

Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.

C.H.A.N.G.E ?

Clinicians' Health Actions Naturally Generate Effectiveness?:
The development of a model for a clinically integrated system
for patient care management.

A thesis presented in partial fulfilment of the requirements for the degree of

Master of the Arts
in
Nursing

at Massey University, Albany, New Zealand

Anne Marie Fogarty

2000

Abstract

In 1997, Auckland Healthcare established the A+ Network Centre for Best Patient Outcomes. The development of this Centre was an initiative designed to support clinicians in their mission to achieve excellence of care for patients. This goal has led to a fundamental rethinking of how we currently manage patient care. The Centre's inability to find a system that could meet the needs of both patients and clinicians in improving patient outcomes has led to the development of our own generic clinically integrated system (CIS) model.

The CIS model links three specialised ideologies that have previously been used in health care but in isolation from one another. The concepts of evidence based practice, clinical redesign, and patient outcomes are brought together to form a single interdisciplinary framework for managing patient care. An integral part of this model is the use of a participatory action research approach to achieve this aim.

This thesis begins with a description of the theoretical underpinnings that have influenced the developmental strategy for establishing a generic CIS model. The discussion focuses on the development of the Centre, the contribution that literature has made to the development of a CIS model, and how the Centre members have used these findings to design a generic CIS model.

Later in the thesis there is a discussion of the development of a CIS model within an Orthopaedic Service, which provides the opportunity to illustrate, via the use of a case study, the practical applicability of this model. While this thesis primarily focuses on the case study, which entails the development of the CIS model for patients with a fractured ankle, the implications of this project have wider ramifications.

Our prior participatory experiences with the development of the CIS model for patients with a fractured neck of femur would impact on some of the decisions

made in this case study. In particular, the evaluation findings from the implementation phase of the fractured neck of femur project highlighted the need for a more sophisticated information infrastructure to support the intentions of a CIS model. The intended outcome of the establishment of a CIS model for patients with fractured ankles consequently expanded to incorporate a CIS model for patients with fractured neck of femurs using a generic computerised CIS model template to achieve these aims.

The development of a computerised generic CIS model has the potential to revolutionise the way in which we care for patients. The capacity to concurrently track and manage patient outcomes has moved from evaluating the effectiveness of care from an individual patient's perspective to incorporating groups of patients.

Central to this process is the establishment of conditions that will enhance the participatory input from all interested parties. In particular, this has meant introducing new avenues for patient participation. However, before this goal could be achieved, our first priority as clinicians was to accept the need for change and introduce the concepts of evidence based practice, clinical redesign and patient outcomes via a process which can embed these principles into our daily practice.

Acknowledgements

The completion of this thesis has been a collaborative undertaking with support and encouragement given to me by my family, friends and colleagues.

I would like to thank my thesis supervisor Dr Judith Christensen for her encouragement, and guidance throughout this study.

I am also indebted to David Green for his excellent editorial skills.

Finally, this thesis would not have been possible without the support and participatory contribution from the members of the A+ Network Centre for Best Patient Outcomes and the Orthopaedic Service at Auckland Hospital. This thesis is dedicated to these two groups in recognition of their commitment to enhancing patient care.

Table of Contents

INTRODUCTION.....	4
SETTING THE SCENE	4
PURPOSE OF THE THESIS	5
AIMS OF THE THESIS	6
THE THESIS APPROACH.....	7
THE WRITER'S PERSPECTIVE.....	8
TIMEFRAME FOR THE THESIS	9
OVERVIEW OF THE THESIS CHAPTERS	9
 Chapter One	 12
BACKGROUND TO THE THESIS	12
INTRODUCTION.....	12
A NEW DIRECTION IN PATIENT CARE MANAGEMENT	12
The impact of change within the clinical environment	14
Background to the establishment of the Centre	15
The establishment the Centre	17
THE LITERATURE SEARCH.....	17
THE LITERATURE FINDINGS.....	18
Pathways, plans and maps	18
Evidence based practice	22
Outcome management.....	24
The need for an integrated approach.....	26
THE DEVELOPMENT OF A CLINICALLY INTEGRATED SYSTEM FRAMEWORK	28
Designing a clinically integrated system.....	29
A clinical redesign concept.....	30
The need for a learning environment	31
SUMMARY.....	32
 Chapter Two	 33
IN SEARCH OF A RESEARCH PROCESS.....	34
INTRODUCTION.....	34
PARTICIPATORY ACTION RESEARCH	35
The action research spiral.....	35
Origins of participatory action research.....	38
The role of the researcher.....	40
APPLICATION OF PARTICIPATORY ACTION RESEARCH TO THE CLINICALLY INTEGRATED SYSTEM MODEL	41
Approval for a clinically integrated system model.....	43
Background to the invitation to participate in the development of a clinically integrated system model.....	44
INVITATION TO FORM A NEW TEAM	45
Thesis consideration	45
PROPOSING A RESEARCH METHODOLOGY	46
The Centre's role.....	47
An alternative approach	49
The stewardship role	49

