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Patient involvement in healthcare projects: A mixed method study on the perspectives of project staff in Western Australian (WA) public hospitals and health services

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CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

This study has generated new knowledge to inform a limited evidence base and comprehensively answered the research questions by application of an appropriate design and philosophical approach. The focus group discussions complemented the questionnaire responses, enhancing the data and completing the findings. The data synthesis phase revealed predominantly convergent findings, providing a confidence level in the synergy of the results.

This concluding chapter outlines notable findings arising from the study, the significance of those findings, conclusions, researcher recommendations for future practice and some potential research translation strategies.

6.2 Notable findings

According to the perspectives of project staff, patients (or consumers) were being involved in some clinically based projects in WA Health but not in all projects; in low numbers in infrastructure projects and not in Information Technology projects. There was a low level of patient involvement (mostly through surveys) and patients were not being involved in higher level decision-making or voting. There was a high reliance on the CACs to provide the consumer perspective. Project staff felt that organisations had a “long way to go” before current inpatients are actively and genuinely involved in healthcare projects.

In keeping with similar findings by Ford & Bowness (2012), a key finding in this study was a lack of staff training in patient involvement. The project staff were experienced but did not possess high levels of qualifications and skills in project management and improvement methodologies and received no training in patient involvement. Project staff utilised differing improvement methodologies without the appropriate training, and yet remained confident to involve patients. This suggests a level of ‘on-the-job’ training and experiential application.

In this study, there were associations found between patient involvement and the position title of project staff, and the use of Six-Sigma methodology. The WA Health

preferred project management methodology was not being utilised for all projects and where it was used, it did not correlate with higher levels of patient involvement. This may need addressing as future training requirements are planned, considering the results of this study.

Multiple barriers with patient involvement existed, and a few project staff were assuming accountability and responsibility to protect their organisations from risk and reputational damage, which may not be known or required by the organisation. Organisations did not have adequate processes or policies in place regarding patient involvement and no method for measuring or evaluating the value of this approach.

6.3 Significance of the findings

This study provided a contribution to the limited literature available on project staff perspectives of involving patients in public healthcare projects, creating valuable knowledge, and improving information sharing and an understanding of this topic. This study may assist the health industry to understand some of the reasons why there may be reticence or a hesitancy to engage patients as normal practice in WA public healthcare projects and understand some of the barriers faced by project staff.

Decisions around the use of one preferred project management methodology in isolation may require review and necessitate the application of an adjunct improvement methodology, to enhance and improve patient involvement. Organisations have a responsibility to ensure that staff who are employed in project roles have the necessary skills, training or qualifications to deliver on project outcomes, especially when large amounts of public money are involved. This study poses questions around the current skill level of staff and a lack of qualification in project management and improvement methodologies. Organisations may need to review job description forms to ensure that they are attracting staff with the necessary skills, qualifications and experience to lead and manage large scale, complex healthcare projects.

If patient involvement is regarded as a 'new science' by organisations, this may encourage development of appropriate training and education packages (Miller et al., 2018). Organisations may need to consider the addition of training for staff and

patients regarding patient involvement and develop associated policies and frameworks to guide staff.

Furthermore, this study provided a specific WA public healthcare staff perspective, which may inform policy or practice development in WA Health in the future, to ensure patients, as well as consumers, are genuinely and actively involved in healthcare projects.

6.4 Conclusions

Participants portrayed a willingness and intent to involve patients in healthcare projects, however, there was an organisational disconnect with a lack of patient recruitment protocols, associated policies and frameworks, staff and patient training programs, evaluation tools and reporting mechanisms. Patients were not being involved in all projects which poses a major risk to organisations, as the potential users of the service may not be providing valuable input in a meaningful and constructive way. There was a heavy reliance on the CAC members which is appropriate from an overall consumer perspective, but this may not represent the patients valuable lived experience (Manafa et al., 2018).

Patients were viewed as powerful change agents that can enhance staff behaviour and improve project outcomes and this power should be acknowledged and harnessed by organisations in a true and equal partnership. Organisations need to review how and when patients are being involved in healthcare projects, and how this involvement is affecting their project staff, project outcomes and sustainability of effort.

Staff employed in project roles could benefit from education in research principles and methodologies, as consumer and community involvement in research is far more advanced and evidenced in the literature. There are many similarities between research and healthcare projects as both are essentially managing projects, people and reporting, and both have multiple methods or methodologies to guide their work. There are also distinct differences as healthcare projects do not have such a rigorous framework, nor do they require ethics and governance approval, and they

do not usually attract external commercial sponsors, funding or grants. Over the last few years, project staff have led and managed some large scale, highly complex projects in WA Health especially; yet there are limited published articles describing these projects and their outcomes.

There is a gap between organisational intent to actively involve patients in healthcare projects and translation of this into practice at a meaningful and genuine level. Health services have much work to do before patient involvement in healthcare projects becomes 'normalised' into everyday practice, as described by Fisher (2011) and Manafo et al. (2018).

6.5 Recommendations for future practice

There are multiple improvement opportunities arising from the study findings which are described in the following sub-sections of recommendations for research (staff and patients), practice and education.

