Soft core and hard periphery?

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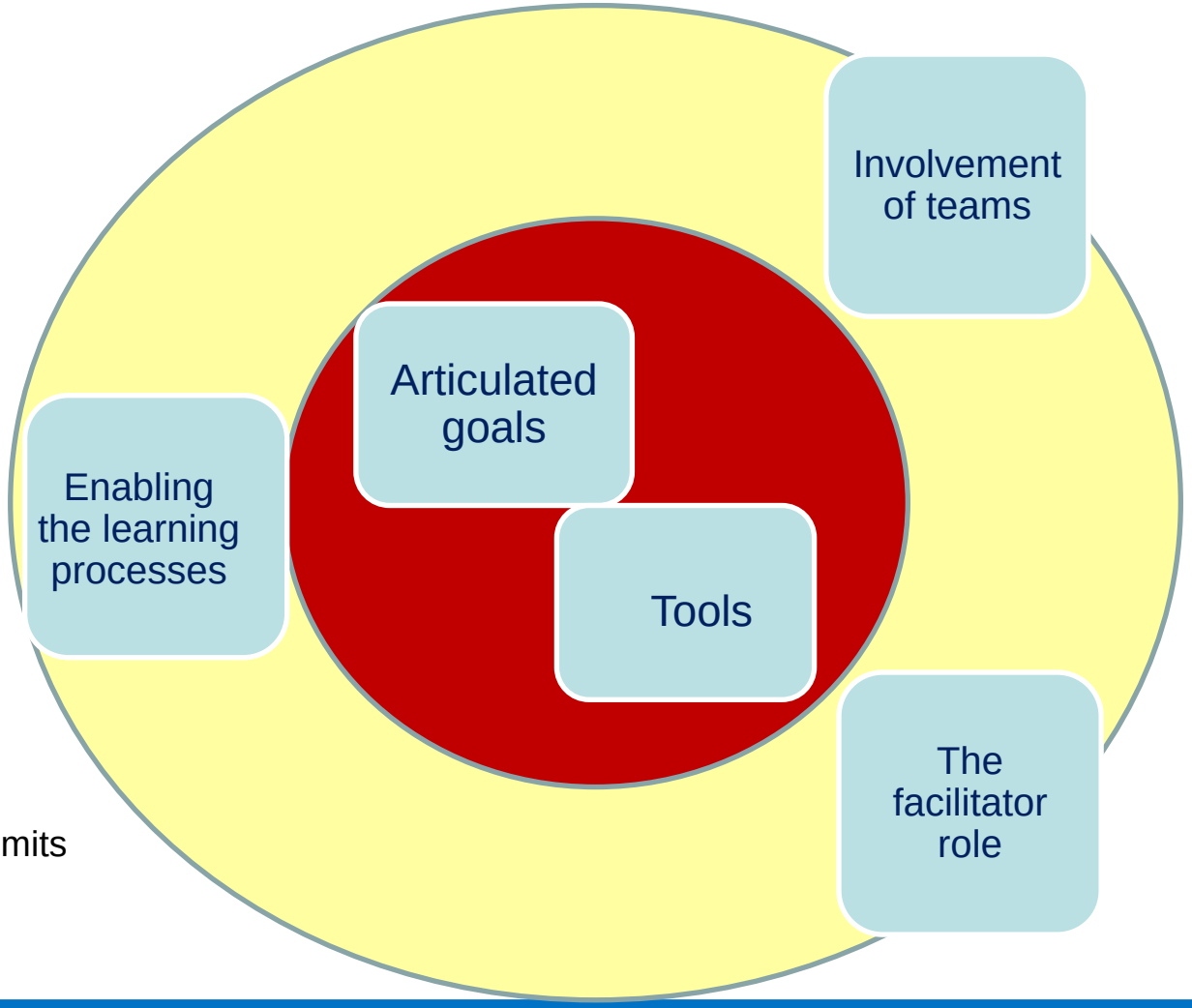
- Explicit performance goals prioritised over implicit sustainability-related goals
- Learning how to meet performance targets, rather than how to improve services
- Context substantially limits the agency of facilitators



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

Adaptation or distortion?

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Adoption	Adaptation	Distortion
▪ All core components of facilitation are in place ▪ Organisational learning is enabled ▪ Targets are met	▪ Some core components are becoming weakened ▪ The peripheral component (electronic audit tool) is gaining prominence ▪ Organisational learning is achieved ▪ Targets are met	▪ Some core components are completely replaced by the peripheral ones ▪ Some core components are misinterpreted ▪ No organisational learning ▪ Targets are still met!

