Taking Community Context into Consideration: FORGE AHEAD Clinical Readiness Consultation Tool

Schulich MEDICINE & DENTISTRY

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BACKGROUND

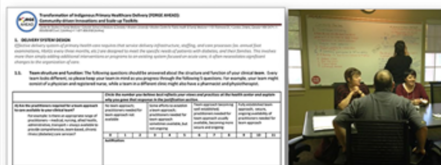
- Indigenous peoples experience significantly worse health outcomes associated with type 2 diabetes (T2DM) with prevalence rates 2-5 times higher than the general population in Canada[1-3]
- Accounting for contextual factors has become increasingly important to maximize improvements given the multiple and varied barriers to optimal care[4]
- Readiness has been identified as a critical contextual factor to integrate into health interventions to increase the likelihood of success and sustainment[5]
- The Clinical Readiness Consultation Tool (CRCT) was developed to identify key factors that influence the adoption of chronic disease initiatives with the goal of aligning Quality Improvement (QI) initiatives to the degree of readiness[6]

FORGE AHEAD RESEARCH PROGRAM

- A 5-year national QI research program[7] to enhance chronic disease management in First Nations communities
- Program components: QI Workshops & Action Periods, Readiness Consultations, Diabetes Registry & Surveillance System, and QI Coaching and Support
- Core tenets: Community-Driven, Participatory Research, Culturally Appropriate, and Honoring OCAP® principles
- 9 First Nations communities from 5 provinces completed the full program

CRCT QUESTIONNAIRE

- Consists of 5 key health components, 21 sub-components and 74 items
- 12-point Likert scale with score justification
- 118 min on average to complete during pilot (range 53min to 240min)



KEY HEALTH COMPONENTS

Delivery System Design
Information Systems & Decision Support
Self-Management Support
Linkages with Community Resources & other Health Services
Local Health Centre Organizational Influence and Integration

CRCT IMPLEMENTATION

- Implemented in 3 time points (pre/during/post)
- CRCT Questionnaire completed by Clinical QI Teams in all 9 partnering First Nations communities
- CRCT Aggregate Report = aggregate quantitative scores + corresponding summary of qualitative justifications

RESEARCH METHOD

- Semi-structured interviews with consenting program participants (n = 27)
- Data coded using grounded theory to progressively identify themes by integrating categories of meaning

MAIN THEMES

Theme 1: Generation of QI ideas

"…So, we would meet once we received the reports back, or we would try to meet and we would go over them one by one with the numbers and, like further discuss what we had maybe meant by giving it that number, the averaged out number. And, if it was super low or needed improving we would maybe discuss like how we could get it higher, maybe a PDSA or, yeah. That was how we used the reports. It was basically just to generate ideas."

Theme 2: Importance of the CRCT Aggregate Report

"The questionnaires themselves were a little tedious to get through. But I feel like the reports that we got back were helpful. So, it was worth it to go through the questionnaire because you don't always see, you know, the bigger picture. You just see what's happening with you and then you get the kind of averaged out answers of your team. So yeah, the reports were helpful and worth it."

KEY FINDINGS

- Length of CRCT Questionnaire reported as challenging
- Despite the length, the CRCT Aggregate Report was reported as informative
- CRCT Aggregate Report was used to identify priority areas for improvement
- Uptake of the CRCT Aggregate report findings were most prominent during dedicated consultation sessions
- The full CRCT process was beneficial in identifying gaps/needs, improving team functioning, and planning QI initiatives

CRCT ADAPTATION

- The CRCT Questionnaire was adapted into the *Improving Diabetes Care Questionnaire* (IDCQ)
- IDCQ: 12 pages in length; truncated questions; modified scale; and targeted open-ended sections
- Online completion

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ACKNOWLEDGEMENTS

On behalf of the FORGE AHEAD Team

Diabetes Alliance – www.uwo.ca/DiabetesAlliance