



Generalitat de Catalunya  
**Agència de Qualitat  
i Avaluació Sanitàries de Catalunya**

**Collaborative Methodology in Stakeholder and  
Change Management. ACT@Scale Project**

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Bologna, 7th June 2018**



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# Outline

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1. ACT@Scale Project
2. WP5.Stakeholder and Change Management
3. Objectives
4. Collaborative Methodology
5. Plan-Do-Study-Act Cycle analysis
6. Conclusions

# ACT@Scale PROJECT. <https://www.act-at-scale.eu/>



- 18th May 2018  
**Drop by ACT@Scale sessions at ICIC18**
- EVENT  
15th May 2018  
**ACT@Scale 5th General Assembly**
- EVENT  
11th May 2018  
**26TH INTERNATIONAL CONFERENCE ON HEALTH PROMOTING HOSPITALS AND HEALTH SERVICES**

**ACT@Scale**  
**Advancing Care Coordination and Telehealth deployment at Scale**

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# Programs



# WP5. STAKEHOLDER AND CHANGE MANAGEMENT

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## WP5 OBJECTIVES

To achieve an appropriate level of support and commitment from the stakeholders to innovative health services, specifically Care Coordination and Telehealth (CC & TH).

To gather baseline information of staff engaged within the ACT@Scale programme, to know stakeholder engagement through knowing the overall staff engagement across programmes.

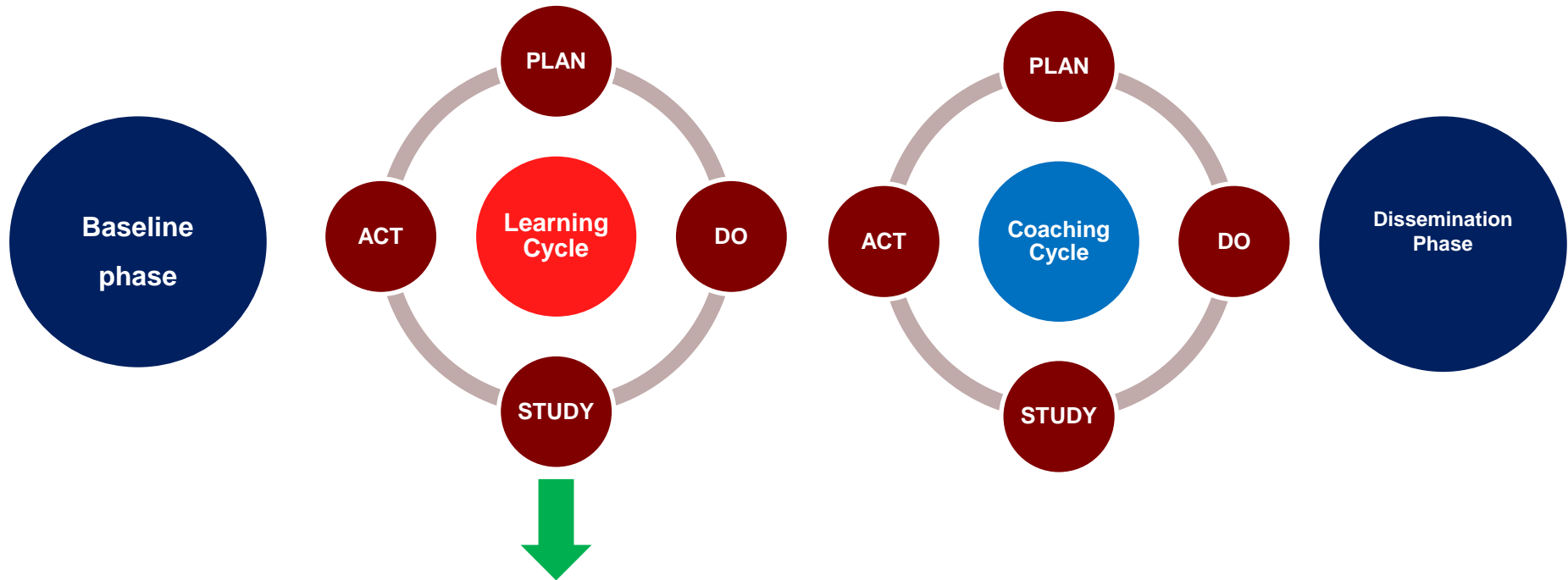
Support organisations in their alignment process to new models of healthcare provision following structure change management processes