Implications

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Issue	Possible way forward
An uncritical and uncontrolled *adaptation* may lead to gradual *distortion*	• Identify and 'protect' the 'core' components of implementation techniques from distortion • Find new ways of context-sensitive adaptation • Don't sacrifice learning and sustainability in favour of short-term goals
Facilitators are significantly constrained by the very same contextual factors they are expected to mitigate	• Move away from individual facilitator roles towards 'chains' and networks of facilitators • Differentiate facilitator role and scope depending on the level of engagement

The i-PARIHS framework

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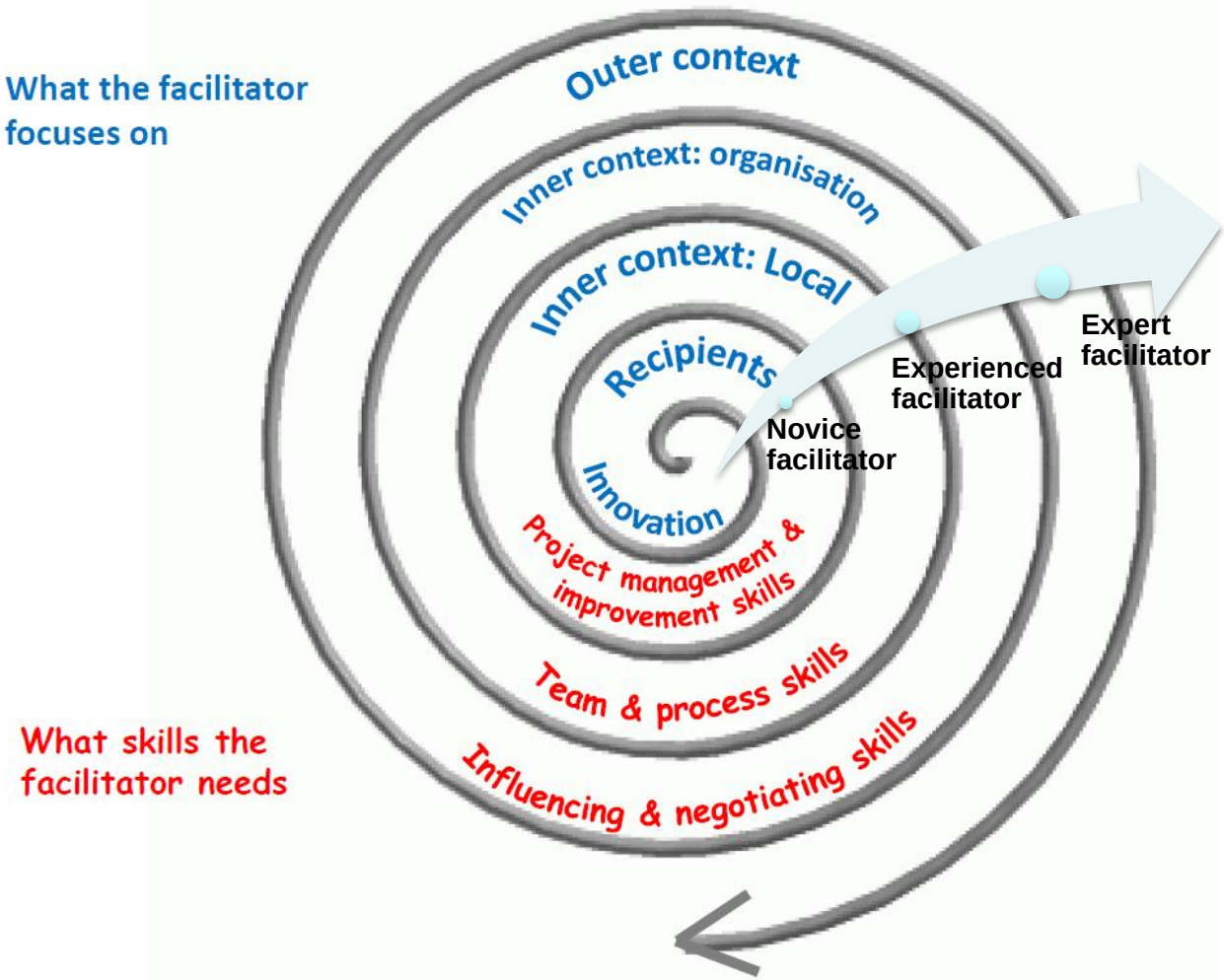

Further reading

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How do managerial techniques evolve over time? The distortion of "facilitation" in healthcare service improvement

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ABSTRACT
When applied to solving real-world problems in the public sector, managerial techniques are likely to evolve over time in response to the context of their implementation. The temporal dynamics of this evolution and its underlying processes, however, remain under-researched. To address this gap, we present a qualitative longitudinal case study of a UK-based knowledge mobilization programme utilizing "facilitation" as a service improvement approach. We describe the processes underpinning the distortion of facilitation over time and argue that an uncritical and uncontrolled adaptation of managerial techniques may mask the unsustainable nature of the resulting improvement outcomes captured by conventional performance measurement.

KEYWORDS Facilitation; service improvement; context; distortion; healthcare