The custodianship role	49
The mentoring role	50
Finding a research strategy.....	51
A triangulation methodology.....	52
How to evaluate the effectiveness of the research strategy	55
Developing a common understanding of terminology	57
SUMMARY	57
Chapter Three.....	59
REFLECTING AND PLANNING TOGETHER.....	59
INTRODUCTION.....	59
RECORDING THE PROCESS	60
ESTABLISHING A PARTICIPATORY ENVIRONMENT	62
Leaving the group	62
Managing conflict and achieving consensus.....	63
Widening the communication circle.....	64
A common language	67
Agreement for the proposed participatory roles and research strategy....	67
Approval for the thesis proposal.....	68
Patient participation.....	69
DEVELOPING THE RESEARCH METHODOLOGY.....	73
Uncovering our assumptions.....	73
Designing the research template for the clinical snapshot	75
SUMMARY.....	80
Chapter Four	82
REFLECTING AND ACTING TOGETHER	82
INTRODUCTION.....	82
THE INTRODUCTION OF COMPUTERISATION.....	83
The Centre's perspective	84
Principles for the computerisation of patient information.....	85
INTEGRATING EVIDENCE BASED PRACTICE INTO A COMPUTERISED CIS MODEL	87
The literature search	87
Embedding evidence based material into the CIS model.....	89
Formatting evidence based practice material.....	90
Widening the scope for using evidence based practice material.....	91
INTEGRATING CLINICAL REDESIGN INTO A COMPUTERISED CLINICALLY INTEGRATED SYSTEMS MODEL.....	92
Incorporating the clinical snapshot findings into the CIS model	93
Removing patient exclusion criteria.....	94
INTEGRATING PATIENT OUTCOMES INTO A COMPUTERISED CLINICALLY INTEGRATED SYSTEM MODEL	96
Designing a variance documentation system.....	97
Documenting actions and rationales	99
Grouping actions and rationales around variances	102
INTEGRATING PATIENT FEEDBACK INTO THE DEVELOPMENT OF A COMPUTERISED CLINICALLY INTEGRATED SYSTEM MODEL	105
IMPLEMENTING AN EDUCATION PROGRAMME	107
SUMMARY.....	108

Chapter Five	109
DISCUSSION	109
INTRODUCTION.....	110
WHAT HAS NOT CHANGED?	111
WHAT HAS BEEN CONFIRMED?	114
HOW HAVE THINGS CHANGED?	115
WHAT HAS BEEN IGNORED?	118
WHAT HAS BEEN PROBLEMATIC?	121
Impostorship	122
Cultural suicide.....	123
Loss of innocence	123
Road running.....	124
Community	124
WHAT OF THE FUTURE?	125
SUMMARY.....	125
 Chapter Six	 127
CONCLUSION	127
INTRODUCTION.....	127
OVERVIEW.....	127
LIMITATIONS AND BENEFITS	129
Financial limitations and benefits	130
Thesis	130
FUTURE STUDIES.....	130
CONCLUSION	132
 ILLUSTRATIONS	
Diagram One: Components of a Clinically Integrated System Model.....	43
Diagram Two: The revised Clinically Integrated System Model	115
Figure One: An Example of accessible evidence based material to help guide the taking of clinical observations	
Figure Two: An example of one key category of a patient's care map.....	96
Figure Three: An example of a drop down menu form the specific complaint category	99
Figure Four: An example of the current variance summary screen.....	101
Figure Five : An example of the documentation of a current action and rationale around a pre-operative delay.....	104
 APPENDICES	 132
GLOSSARY	134
GROUND RULES	136
INFORMATION AND CONSENT FORM	139
DATA COLLECTION TOOL.....	142
Criteria for the inclusion of patients for CIS study	142
 REFERENCES.....	 149