

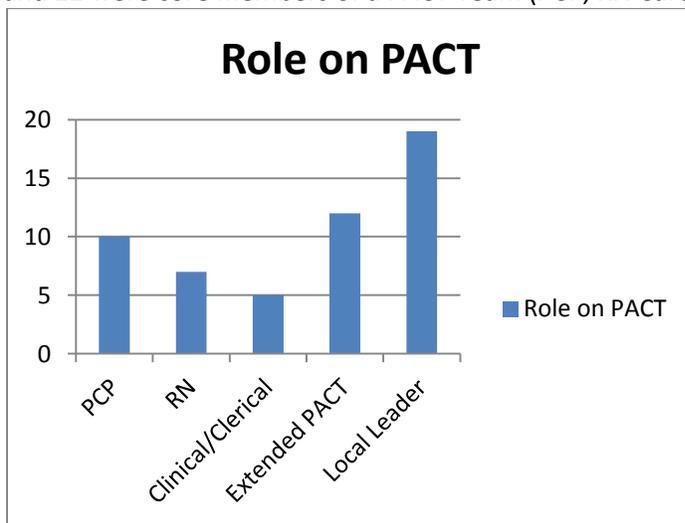


Brief Report on PACT Regional Learning Collaborative: Perspectives of Attendees from VISN 4  
CEPACT Qualitative Evaluation Core  
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**Background and methods:** CEPACT is conducting a formative evaluation of PACT training activities that occurred in VISN 4 during the early implementation phase of PACT transformation (August 2010-December 2011). One goal of the formative evaluation is to elicit perspectives of front-line ‘early adopters’ who attended PACT Regional Collaborative Sessions to understand what needs were met by the Learning Sessions, what needs remain unmet, and to identify opportunities to build upon the Learning Sessions in future PACT trainings.

We developed a brief qualitative feedback survey and distributed the survey to all VISN 4 Travel Teams at the sixth and final Northeast PACT Collaborative Learning Session in Baltimore, MD (December 13-15, 2012). The survey asked respondents to identify their role within the PACT initiative (e.g., local leader, PACT team member) and which of the Learning Sessions they had attended. We then asked them to reflect on the education and training received at the Learning Sessions they attended and to describe the following: 1) three components that were most useful in implementing PACT; 2) three components that were least useful; and 3) what education/training was still needed to move the implementation of PACT forward at their facility. Surveys were distributed to each team by CEPACT staff, who described the purpose of the survey, explained that the survey was voluntary and that responses would be anonymous and confidential, and provided each team with an envelope for completed surveys. Each envelope was marked with the name of the facility to allow us to track the number of responses per facility. Envelopes of completed surveys were collected by CEPACT staff on the last day of the Learning Session.

**Results/findings:** We distributed surveys to all 68 attendees from the 10 Medical Centers in VISN 4; of these, 55 were returned for a response rate of 81%. Completed surveys were returned from all 10 Medical Center PACT Travel Teams. Of the respondents, 19 indicated they were in a local leadership or management role at the Medical Center or CBOC level; 12 were members of the Extended PACT Team at the clinical or operational level (e.g., systems redesign coordinator, social worker, clinical pharmacist); and 22 were core members of a PACT Team (PCP, RN Care Manager, Clinical or Clerical Associate).



About two-thirds of respondents (33 of 55) had attended 4 or more of the 6 Learning Sessions; one-half had attended at least 5 of the sessions. A summary of responses to each of the three open-ended questions and representative quotes are outlined below:

### **Perspectives on the Value of the Learning Sessions**

Respondents were nearly unanimous in describing what they found most useful about the Learning Sessions. Responses tended to cluster around two themes: ***Teams valued the time away from daily work to focus on PACT strategies and planning at the individual and team level*** and ***Learning Sessions were an invaluable opportunity to network with, learn from, and share resources with other PACT implementers from outside one's facility.***

- Many respondents said they appreciated having dedicated time to learn about and reflect on PACT as well as to connect with others involved in PACT implementation at their facility. As one person wrote, the Learning Sessions provided *“the opportunity to sit with members of your facility’s PACT teams and discuss what’s going on locally with implementation; (otherwise) it’s hard to get everybody together on-site for planning.”*
- Attendance at the Learning Sessions helped to counter some of the ‘change fatigue’ and frustrations experienced by early adopters; one respondent wrote the Learning Sessions were valuable as a chance *“to regroup quarterly offsite-- to recharge and re-motivate.”*
- Attendees also saw the Learning Sessions as a valuable opportunity to share resources and ideas with PACT implementers from other facilities in the region. Responses indicated that this networking and resource-sharing took a number of different forms and directions:
  - **Breakouts by discipline** *“gave people the opportunity to see [what] people in your same discipline were doing in PACT and how they were dealing with challenges.”*
  - **Breakouts by complexity** were important for sharing ideas about how to tackle issues specific to different types of Medical Centers (e.g., facilities with a large number of residents or part-time providers, centers serving rural populations or with remote CBOCs).
  - **Formal presentations and informal networking between sessions provided venues** for *“hearing ideas and plans from other facilities”* and identifying *“best practice tools (and the) ability to directly speak with other facilities to adopt tool with specific guide for implementation.”*

Respondents also emphasized the value of *“conversations with other teams/providers about the nuts and bolts of how they are doing things.”* Many respondents said they appreciated being able to hear **stories of failures and struggles** in addition to success stories. Participants valued the opportunity to talk openly and honestly in small-group settings about their concerns and the challenges they faced in implementing PACT.

