

# The Role of Change Facilitation in the Implementation of Alcohol SBI with Public Health Nurses



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# Objective



- Describe the change facilitator role and its contribution to alcohol SBI implementation within a health system.

# Alcohol SBI Project Background

- **Alaska State Public Health Nursing**
  - 24 Public Health Centers and over 280 villages across Alaska



# Project Goals



1. Use a systems-level approach to implement alcohol SBI as a routine clinical preventive service
2. Conduct a pilot using iterative methods to identify challenges and continuously refine processes
3. Evaluate the alcohol SBI implementation process

# Start-up Activities



- Researchers met with nursing leadership to discuss partnership to implement alcohol SBI
- CDC Alcohol SBI Implementation Guide used
- Three health centers (two urban and one rural) volunteered to pilot
- Planning team convened
- Initial alcohol SBI policy and procedure drafted
- Practicing nurses and staff trained
- Pilot health centers began screening

# Change Facilitation

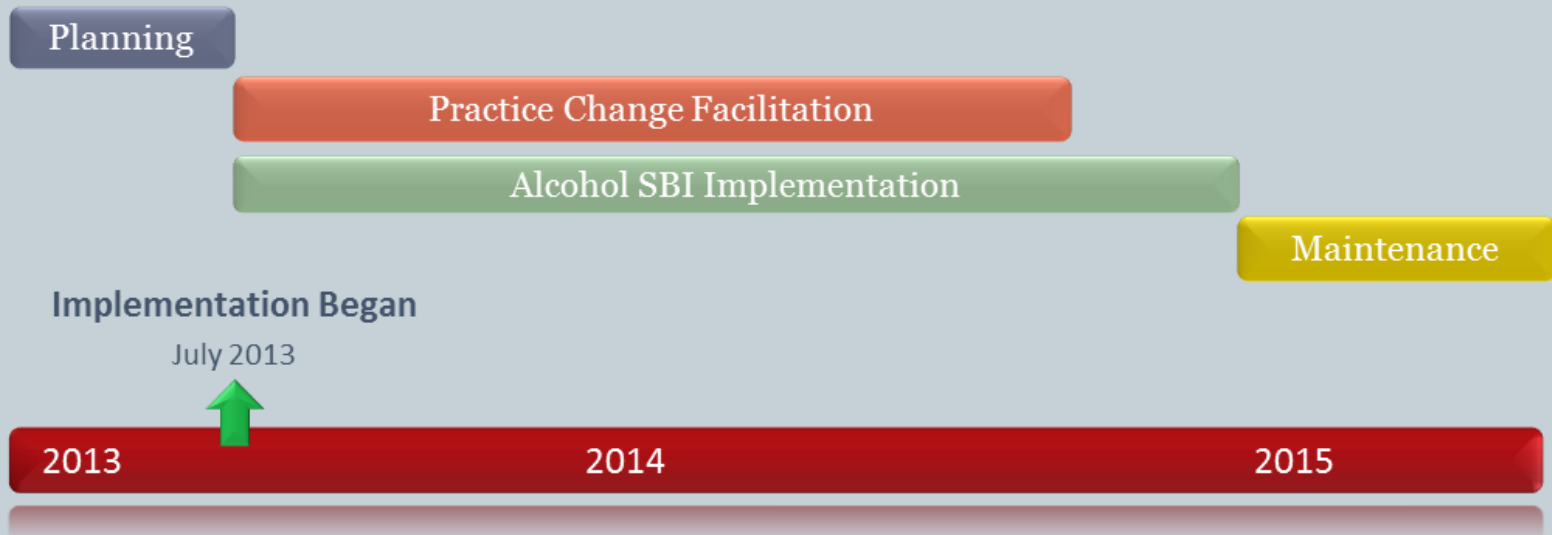


- Process of *interactive* problem solving and support to assist translation of evidence to practice
- Provides an opportunity to discuss the practice change
- Considered effective to support evidence-based guideline adoption and implementation in primary care
- Internal or external to the health system
- Often considered critical to successful implementation

