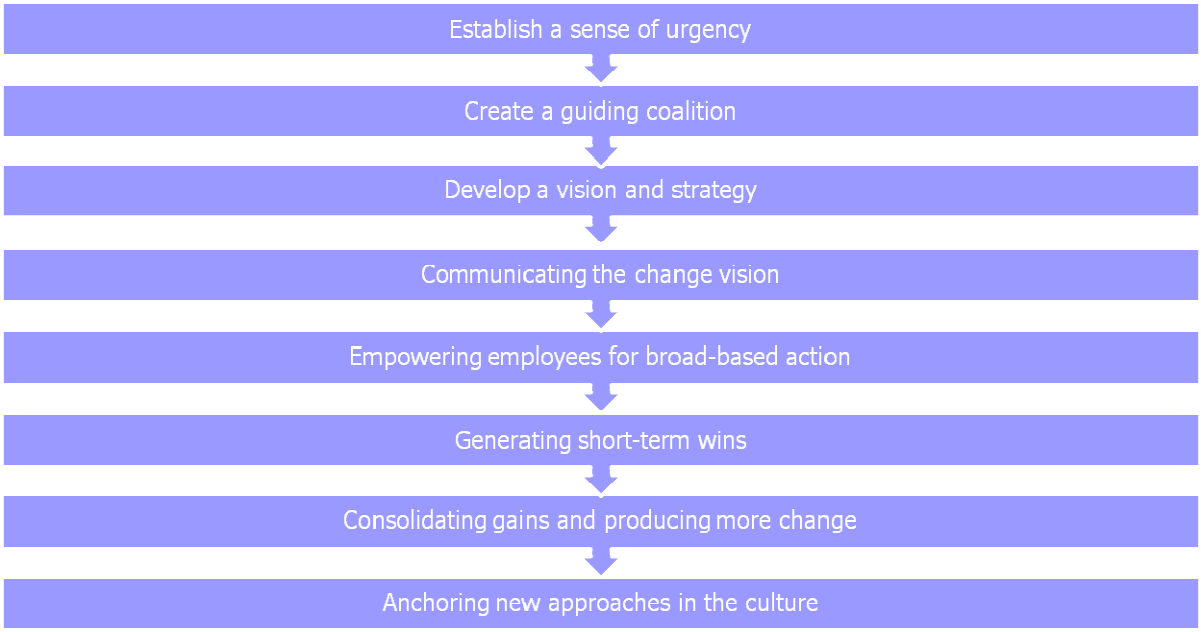
shpaclinCAT Site Implementation Case Studies

The following case studies are drawn from a series of in-depth interviews undertaken as part of the shpaclinCAT pilot project and have been reproduced with permission from the evaluators. Some of the cases have been de-identified by request.

Key considerations shpaclinCAT evaluators and directors of pharmacy are encouraged to address when implementing shpaclinCAT within their healthcare organisations include:

1. Drafting a plan for implementation
2. Identifying the benefits and the barriers to implementing change
3. Identifying who will help facilitate smooth implementation

The case studies illustrate some of the steps involved in change management described by one of the most commonly quoted and foremost experts on change management, Professor John P Kotter[1] (see below).



shpaclinCAT evaluators and directors of pharmacy are encouraged to review the site implementation case studies, reflect upon the steps involved in successful change management and consider how they might implement shpaclinCAT within their own site or health service.

1. Kotter JP. Leading change: why transformation efforts fail. Harv Bus Rev 1995, Mar-Apr 1-10.

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Site Implementation Case Studies

Eastern Health (VIC)
Eastern Health is a large Melbourne metropolitan public health service that provides services to more than 800,000 people across a geographic area of 2800 square kilometres. Three (3) pharmacists based at (3) key sites within Eastern Health network participated in the Victorian shpaclinCAT pilot project.

Sites involved in the pilot included Box Hill Hospital, the largest of the acute hospitals within Eastern Health with 398 inpatient beds, Maroondah hospital, a 326 bed teaching hospital providing secondary acute care and acute adult mental health services and Angliss hospital, a 230 bed hospital which provides emergency and general medical services.

