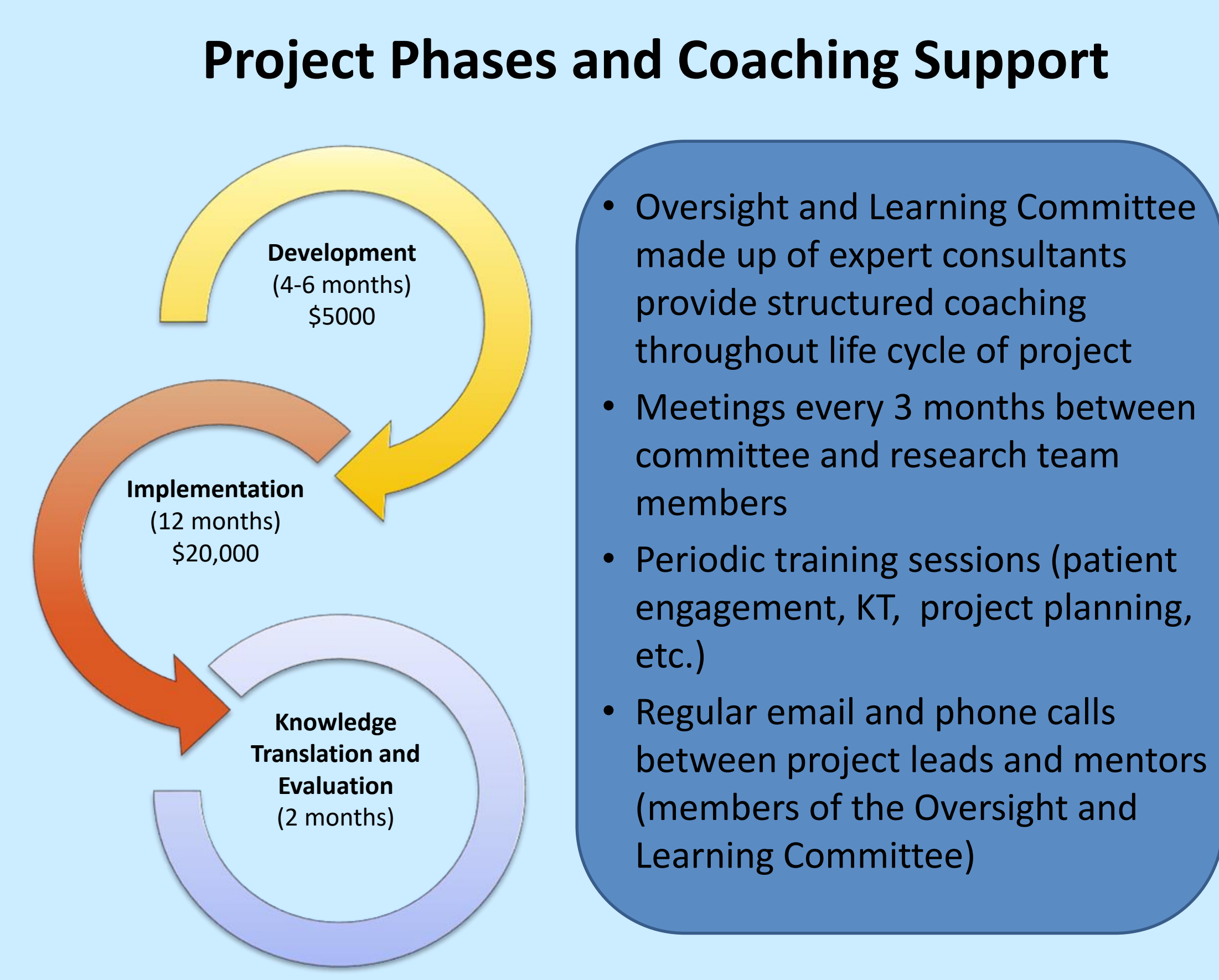# Cross-case analysis of coaching support provided to teams implementing innovations in primary care: recommendations and lessons learned from a Quebec-based network

