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#262 - Developing multilevel implementation strategies to advance the value of care in Australian public hospitals

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Objectives/aims

To develop implementation strategies aligned with a process for how staff in Australian public hospitals can move towards higher value care.

Methods

A qualitative constructivist grounded theory study was conducted. Value was defined in relation to health and healthcare and covered the flow on effects of good health on individual and family wellbeing, and workforce participation. Participants comprised 25 medical, 15 allied health and 5 nursing or clinical support staff (N = 40) from 3 large metropolitan hospitals in Australia. Semi-structured interview data was collected in 2021 and 2022 from participants along with field notes and observations. Thirteen documents referred to in interviews were used to understand associated contexts. Four criteria for quality in constructivist grounded theory (credibility, originality, resonance, usefulness) guided the study and a toolkit with embedded implementation strategies was developed based on the findings.

Main findings

Strategies covered all four-stages of a process developed to move towards higher value care that were: 1) Understanding context; 2) Sparking change; 3) Taking action – ‘A balancing act’; and 4) Looking forward - sustainability. System level strategies were perceived as desperately needed but hard to achieve and included providing adequate community housing, addressing staff shortages, collaborating more closely with general practitioners and community agencies, and funding quality care rather than activity. Improving the evidence base of allied health professions, the selection of medical students, and governance of professional practice by regulatory bodies were strategies needed at the professional or organisational level. At the individual level all participants believed there were things that could be done



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such as having information-sharing conversations with patients, using clinical guidelines for common conditions to guide practice, and prompting critical thinking. Some strategies covered multiple levels of the system. These included providing performance feedback at all levels of the hospital system, revising patient assessment processes, and new ways of training and mentoring junior staff. Dissemination of the toolkit has commenced and future work to operationalise the implementation strategies and evaluate implementation will be discussed.