6.5.1 Recommendations for research – with a focus on project staff:

- Develop a decision-making framework to guide staff on when and how to involve patients, and their optimum or appropriate level of involvement
- Develop a measurement tool to evaluate the value, impact or effectiveness of patient involvement in healthcare projects, with associated reporting strategies and tools
- Explore the structure and function of healthcare project teams as project staff seem to be working in an unregulated void, with varied (or no) governance, and a lack of policy and reporting frameworks
- Investigate if project staff are publishing articles or conducting research regarding their projects and if there are any opportunities or barriers with this
- Explore in more detail the different project management and improvement methodologies to discover which are best suited to healthcare environments, and which are delivering the best outcomes and project sustainability
- Investigate the reasons why project staff in infrastructure and Information Technology projects are not seemingly involving patients in these types of projects

- Explore if healthcare project staff with a professional clinical background are more likely to involve patients or consumers in their projects. This will assist to determine appropriate skills and experience relevant to the project role
- Investigate the anxiety, fear or stress levels experienced by project staff related to patient involvement in their healthcare projects.

6.5.2 Recommendations for research – with a focus on patients:

- Explore the patient perspective of being involved in healthcare projects including their perspective of how they add value and what training they require
- Explore patient's perspectives of optimum recruitment and incentive schemes to enable their genuine and active involvement in healthcare projects
- Explore different ways to seek patient perspectives such as social media, patient experience trackers, observation of patient interaction with staff and inclusion of patients in the project team
- Investigate the differences and benefits of a patient with a 'lived experience' providing input to a healthcare project compared to a consumer providing a generic consumer opinion
- Explore the philosophy behind patient involvement in any aspect of their healthcare or healthcare projects, to assess for commonalities and synergies, regardless of what type of activity they are being involved in.

6.5.3 Recommendations for practice:

- Improve rates and levels of patient involvement in all healthcare projects, especially in infrastructure and Information Technology projects
- Ensure that the organisational commitment to patient involvement is firm and supported by actions, policies, procedures and protocols as appropriate
- Ensure that the organisation has a clear patient recruitment policy in place and explore different ways to recruit patients into projects such as social media, newspaper adverts and bedside cards
- Executives to discuss fears and anxieties about reputational risk and damage with project staff so that expectations, accountabilities and responsibilities can be managed

- Develop a register for CAC members and volunteers which articulates when they were in hospital and in what specialty, and if they are willing to be involved in a healthcare project
- Review incentives provided to patients involved in healthcare projects, and develop some low-cost incentives such as exploring options for the volunteer driver service, developing certificates of participation, or scheduling a meet and greet with the Executive Director or Chief Executive
- Organisations to review how they are capturing information about the range and type of healthcare projects they are leading, who is managing these projects, the outcomes, sustainability and level of patient involvement – essentially developing centralised project registers to enable review, reflection and further research
- Organisations to promote a positive culture of genuine and active patient inclusion and involvement in healthcare projects and celebrate the success of this
- Many of the project management and improvement methodologies are historically from the worlds of car manufacturing, business or production lines. Consider the development and evaluation of frameworks specifically built for use in healthcare, rather than tailored from existing products.

6.5.4 Recommendations for education:

- Develop core essential qualifications and skills for staff employed in project roles in the organisation; noting that some methodologies are more associated patient involvement
- Review the project management methodology training offered to WA Health staff to consider implementing an adjunct improvement methodology or specific patient involvement training
- Ensure patient involvement training is provided to staff fulfilling executive sponsor roles so that they can mentor and coach project teams and ensure that patient involvement is considered during the project scoping phase
- Ensure patient involvement training and support is provided to staff employed in project roles to encourage greater patient involvement in their healthcare projects

- Consider the value of implementing training programs for patients and consumers regarding their involvement in projects.

This study has highlighted the need for further research into multiple facets of healthcare project management, and potential changes to practice and educational requirements. The next section describes how the study findings may be translated into practice.

6.6 Research Translation

Research translation (or knowledge translation) can be defined as “ensuring that stakeholders are aware of and use research evidence to inform their health and healthcare decision-making” (Grimshaw, Eccles, Lavis, Hill, & Squires, 2012, p. 2). Grimshaw et al.(2012) discussed how there is often a failure to translate research into practice and policy from clinical and health services research. The outcome of this study is to effect change in health services project management, to encourage more patients to be actively involved in healthcare projects and for patients to be empowered as higher-level decision makers in organisations.

The researcher aims to ensure that the findings of this study are translated into action by completing the following:

- As a Project Coordinator, the researcher is at a senior level in the project management field and will display positive role modelling to involve patients at a meaningful level within all allocated projects, and coach other project staff on the findings of this study
- Present the findings at the SMHS IHI Chapter group, SMHS Research Advisory Group monthly meetings and the inaugural SMHS Research Showcase (2018), to disseminate results within the organisation and highlight potential improvements for consideration. Executive level staff often attend these meetings, providing an opportunity to drive and effect change within the organisation. This action has been completed.
- The researcher will be actively involved in future policy development in healthcare project management in SMHS and WA Health where possible. The

researcher has recently drafted a SMHS policy on 'Conducting Research Projects in SMHS' and has included a section on consumer involvement.

- A journal article will be published to disseminate the study findings to a wider audience than SMHS, and promote interest into further research in this area
- The researcher will review appropriate state and national conferences for an opportunity to submit posters and / or present the study findings
- The researcher is involving the new Consumer Advocate for SMHS Research in as many meetings and education sessions as possible and will work with the Consumer Advocate to help build on patient recruitment, incentives and involvement in healthcare projects
- The researcher intends to complete further research into patient involvement in healthcare projects at doctorate level.