Prior to the implementation of shpaclinCAT within the Eastern Health there was a culture of peer review in some sites and not others. The importance of competency evaluations had been identified within the network, and the pharmacy department had tinkered with the use of the General Level Framework. Prior to participating in the shpaclinCAT training program, the (3) major hospitals within Eastern Health had not defined a uniform process for peer evaluation.

Here is a snapshot of the initial experience gained within Eastern Health when implementing shpaclinCAT based on the feedback from (3) trained evaluators:

"Our pharmacy department is very grade 1 centric, we have a couple of grade 2's and a couple of grade 3's and shpaclinCAT is something we are going to use.....we'd never done any kind of assessment of pharmacists on the ward.... It has been quite interesting seeing how different pharmacists work and what we thought was going on on the wards has been different to actually what has been going on on the wards. Within the largest hospital (Box Hill), we plan to have our three senior clinical pharmacists trained to ideally facilitate 6 monthly appraisals for staff. At the moment we have a little flexibility in our EFT/clinical load amongst the three of us to accommodate this.

At Eastern Health, we actually had our director of pharmacy do site engagement presentations on shpaclinCAT. I think that actually worked really well.. the pharmacists knew it was an Eastern Health focus and that the director of pharmacy was behind it. We had decided that every pharmacist with a clinical load would get a clinCAT done on them in the future, and so by having that uniform and standard that it was an expectation that everyone would get it and that helped as well.

As an evaluator, shpaclinCAT gave me something where I could say "this is a standard form, this is what other hospitals are going to be doing. This is what the SHPA are doing." It helped introduce the element of peer review into the workplace which has been good.

I think (shpaclinCAT) has been really good because it has performance criteria and an evidence guide. It means you know what you are evaluating pharmacists on. Often with pharmacy you get thrown on the ward and the nurses teach you what to do or..you kind of sink or swim. It was really good for me to say to people, "no this is what you are supposed to be doing, this is what SHPA recommends this is what other hospital pharmacists do". One issue we need to consider carefully as part of our implementation plan is how we might deal with cases if serious incompetency was identified. I think this will be important for other organisations as well.

Before the introduction of shpaclinCAT, I think pharmacists were very very nervous about the process. Afterward, I found that the pharmacists I assessed were grateful for the feedback and the time spent with them. It was just breaking down the nervousness."

To implement shpaclinCAT in your workplace, definitely get trained up, understand it properly and how to use it properly, get your director on board (strongly), get them to be supportive in an EFT allocation kind of way. Make it visible, talk about it a lot, demystify it and get people to ask as many questions as they want. Even on a higher level make sure the director talks about it with the hospital Exec"

Western Health (VIC)
Western Health Services Western Health's catchment is the most rapidly expanding community in Victoria with a predicted 4% population growth each year over the next 10 years. The catchment population of 650,000 is the most culturally diverse and the most rapidly ageing community in Victoria. People in the Western Health catchment have the highest level of underlying illness in metropolitan Melbourne including high rates of cardiovascular disease and mental illness in men while the general population of the region suffers from high rates of obesity, cancer, drug and alcohol addiction and infectious diseases.

Western Health includes suburbs such as Footscray, Maribyrnong, Sunshine, Braybrook, Keilor, St Albans, Altona, Williamstown, Yarraville, Laverton, Delahey, Sydenham, Caroline Springs, Taylors Lakes, Seddon, Maidstone, Spotswood, Albion and Deer Park. Three (3) pharmacists based at two (2) sites within Western Health (Sunshine and Western hospitals) participated in the SHPA Victorian Pilot project. Sunshine hospital is a 300 bed teaching hospital and centre for Women's and Children's services within Western Health, also providing acute and palliative care, aged care and renal services, surgery and emergency care. Western Hospital at Footscray is an acute teaching hospital of approximately 300 beds that provides a range of inpatient services, emergency care, oncology, coronary care, respiratory medicine, surgery and renal services.

