

# Action Learning to Support the Development of Primary Care Nurses in the Case Management of Patients with Chronic Diseases, Frequent Users of Hospital Services

Maud-Christine Chouinard RN PhD<sup>1-3</sup>; Catherine Hudon MD PhD CFPC<sup>3-4</sup>; Myriam-Nicole Bilodeau SW MA<sup>2</sup>; Danielle Bouliane SW MA(c)<sup>2</sup>; Fatoutama Diadiou SW MA(c)<sup>2</sup>

<sup>1</sup>Département de sciences de la santé, Université du Québec à Chicoutimi, Québec, Canada; <sup>2</sup>Centre de santé et de services sociaux de Chicoutimi, Québec, Canada; <sup>3</sup>Département de médecine de famille et de médecine d'urgence, Université de Sherbrooke, Québec, Canada; <sup>4</sup>Centre de recherche du Centre hospitalier universitaire de Sherbrooke, Québec, Canada



## BACKGROUND

- Close to 80 % of the costs of health care in Canada is attributable to 10% of the population.<sup>1</sup>
- Many of these people frequently use hospital services for increasingly complex health needs<sup>2-3</sup> arising from such factors as multimorbidity, psychiatric comorbidities and psychosocial issues, or a combination of these factors.<sup>4-6</sup>
- Case management (CM) by nurses in primary health care (PHC) has been proposed as a promising intervention to support people with chronic diseases who are frequent users of hospital services.<sup>7-9</sup>
- The complexity of these patients requires finding innovative strategies to support the development of the skills and competencies of nurses in this new role

## OBJECTIVE

- To explore action learning and coaching strategies used to train PHC nurses for their role in case management for frequent users of hospital services.

## METHODS

- In the context of the V1sages project: Implementation and evaluation (realistic evaluation, pragmatic randomized controlled trial and cost-effectiveness analysis) of a pragmatic intervention combining case management (CM) and self-management support by a primary care nurse in four family medicine groups<sup>10</sup>
- Descriptive qualitative study
- Individual interviews with key informants:
  - Participating PHC nurses (n = 6)
  - Experts trainers (n = 2)
  - Clinical coordinator of the project (n = 1)
- Interviews were conducted between December 2012 and July 2014
- Thematic analysis of the interview transcripts with NVivo 10
- Ethics approval for the V1sages study was obtained by the ethics committee of the Centre de santé et des services sociaux de Chicoutimi.

## KEY DEFINITIONS

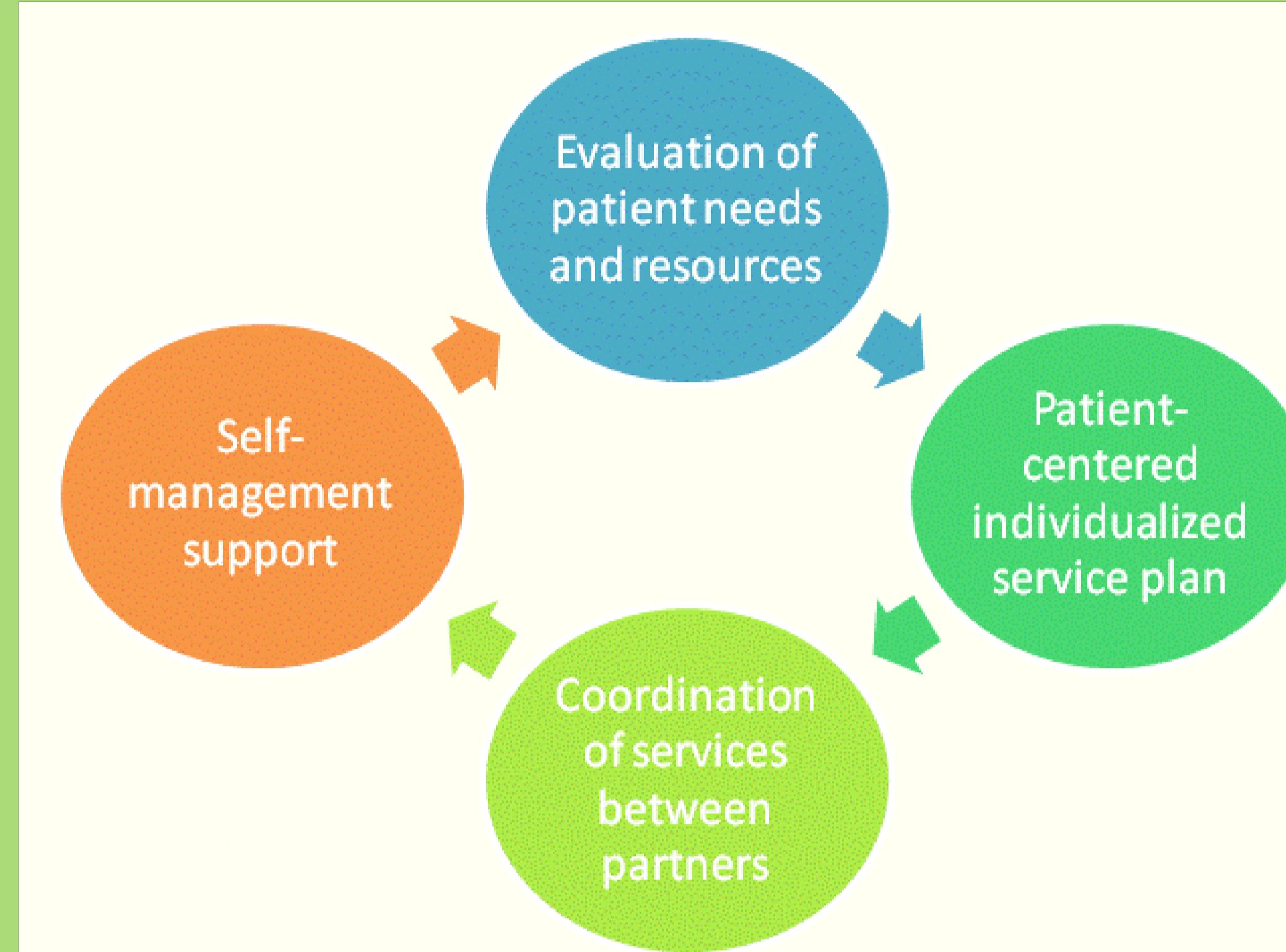
### What is action learning?