Reach the level of staff engagement required to scale up

Identify best practices

# COLLABORATIVE METHODOLOGY: PLAN-DO-STUDY- ACT PHASES

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Key changes defined during the baseline phase are implemented in cyclical iterations. **The Learning Cycle is the first iteration**

# PLAN- stage



CHF  
Telemonitoring



Multimorbid  
Integration



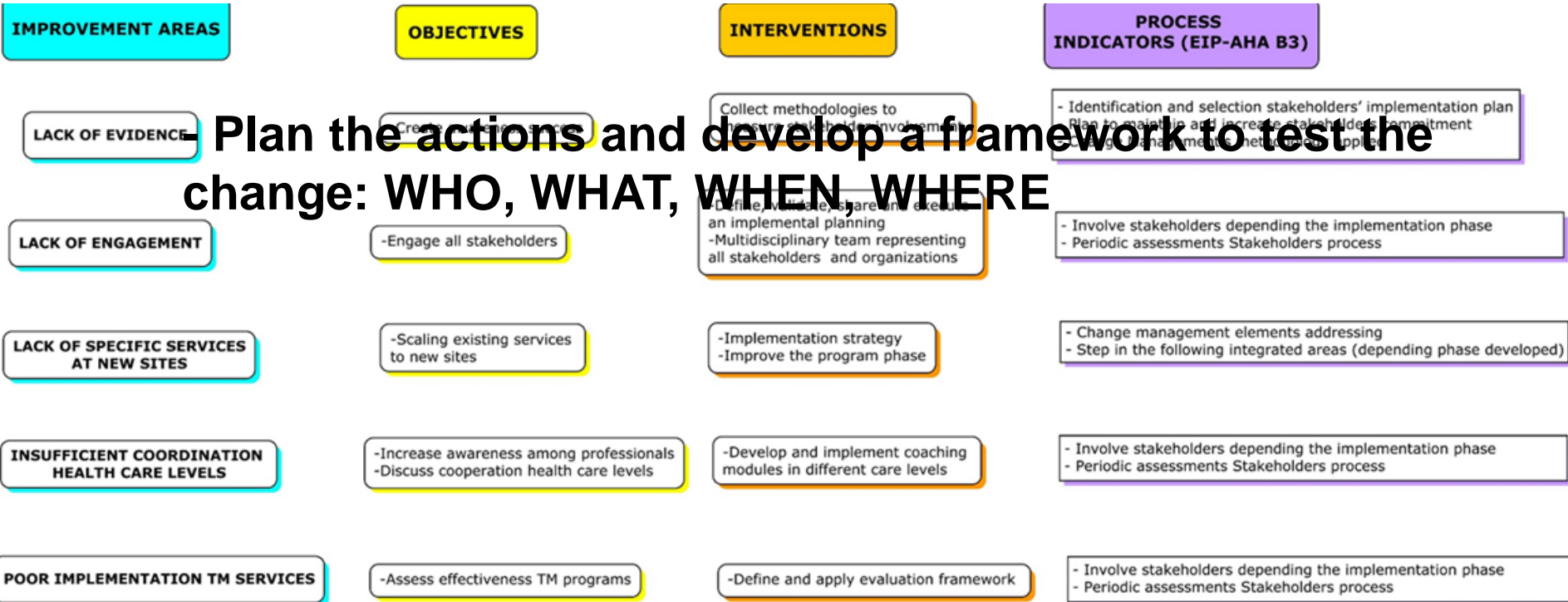
Asthma/COPD



Embrace



Effective  
Cardio



**Plan the actions and develop a framework to test the change: WHO, WHAT, WHEN, WHERE**

## DO- stage



CHF  
Telemonitoring



Multimorbid  
Integration



Asthma/COPD



Embrace



Effective  
Cardio

INTERVENTIONS	IMPLEMENTATION PROGRESS
IDENTIFY and INVOLVE STAKEHOLDERS	75-100%
TRANSFER KNOWLEDGE AND ICT INFRASTRUCTURE	75-100%
DEVELOP, VALIDATE AND INTEGRATED SUSTAINABLE PATHWAY	50-75%
DEFINE, VALIDATE AND SHARE A DEPLOYMENT PLAN	50-75%
DEVELOP TRAINING PROGRAMMES FOR PROFESSIONALS	25-50%
ASSESSMENT FRAMEWORK	25-50%