As part of the Victorian pilot project, three (3) pharmacists from Western Health presented shpaclinCAT to their departments, undertook (9) shpaclinCAT evaluations and examined how they might implement the use of shpaclinCAT and peer review within their sites. The following describes their preliminary experience:

"We didn't have a formal peer review process before. We still don't. As the clinical co-ordinator I try and pop up to the wards and see how pharmacists are going at different times. Just due to time and resources, it is quite difficult to do that on a regular basis. It tends to be pretty ad hoc. I think it is good to have sort of a more formalised process where we have to put aside some time to do that and make sure that we are checking in with the pharmacists on a regular basis. It has made me think we could do more peer evaluation, not just using the tool but more informal as well. We talked a lot at the workshop about changing the workplace culture and we talked about it when we started back at work as well.

I think we need to keep encouraging the idea of peer review. shpaclinCAT is a useful start in getting people used to the idea of peer review. It could be used as a more formal evaluation maybe once every six months or maybe once a year. For us there needs to be other things that fit in with it.

To implement clinCAT I definitely have to get a team together first with some key people on it including our senior education pharmacist, she's already quite on board with it. And then we are going to maybe get a junior representative on there as well so that then when we are discussing how we are going to implement it, who it is going to be used on, how often it is going to be used, who is going to be doing the assessments there is a collaborative approach. Then we will provide information on our plan to the rest of the department and get feedback and see if we have to change anything.

During the pilot, we presented the site engagement presentation to the pharmacy department and there was some discussion afterwards. There was interest in finding out how it is going to work and some apprehension as well, just people not being quite sure about what is going to be involved.

Generally I think it has been positively received. What we did for the pilot is we asked for volunteers so then we would get the people that are enthusiastic about it. We didn't quite get enough volunteers but I think that was really key because then they were talking to others saying "it wasn't that scary" and "the evaluation made me think about a lot of things." It got them talking to each other. I think that really worked for us. We did have to ask two people to volunteer and we just went about that in different ways. There is not so much discussion happening amongst pharmacists. I think this will introduce them to the idea that different pharmacists can review each other"

shpaclinCAT in a Victorian Regional Hospital

Three (3) pharmacists from a Victorian regional hospital attended the shpaclinCAT seminar and went back to their site to implement shpaclinCAT evaluations. The trained evaluators plan to perform evaluations at their local hospital before offering competency evaluation to external sites in region. The regional hospital has 257 beds and offers a range of services including aged care, cancer care, elective surgery, maternity services and rehabilitation to an immediate population of 70,000 and 240,000 in its catchment area.

The following describes their early experience with shpaclinCAT and some facilitators and barriers to implementation at their site identified during the course of the pilot project.

"It makes an enormous difference in this workplace that our manager has been involved. I think that is crucial. I also think it is important to have a core number of people who have been trained in it. In a place of our size having three trained is probably a good number so about 25% of our staff. In the bigger places, they'd obviously need more people trained. I think it is important to do some sort of training or course beforehand.

I think the main benefit out of the process I've found was the self-assessment. It was really good for everybody to go through the shpaclinCAT and do the reflection process. I think the whole process including the evaluation is just highlighting and improving practice. We can always improve and we can always develop. And I think the whole tool did highlight that and it is a good validating tool. I think most pharmacists out there think "I am doing a great job" and if you come back and you have had someone observe you and say you are doing a great job it is good to have that as part of building up confidence and self-esteem.

We will do a peer review clinCAT on each other once every twelve months. I think it will just come into practice and become part of the culture.

To present the shpaclinCAT to our staff, we used the site engagement presentation and some of the role plays from the shpaclinCAT seminar at the staff meeting to say this is what is happening and this is why we are doing it. It is a whole of department thing at our site.

I think it is important to be inclusive, so I would say you really should use it for all your staff. Now if you have got staff in your dispensary (just dispensary only) you might modify it slightly. I don't see why it should be exclusive, it should be inclusive.... I don't think we should say to people oh well we are not going to include you. It is basically saying I don't care whether you are competent or not. I don't think people should be above having their competency assessed. It has to become part of what we do. I certainly want to have clinCAT evaluations as an integral part of the competency assessment process in our workplace.

Barriers for us are time and resources. If we've got three of us trained and someone left we'd need to train someone else and if we were to offer this around the region we'd have to work out how that would be done. They're logistical issues for us.