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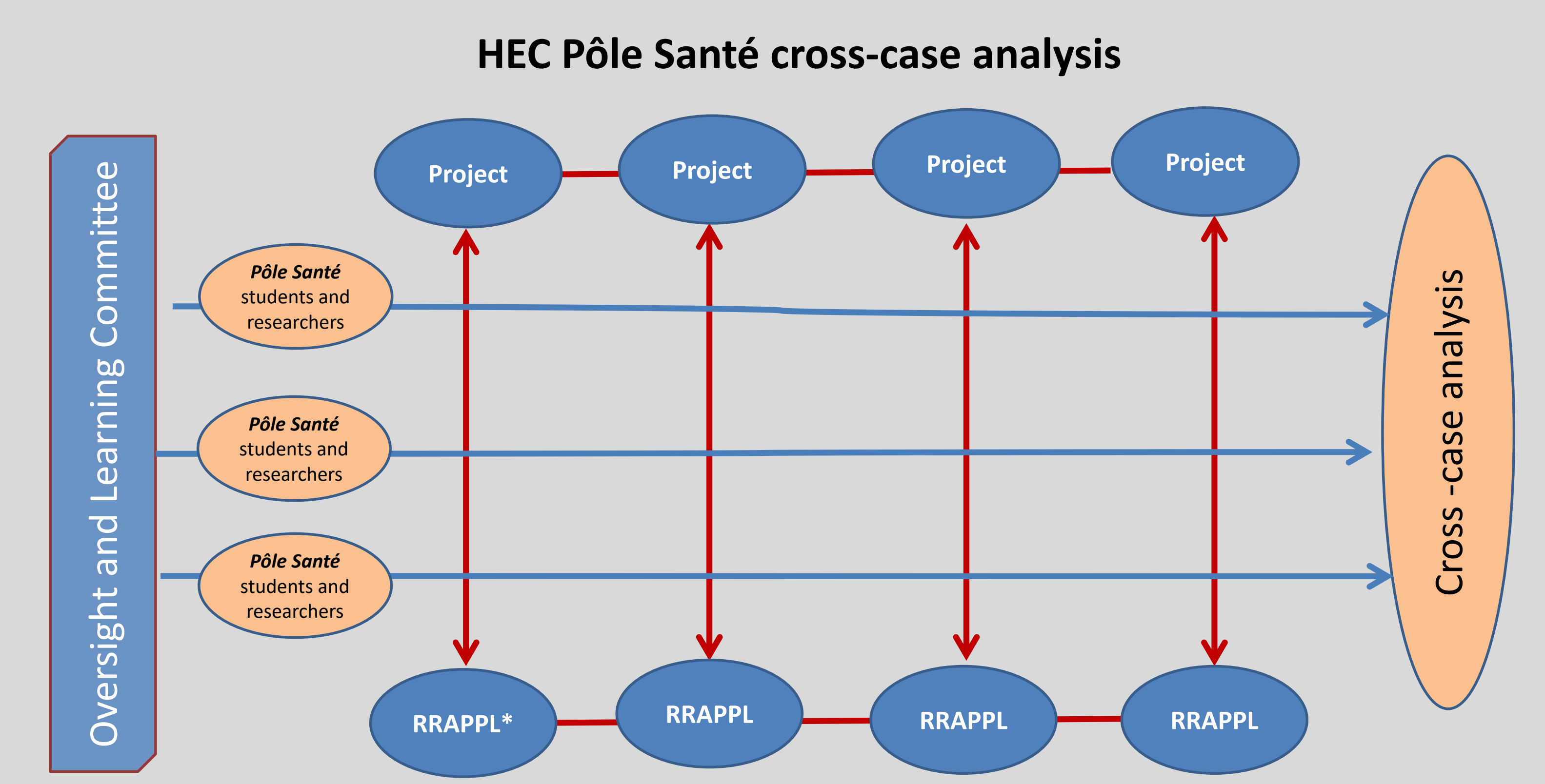
Background