# Method



- Each of the three health centers participated in 12-16 change facilitation group interviews via phone with researchers over 15 months ( $N=42$ )



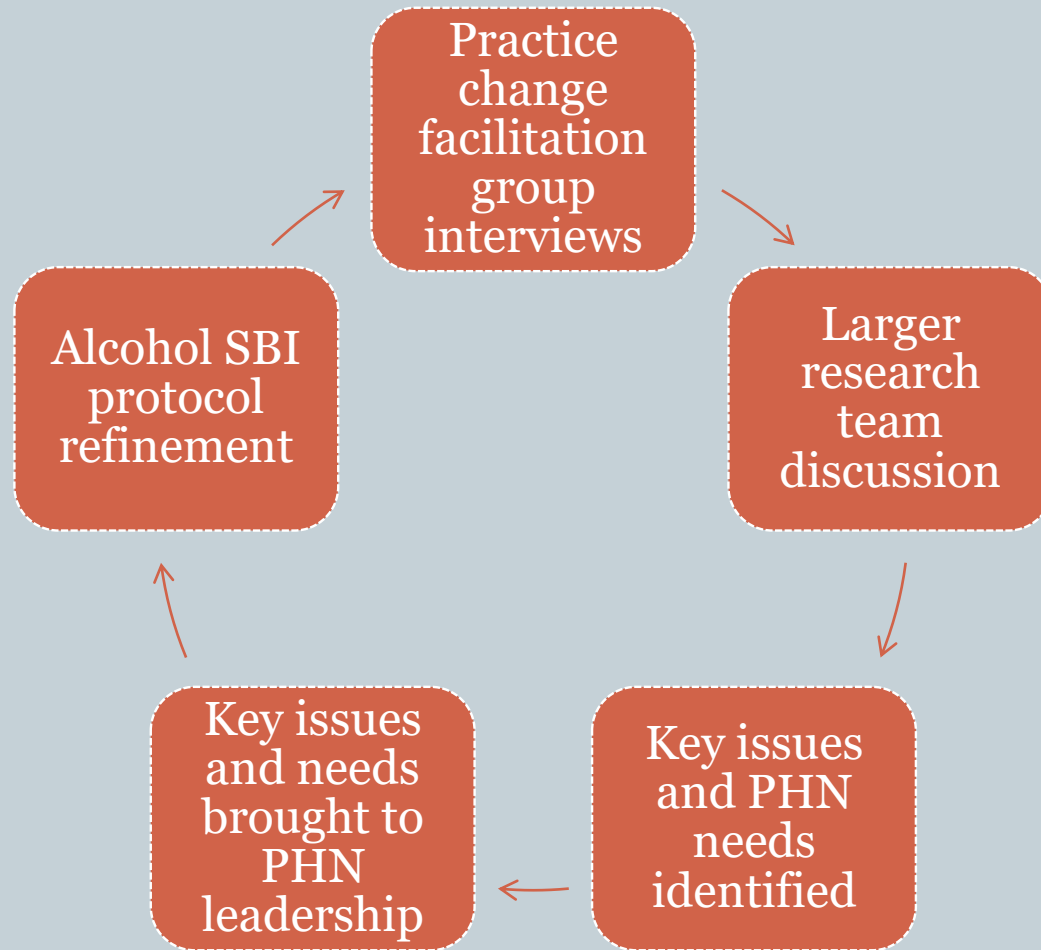
# Method



- **Semi-structured group interviews**
  - Alcohol screening with adults and adolescents
  - Brief intervention with adults and adolescents
  - Client satisfaction
  - Overall protocol process
  - Other



