

BACKGROUND

- Quality improvement (QI) projects discuss the importance of having an individual who can provide support to QI teams to plan and implement QI initiatives through the Plan-Do-Study-Act (PDSA) cycles
- This role of this individual has been referred to as a 'Coach'¹, 'Improvement Advisor'² and 'Team Leader'³
- The importance of this role was manifold: maintain QI team momentum and facilitate PDSA cycle implementation; coach on QI methods and how to apply them in local settings; demonstrate leadership; and, provide structure to enhance team functioning and performance¹⁻³
- A Community Facilitator (CF) from each First Nations partnering community took on this role in the FORGE AHEAD program to advance the QI initiatives and be a bridge between local Community & Clinical QI Teams', and facilitate research data collection⁴

FORGE AHEAD RESEARCH PROGRAM

- A 5-year national QI research program⁴ 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

TRAINING & IMPLEMENTATION

- Individuals were identified by each partnering First Nations community to take on the CF role
- Those individuals received in-person training to perform the duties as the CF
- Training topics included: facilitation skills, readiness consultations, QI initiatives, maintaining QI team momentum, and leadership/coaching
- Remote training provided during role transition
- Throughout the program, Western Diabetes Team staff maintained contact and provided support to the CF for both research related activities and local QI initiatives



Wave 1 Community Facilitator Training



Wave 2 Community Facilitators

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: Importance of CF Leadership

"...and it was kind of keeping the team on track. We fell behind at points, you know, getting together different factors, people off on annual leave, the summer was really difficult getting people together. But I think it was always bringing us back to the table and saying okay guys what do we need to do here? How can we do our PSDA..... What can we do today to do a test to make sure that we're on track here?"

Theme 2: Importance of having a safety net

"One thing to not change would be the accessibility to the team [Western research team], like being able to talk to you, being able to ... like whenever we ask for help we always got it right away. We worked mostly with [Name (Western research team member)] but [Name (Western research team member)] was like super generous of his time and his like positive feedback and all that ... everybody were very like helpful and easy access and nobody got fancy or anything and that was really great. It made things a lot easier."

Theme 3: Importance of role consistency

"Because sometimes you get a little off track and I know me and [name] I guess, and I know stuff can't be helped, when me and [name] were transitioning, I felt she didn't have all her documentations on so I couldn't move forward, do you know what I mean? And I was saying to her, you know, we need this information, we need this information, we need this information.... consistency in like the community facilitator I think is key because I think if you had the continuity over the course of the project you probably would have been able, I know we do a lot of good work, but I think you probably would have been able to do even more."

KEY FINDINGS

- The role of the CF as a local leader was crucial in administering data collection instruments for research purposes and simultaneously managing Community and Clinical QI teams
- Training provided a foundational base for CFs with on-going support identified as key
- Research duties and management of two QI teams was difficult due to time constraints and other professional responsibilities
- Transitions in the role created adverse impacts in moving forward both research based and QI activities
- CF leadership at the local level was critical in ensuring that local QI teams were supported

REFERENCES

- https://www.usaidassist.org/sites/assist/files/the_improvement_collaborative.june08.pdf
- <http://www.wales.nhs.uk/documents/Breakthrough20Series20WhitePaper202003.pdf>
- https://www.mphiacredandciq.org/wp-content/uploads/2013/12/2012_02_28_Guidebook_web_v2.pdf
- Hayward MN, Paquette-Warren J, Harris SB and On behalf of the FORGE AHEAD Program Team: Developing community-driven quality improvement initiatives to enhance chronic disease care in Indigenous communities in Canada: the FORGE AHEAD program protocol. *Health Research Policy and Systems* 2016 Dec;14(1):55

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