# STUDY- stage

## Analyse the results, compare data and summarize

- In order to assess the impact of the improvement changes implemented on the dimensions investigated in Stakeholder and Change Management driver, the relationship between the results (2016) and PLAN- DO phases (2017)

### Process Indicators: Stakeholder management

- Stakeholder Identification and selection
- Implementation plan of involve all the stakeholders
- Stakeholder involvement depending the implementation phase
- Stakeholder commitment assessment prior beginning program
- Risk Stakeholder commitment
- Plan to maintain and increase stakeholder
- Periodicity assessment Stakeholders process

divided in three groups:

### Staff Engagement

### Process Indicators: Staff Engagement

- Level support for the program
- Frontline clinical staff involvement in the program
- Level of communication to the Frontline clinical staff by the organisation
- Evaluation of staff awareness, engagement and satisfaction
- Level of communication in project successes and good practices by the organisation
- Staff trained in identifying, evaluating and selecting the case
- Access to training and education by staff
- Identification of organisational and cultural barriers

to select the stakeholders involved in the programs

# DO-PLAN and KPIs analysis process during 2016-2017. Example

## 6.3 Multimorbid population integrated intervention - Basque Country

PLAN	DO (implementation progress)	KPI	Results	
			2016 (PM survey results)	2017 (Implementation progress described in DO Phase)
Promote the creation of multidisciplinary teams involving all stakeholders	Create a multidisciplinary team where all sectors and organisations are represented (75-100%)	<ul style="list-style-type: none"> <li>- Stakeholder Identification and selection</li> <li>- Implementation plan of involve all the stakeholders</li> <li>- Stakeholder commitment assessment prior beginning program</li> <li>- Risk Stakeholder commitment</li> </ul>	<ul style="list-style-type: none"> <li>- Stakeholder commitment assessment performed prior to the beginning of the programme</li> <li>- Risks related to stakeholders have been analysed</li> <li>- Mitigating measures adopted</li> <li>- An action plan has been adopted to maintain and increase stakeholders commitment</li> <li>- The programme performs periodic assessments on stakeholder management process</li> </ul>	<ul style="list-style-type: none"> <li>- A multidisciplinary team representing all sectors and organisations has been created (Primary Care, Hospital Care, Managers, Home-based hospitalization care nurses, A&amp;E, eHealth centre, Osakidetza Healthcare Directorate</li> <li>- A core team representing all organisations and care levels have been meeting and discussing the care pathway</li> </ul>
Develop, validate and deploy an unified and sustainable patient centered care pathway	Develop and validate an integrated sustainable Pathway (50-75%)	<ul style="list-style-type: none"> <li>- Step in the following integrated areas (depending phase developed)               <ol style="list-style-type: none"> <li>1. Organisational models</li> <li>3. Development stratification population's tools</li> <li>4. Integrated care pathways</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>- Developing the Implementation Phase</li> </ul>	<ul style="list-style-type: none"> <li>- An integrated pathway for patients has been developed and validated in the particular context of BC</li> <li>- An analysis of the target population has been carried out ensuring the patients' needs and professionals'</li> </ul>

# IMPLEMENTATION PROCESS

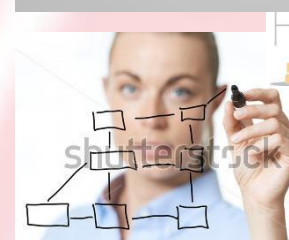
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Planning Phase

Adaptation Phase



Implementation Phase



Improvement Phase



## ACT- stage

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To refine changes and to determine future plans



### Adopt

The desired change is achieved.

Once improvement is affirmed, determine when the successful change can be reproduced on a larger scale



### Adapt

Revise the change process.

Return to Plan, Do, Study, Act.

Repeat the test using a different method or by gathering different pre and post data



### Abandon

The change exacerbated the old problem or created a new harmful problem.

Return to the Plan phase.