Additionally, a smaller but still significant number of respondents indicated they valued sessions on specific topics including:

- demonstrating how to access and use PACT Almanac/COMPASS data
- incorporating specialty teams into PACT
- using SharePoint as source of references, presentations, tools

### **Views on Least Valuable Aspects of Learning Sessions**

There was an overall consensus that the Learning Sessions became more useful over time. Early Sessions were described as containing *“unnecessary repetition of basic information”* while later Sessions were characterized as having more targeted breakouts and workshops that helped teams and facilities move forward with making PACT-related changes.

A common theme running through many responses was **dissatisfaction with presentations or activities** (e.g. 'public declarations') **that de-emphasized or downplayed the difficulties and challenges faced by teams implementing PACT**. For example, success story "*presentations by smaller, less complex sites*" were seen as lacking relevance to the realities faced by larger Medical Centers in urban areas or with busy Emergency Departments. A particular concern repeated by many participants focused on what they saw as **a lack of discussion and acknowledgment regarding the challenges of carrying out PACT changes without adequate front line staff**. Respondents expressed frustration over Plenary Session presentations they felt were "*over the top, unrealistic, and frustrating*" or that focused exclusively on the 'traditional' PACT model, seen as an "*unrealistic staffing model for most facilities.*" In general, comments reflected **a desire for open discussion about challenges and realistic solutions related to staffing**.

In addition to these overall themes, participants said they would like to have seen breakouts or trainings sessions on the following topics:

- how to work with local IT and call center staff to meet PACT needs
- trainings targeted to specific roles on the PACT
- opportunities for CBOC PACTs to work more closely with their own Medical Center PACTs

### Areas of Need

Respondents identified areas where they felt they needed additional training, education, and resources to move forward with PACT implementation. Among the most frequent responses were:

- Strategies to meet PACT expectations within current budget conditions/limitations
- Specifics on how to spread PACT principles/knowledge and PDSA tools to teams that did not attend the Learning Sessions and to staff from disciplines key to PACT but not yet exposed to PACT training
- "How to" lessons and ideas on implementing PACT in complex sites with trainees and part-time providers
- "How to" lessons and ideas on implementing PACT at CBOCs (e.g., engaging the expanded team when many sites don't have the members available to them)
- Focused education regarding the Care Manager role ("*There is a great misunderstanding of the Care Manager role within Clerical and Clinical personnel,*" "*More intense training for RN/Care Managers*")
- In-depth, step-by-step training on:
  - How to access and use PACT Compass data
  - Efficient documentation, capturing workload (telephone care)
  - Reporting tools
  - PCMM (cleaning, updating, checking for accuracy)
  - Walk-in clinics (how to manage/market)
  - How to best document group visits (encounters v. events, one note v. several for each discipline)
- A central PACT web site to provide quick and easy access to references, tools, and contacts for specific PACT-related questions that come up later (e.g., list of PACT faculty, posting ongoing stories of successes, challenges, and solutions).
- Weekly team meetings to "*openly address needs, problems, and new ideas*"
- Mandated "*retreats or blocked clinic times; there is no time set aside for this (help teach PACT to others)*"
- On-site visits from coaches and consultants to assist in coming up with targeted strategies to address site-specific issues and barriers

In addition, respondents expressed concern about their ability to effect further implementation of PACT at their facility beyond the pilot teams without support from their facility leadership and administration

and emphasized the need for “*continued involvement from Central Office to keep PACT on everyone’s agenda*” and a hope that higher-ups at the VISN and CO levels would continue to support PACT implementation to foster buy-in and support among Medical Center leadership.

Key Findings: Building on Learning Sessions for PACT Spread: Several participants had heard about the VISN’s plans for a Virtual Collaborative and looked forward to it as a way to continue to build on the work of the Regional Collaborative. A number of respondents suggested that much of the “lecture-based” information could have been as effectively conveyed using TMS, teleconferencing, or Live Meeting, thereby reducing the time spent on travel and away from patient care; this lends support to the VISN’s plans for a Virtual Collaborative comprised of an online didactic component (Live Meeting Sessions) with an off-line component (dedicated time for team meetings, ‘assignments’ to put into practice the change strategies discussed during the Live Meetings).

Learning Session participants provided important feedback to inform future training of PACTs. Specifically, future trainings should include:

- A focus on the ‘nuts and bolts’ ideas and concrete lessons on how to actually change operations at the front line
- Protected time in clinic work schedules for teams to plan for, implement, and evaluate changes
- PACT ‘success stories’ that reflect the reality on the ground faced by many PACT implementers, with detailed explanations of successful strategies to overcome or circumvent challenges
- Accessible information about PACT tools, resources, and contact persons linked to specific PACT topics

It is interesting to note that even these early adopters, who have attended many if not most of the Learning Sessions and been leaders in PACT implementation at their facilities since the beginning, are either unaware of or have been unable to access some PACT resources, such as the various SharePoint and web sites where information and tools are collected and posted, and on-site assistance from a PACT Consultation Team. The PACT Toolkit site currently under development promises to be an important resource for PACT spread, but only if it is well-publicized, easy to use, and clearly and consistently linked to the stated needs of PACT teams. In terms of on-site consultations, which many respondents pointed to as something that would be extremely useful in moving forward, several VISN 4 facilities have submitted proposals for a visit from a PACT Consultation Team, but to date none have been selected. Endorsement of facility leadership is a pre-requisite to receiving on-site consultation; it is not clear whether this has been a barrier to VISN 4 facilities being able to make use of this resource.

Finally, in response to our survey these frontline early adopters identified **continuing support from leadership at the CO and VISN levels** and **greater buy-in and engagement from local facility leadership** as key elements to the success of PACT implementation and spread at their home facilities.

We welcome any comments or questions to Gala True at [Jennifer.True2@va.gov](mailto:Jennifer.True2@va.gov) or Bozena Lamparska at [Bozena.Lamparska@va.gov](mailto:Bozena.Lamparska@va.gov)