

Exploring Cluster Hospital Implementation Process Using Consolidated Framework for Implementation Research (CFIR)



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INTRODUCTION

Cluster Hospital (CH) initiative groups hospitals together whereby resources, facilities, manpower and equipment can be shared in order to collaboratively align patient flow and clinical services under the governance of the Ministry of Health (MOH), Malaysia and State Health Departments. This paper aims to exemplify the application of CFIR to systematically assess multilevel implementation contexts of the CH initiative for identifying barriers and boosters influencing its implementation, effectiveness and sustainability.

METHODOLOGY

This was an exploratory study using the qualitative methodology. 247 healthcare providers fulfilling inclusion criteria were purposively selected from 6 CHs. The respondents represented varying professions ranging from hospital directors, specialists, medical officers (MO) to nurses, assistant medical officers (AMO), to clerks, record officers and drivers. All the respondents had personal experience in working in a CH and have participated in CH activities as part of their daily responsibilities for at least 3 months. 47 focus group discussions and 10 in-depth interviews were conducted between March and May 2018 using a semi-structured guide. Informed consent for their participation and audio recording were obtained prior to all interview sessions. The interviews were transcribed verbatim and analysed thematically using the CFIR for all 5 domains, which were 1)Implementation process 2)Intervention characteristics, 3)Outer setting, 4)Inner setting, and 5)Characteristic of individuals. This paper will focus on some of the findings in only the 'Implementation process' domain.

RESULTS

| Construct | Perceived Booster/Barrier |
|---|--|
| Planning | <p>Booster Human resource planning for all hospital within CH under one entity</p> <p><i>"Selagi kita tak tukar perjawatan under the lead hospital, selagi tu lah you akan ada masalah 'you kerja sana, saya kerja sini.' That's why kena ada satu HOD saja," - Specialist, Lead hospital</i></p> <p>Selecting the right patients to transfer</p> <p><i>"When I see a patient that needs admission for Paediatrics, I need to consider whether or not the definitive treatment can be fully offered here (non-lead hospital) until the patient recovers." - Specialist, Non-lead hospital</i></p> |
| | <p>Barrier Selecting inappropriate services to be clustered</p> <p><i>"I think when they chose Palliative Medicine to be clustered, they had the wrong concept about Palliative. Unlike Rehab Medicine, Palliative may involve emergencies which non-lead hospitals may not be equipped to deal with" - Specialist, Lead hospital</i></p> |
| Engaging | <p>Involving all level of team members on discussing issues and decisions to encourage buy-in</p> <p>Booster <i>"Kebanyakan staff, diorang punya impression sebab hospital kluster ni, dia kena bergerak. Tapi, saya rasa benda tu pun kena inform, motivate staff, untuk terangkan apa yang dikatakan hospital kluster ni supaya mereka faham" - AMO, Non-lead hospital</i></p> |
| Opinion leaders | <p>Role of middle managers in encouraging buy-in</p> <p>Booster <i>"Sebagai middle managers, kalau kita tunjuk contoh, orang akan ikut tapi kita kena brief, selalu beritahu 'jangan buat macam tu, macam ni' and kita kena follow up.. Lama-lama akan ada perubahan" - AMO, Non-lead hospital</i></p> |
| Formally appointed implementation leaders | <p>Leaders reviewing and understanding the situation in all hospitals within the CH</p> <p>Booster <i>"... memang pakar ditempatkan di lead dan jugak non-lead yang lain.. tapi probably diorang boleh turun tengok all hospitals and see what are the weaknesses and limitations yang ada dekat hospital lain ni... Mungkin diorang kena tengok the hospitals as one." - Hospital director, Non-lead hospital</i></p> |
| | <p>Barrier Conflict between head of departments (HOD) and specialists</p> <p><i>"... it should be the lead hospital HOD as the head of the cluster department. Certain department finds this a problem. Some specialists or consultants from non-lead were not happy to be lead by a HOD from lead hospital who is felt as equal to them.. sometimes they can work along but sometimes cannot.." - HOD, Lead hospital</i></p> |
| Champion | <p>Visionary leadership that rises to the challenges of implementing change</p> <p>Booster <i>"(The) Pengarah hospital. I think he is visionary. His leadership is very focused and consistent, he knows what he actually wants for the cluster hospital. I think that is very important." - Hospital deputy director, Lead hospital</i></p> |
| External change agents | <p>Support from external agents such as State Health Departments, National Head of Services</p> <p>Booster <i>"I was lucky my head of service gave full support. Saya mula seorang, tapi for this cluster hospital project currently I have 5 other emergency physicians. Kami dapat address the challenge of tak cukup bilangan pakar masa mula-mula tu" - HOD, Lead hospital</i></p> |
| | <p>Barrier Vague guideline that is difficult to be followed</p> <p><i>"sebenarnya, kita ada SOP untuk pergerakan fail patient kluster. Tapi, tak in detail. Orang yang guna SOP tu akan kena faham proses kerja sepatutnya, dari guidelines yang disediakan. Bila orang bawah faham lain-lain, timbul konflik pulak..." - Record Officer, Lead hospital</i></p> <p>Lack of accountability for shared resources</p> <p><i>"Bila bagi pinjam asset, nak dapat balik ke kita tu susah. Bila kita bagi pinjam, (patutnya) peminjam tu kena pulangkan, tapi tak, kita yang kena cari" - AMO, Lead hospital</i></p> |
| Feedback & Evaluation | <p>Regular clinical governance activities for policy adherence, quality assurance and MO competency</p> <p>Booster <i>"Satu lagi saya rasa yang menyebabkan staff kita lebih alert tu sebab ada audit, audit tagging untuk patient hospital kluster" - Matron, Lead hospital</i></p> |

CONCLUSION

CFIR allowed for a comprehensive exploration of all aspects of intervention implementation through a systematic approach. The complexity of implementation process could be evaluated for clear identification of factors that were perceived as either barriers or booster to implementation. Stakeholders should fine-tune future CH implementation and strategic planning for expansion guided by these perceived boosters and barriers identified to achieve CH sustainability.

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