(...) is based on the connection between reflection and action, it is a continuous process where set members work on real issues and take the time to reflect and learn from their own experiences.<sup>11</sup>

### What about coaching?

(...) is a professional development approach, which works with individuals, or groups, to facilitate them to maximize their potential and skills, enabling them to become more productive, more effective and more creative.<sup>12</sup>

## CM INTERVENTION



## KEY MESSAGES

- Action learning and coaching are interesting strategies to support competence development of nurses in the CM of frequent users
- These strategies can be improved by :
  - Starting earlier in the implementation
  - involving expert nurses
  - clearly indicating which kind of clinical situations are interesting to discuss
  - Ensuring all participants get an equal chance to speak

## LIMITS

- Limited sample size
- Only one region
- Saturation not reached

## ACKNOWLEDGEMENTS

- We would like to thank the clinicians and patients who participated in this research, our institutional partners and funding agencies for their support.

## REFERENCES

1. Commission de la réforme des services publics de l'Ontario. *Des services publics pour la population ontarienne: cap sur la viabilité et l'excellence*. Ottawa: Gouvernement de l'Ontario;2012.
2. Ruger JP et al. Analysis of costs, length of stay, and utilization of emergency department services by frequent users: implications for health policy. *Acad Emerg Med*. 2004;11(12):1311-1317.
3. Lee KH & Davenport L. Can case management interventions reduce the number of emergency department visits by frequent users? *Health Care Manag (Frederick)*. 2006;25(2):155-159.
4. Schoen C et al. New 2011 Survey of Patients with Complex Care Needs in 11 Countries Finds That Care Is Often Poorly Coordinated. *Health Affairs Web First*, Nov. 9, 2011.
5. Wilson V, et al. Putting the action into learning: the experience of an action learning set. *Collegian: Journal of the Royal College of Nursing, Australia*. 2003;10 (3):22-26.
6. Byrne G. Unlocking potential: coaching as a means to enhance leadership and role performance in nursing. *Journal of Clinical Nursing*. 2007; 16, 1987-1988.
7. Schraeder C et al. Evaluation of a primary care nurse case management intervention for chronically ill community dwelling older people. *J Nurs Healthc Chronic Illn* 2008, 17(11C):407-417.
8. Sutherland D & Hayter M: Structured review: Evaluating the effectiveness of nurse case managers in improving health outcomes in three major chronic diseases. *J Clin Nurs* 2009, 18(21):2978-2992.
9. Kendall S et al. The nursing contribution to chronic disease management: A whole systems approach. Hatfield, UK: Queen's Printer and Controller of HMSO; 2010.
10. Chouinard MC, Hudon C, Dubois MF, et al. Case management and support for frequent users with chronic disease in primary care: a pragmatic randomized controlled trial. *BMC Health Serv Res*. self-management. 2013;13:49
11. Wilson V, Keachie P & Engelsmann M. Putting the action into learning: the experience of an action learning set. *Collegian: Journal of the Royal College of Nursing, Australia*. 2003;10 (3):22-26.
12. Byrne G. Unlocking potential: coaching as a means to enhance leadership and role performance in nursing. *Journal of Clinical Nursing*. 2007; 16, 1987-1988.

## RESULTS

### Positive aspects of action learning and coaching:

- Learning from others' experiences
- Sources of enrichment: exchange of experiences between nurses with various backgrounds and personalities
- Strengthening communication and support
- Strengthening the sense of belonging in the project and engagement
- Ensuring a certain cohesion among CM practices
- Helping to structure thoughts and interventions of PHC nurses

### Most positive aspects of the training:

- Discovery of consistency among practices
- Awareness of some differences in practices
- Enhancing the skills of nurses in CM and in the planning and monitoring of ISP
- Development of strategies for problem-solving
- Development of skills for teamwork, communication with others, and leadership within a multidisciplinary team

### Negative aspects of action learning and coaching:

- The expert trainer had a background in social work, not in nursing
- The time allowed for case discussions was not equal for all
- Lack of time during the AL meetings
- Lack of interest in some situations exposed
- Reluctance of nurses to call the expert-trainer to attend their patient-centered individualized service plan (ISP) meetings

### Impacts of the training on the practice of nurses as CM:

- More autonomy, structure and efficacy
- Improved knowledge of community resources
- Improved evaluation of the psychosocial factors of patients
- Leadership within the interdisciplinary team
- Improved collaboration among the interdisciplinary team