It needs to be sort of a project and it depends on the size of your hospital. It is really important to have managers on board supporting it. They need to be able provide the opportunity for staff to be trained in doing it, they need to be able to support and allocate time and schedule the evaluations in."

Port Augusta Hospital & Mt Gambier Hospitals, Country Health SA
The Port Augusta Hospital and Regional Health Service is part of the Flinders and Outback Health Service. Port Augusta Hospital is the centre of Excellence for Aboriginal Care in Country South Australia and is an 82-bed acute care hospital providing medical and general surgical services to the region including obstetrics and gynaecology, paediatric, renal and acute emergency care services. It is a regional base for the Royal Flying Doctor Service and serves a large remote area of the state of SA.

Mount Gambier and Districts Health Service is part of the Upper South East Regional Health Service in SA and provides acute services ranging from in-hospital care by local general practitioners to specialist surgical, obstetric, paediatric and anaesthetic services delivered by medical consultants. Bed numbers in the hospital vary with seasonal demand — for example, flu season or holiday periods (average number 50-100 during the period 2009-2010). The hospital is involved in teaching undergraduate medical students (in association with a university). Both Port Augusta and Mt Gambier Hospitals are part of Country Health SA- i.e. they are incorporated hospitals established under the SA Health Care Act, 2008.

As part of the shpaclinCAT pilot project, one of the clinical pharmacists based at Port Augusta Hospital undertook (3) shpaclinCAT evaluations; 1 based at her local site and 2 based at another selected regional site (Mt Gambier Hospital). The following provides a snapshot of some of the benefits of shpaclinCAT evaluation and the barriers to implementation within a rural network identified as part of the pilot project.

“At my home site (Port Augusta) I presented clinCAT to the staff before we went ahead with evaluations. Scheduling an evaluation had a significant impact on our daily workload. Our department only has three pharmacists (including myself and a trainee). I was comfortable with using shpaclinCAT at my home site and found it easy to use and the feedback session I did after my first evaluation went well. I think giving and receiving feedback about workplace issues is probably part of our culture here at Port Augusta because we work so closely together. My plan is to do an evaluation with the other pharmacist that I work with and see if we can incorporate shpaclinCAT into things we are already doing. At Port Augusta, I think we need to share our CPD plans with each other because we are in a small department. At my home site it was easy to formulate a CPD plan based on shpaclinCAT because I know what sort of CPD activities are available to us.

When I went to Mt Gambier (as an external evaluator) I managed to secure some funding through CECHEP which provided locum cover at Port Augusta while I was away. It was fantastic because I was able to dedicate my time to Mt Gambier while everything at my home site operated as usual. The two pharmacists I reviewed were 800km away from where I am. At Mt Gambier, I found that I was a bit outside of my comfort zone. I couldn’t present clinCAT to the staff at Mt Gambier beforehand due to time constraints. I sent the pharmacists at Mt Gambier the pre-evaluation questionnaire, the self-assessment and the post- evaluation questionnaire and discussed them over the telephone before I arrived. When I got to Mt Gambier I found not knowing the site or the people were barriers for me. They weren’t major issues as the pharmacists were very friendly. The evaluations highlighted to me that the pharmacists felt a little bit isolated at times and didn’t always know where to go for information or support. Being in touch with other peers in a regional area is really difficult as there aren’t too many of us. Having another person along to view your practice is wonderful because it can provide fresh ideas or new perspectives. I guess in a big hospital support is really only the pharmacy department away. But in country it can be a long way away.

We came up with some good CPD plans at Mt Gambier but I think they could have been better. I wasn’t familiar with what sort of access to CPD support the staff have, so formulating a CPD plan was more challenging. One of my main concerns is making sure that the CPD plans are followed through. I am not sure when I will be able to get out to Mt Gambier again.

I think shpaclinCAT is a really important tool. I would almost like to see it mandated- that everybody undergoes a review regularly. Having peer support is really important in the country. It is always nice to develop links with peers, so that you feel like there is somebody else you can contact if you hit a bit of tricky situation or if you are unsure how to act. It is a relationship building exercise as well I guess.”