IMPROVEMENT ACTIONS	OPTION (Adopt, adapt or abandon	Comments	Asthi
Deve depl sust pati com the org wher Create discussion groups to delivery about diagnosis and care in AC service	Adopt	-Local stakeholders were actively promoting the program -The commitment of stakeholders is strong -Regional cooperation	
Cre mul tea sec org col To perform a literature study and measurement scales	Abandon	A new plan will be developed and complete the Do, Study, Act phases again.	
in int pat mul com Carry out proposed changes in current processes and evaluate outcomes	Adopt	-High quality of pulmonary tests -Successful implementation in patient's recruitment and health outcomes -Good IT infrastructure -Scaling up the program	
Deve tra heal foc clir mana with com Develop an educational an training modules for caregivers	Adopt	-The pulmonologist involved perfomed diagnostics and tests for patients  During the 2nd PDSA cycle more indicators will define and validate the training modules	

# CONCLUSIONS I

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- In general, programmes have involved all the selected and identified **stakeholders** in their own programmes, and a plan to maintain and increase the stakeholder commitment will be pending to be established.
- Concerning **Change Management**, all programmes have improved in process indicators like Organizational models, Workforce development, Technology's Support and Integrated care Pathway and some of them have included patient engagement in the change management implementation processes.
- Programmes are implementing the **cultural transformation** in their organizations. That change is being secured alongside the structural and procedural changes to deliver quality and performance

## CONCLUSIONS II

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- Programmes are emphasizing the **teamwork and coordination**, indeed, these practices are associated with a greater implementation, continuous quality of improvement and a functional health status.
- Managing and changing the **organizational culture** is a lever for health care improvement, considering that the culture change in health care is argued as a complex and contested terrain. So, it is important to distinguish between the different types of subcultures and highlighted the leadership and the workforce development.



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# EXTRA SLIDES

## Process Indicators: Change Management

Change Management's methodology applied

Change management elements addressing

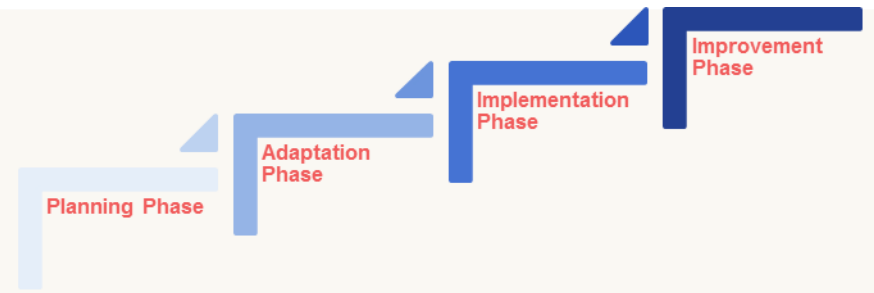
1. Change and innovation culture
2. Strategy-reorganisation
3. Leadership and guidance
4. New strategy's dissemination
5. Roles and capabilities
6. Alignment
7. Financing and incentives
8. Monitoring (PC/secondary level)
9. Availability public data

Step in the following integrated areas (depending phase developed)

1. Organisational models
2. Workforce development
3. Development stratification population's tools
4. Integrated care pathways
5. Patient involvement
6. Technology's support

Barriers faced (depending phase developed)

1. Lack of time
2. Pressure for short term results
3. Stakeholder resistance
4. Unstructured approach
5. Lack of recognition need for change
6. Lack of leadership
7. Lack of vision
8. Inadequate skills
9. Inflexible information technology
10. Lack of funding



Process INDICATORS	IMPLEMENTATION PROGRESS	
	2016*	2017**
Stakeholder management	Planning Phase	Adaptation Phase
Organisational models	Developing Implementation Phase	Implementation Phase
Workforce development	Developing Adaptation Phase	Adaptation Phase
Stratification tools	Developing Implementation Phase	Implementation Phase
Integrated care pathways	Developing Implementation Phase	Implementation Phase
Financing and incentives	Developing Implementation Phase	Implementation Phase
*PM survey results		
** DO Phase Analysis		

- A multidisciplinary team where all sectors and organizations were represented has been created
- An integrated sustainable pathway has been developed and validated
- A training programs to improve healthcare professional's knowledge in integrated care pathway and stratification methods has been analyzed
- An assessment framework and collaboration agreement regarding the indicators to assess cost-effectiveness and sustainability has been developed