Réseau-1 Québec (R1Q, the Quebec-based SPOR Network in Primary and Integrated Health Care Innovations) aims to actively engage researchers, clinicians, patients and decision-makers in the generation and application of knowledge on best practices in primary healthcare in order to bridge the gap between research and clinical practice and improve primary care services. One of the key mechanisms for delivering on this objective is our innovative approach to funding and accompanying small-scale projects. Every year, R1Q funds four practice-based research projects led by researcher-clinician teams looking to implement innovations in primary care. Inspired by an Institute for Healthcare Improvement white paper on organizational strategies to achieve system level changes (Nolan 2007), and after rigorous scientific review by a selection committee, the teams are supported by an Oversight and Learning Committee (OLC), which provides structured coaching in the areas of knowledge translation, patient engagement, organizational change and project management.

Project Phases and Coaching Support

- **Development** (4-6 months) $5000
- **Implementation** (12 months) $20,000
- **Knowledge Translation and Evaluation** (2 months)

- Oversight and Learning Committee made up of expert consultants provide structured coaching throughout life cycle of project
- Meetings every 3 months between committee and research team members
- Periodic training sessions (patient engagement, KT, project planning, etc.)
- Regular email and phone calls between project leads and mentors (members of the Oversight and Learning Committee)

Approach

HEC Pôle Santé cross-case analysis

*Project teams work in close collaboration with one of R1Q's four practice-based research networks, or RRAPPL (*Réseau de recherché axée sur les pratiques de première ligne*).

In 2016, R1Q partnered with Pôle Santé HEC Montréal to undertake a cross-case analysis of the 2015-2016 cohort of projects to identify best practices in the implementation of innovations, and to uncover what worked well and what needed improvement in terms of the coaching support provided by R1Q (Skiredj et al. 2017). Between January and August 2016, during the initial development phase of projects, two HEC Pôle Santé graduate students (Skiredj and Tamba) conducted an in-depth literature review of successful strategies for the implementation of innovations as well as semi-structured phone interviews with project team leads. They also observed two virtual meetings of all the team leads, and reviewed the projects' research protocols. The thematic analysis which resulted could have been richer if multiple interviews had taken place over the life cycle of the projects. Nevertheless, documenting the teams' experiences in the beginning phases of their projects enabled us to identify the challenges that emerged early on for them and the ways in which these might have impacted successful project implementation.

Results

Challenges

Project teams lacked knowledge and know-how in key implementation strategies and could have benefited from having access to training and tools very early on in the project life cycle

Teams had difficulty benefiting from the coaching support on offer in a group format. They would have preferred support tailored to their individual project needs

Project teams could have been better prepared for the challenges they encountered in the implementation phase if the OLC had followed up with them more proactively

Projects tended to be at different stages of the innovation cycle (i.e. innovation, adoption or diffusion) and therefore had differing needs in terms of coaching support and strategies for implementation

Recommendations

Before projects are implemented, teams should have access to key tools and get training in essential strategies (change management, governance, leadership, performance management and project management)

The coaching process should be tailored to meet the individual needs of each project

Teams should be followed and supported throughout the implementation of their projects and at set points in time

Projects selected should be at similar stages of the innovation cycle

Conclusion

The cross-case analysis of the coaching and oversight provided to R1Q-funded teams implementing innovations in primary care demonstrates the challenges and complexity of providing such support. R1Q is committed to learning and improving on the process and has already adapted its approach for subsequent cohorts by providing timely, individualized support to project teams. R1Q is also undertaking a strategic analysis of its funding calls and is set to launch new opportunities which will take into account the stages of innovation of the projects funded in order to maximize our impact.

References

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