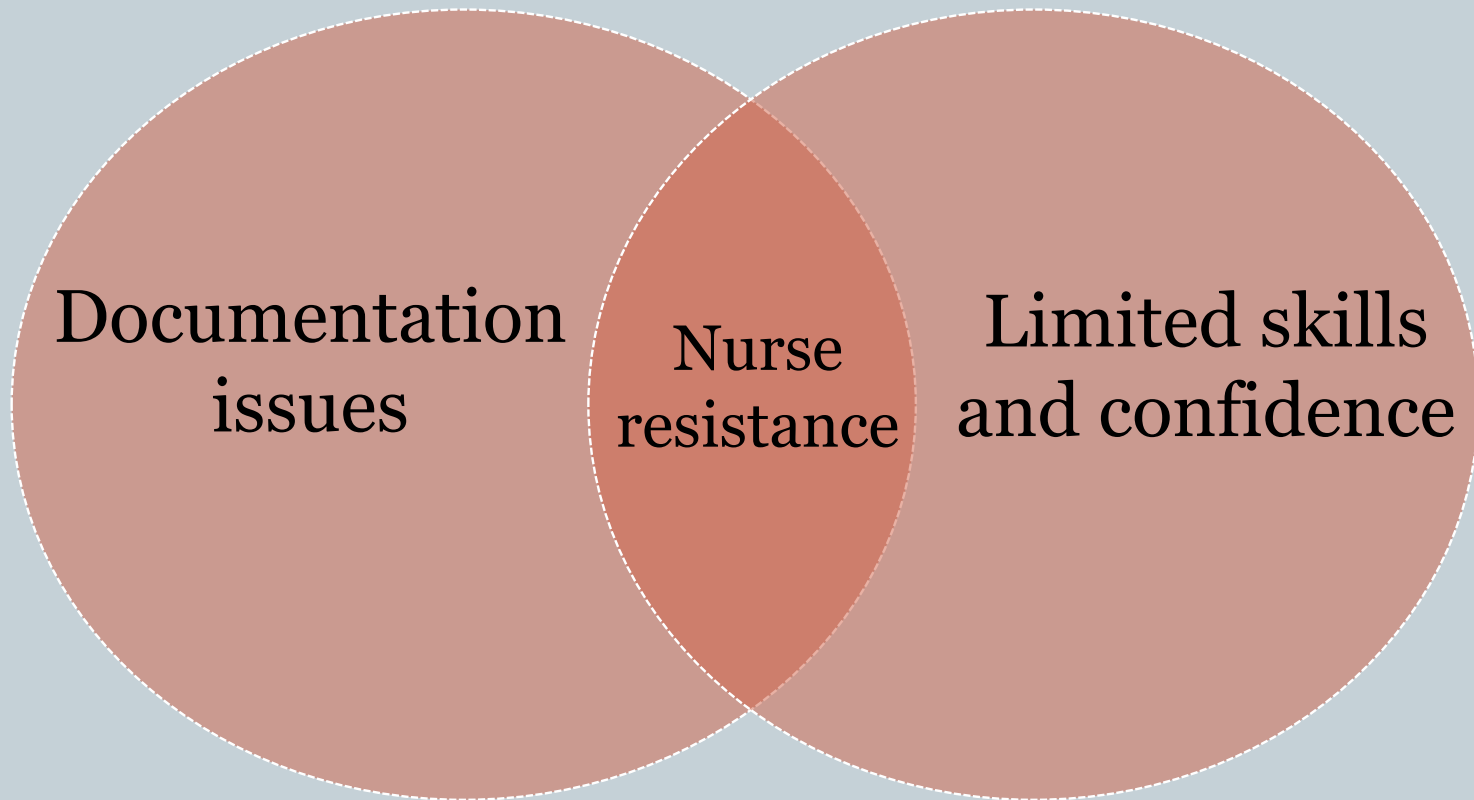
# Method



# Findings



- Thematic analysis of group interview logs



# Changes Facilitated



- Documentation improvements
  - Positive screening

*“Uncomfortable with the terminology- sounds too incriminating if records were released.”*

*“Let the people who actually work with clients decide what the wording should be.”*

- **Problem Narrative**



Potential Substance Abuse

Tx Note must include [NAME OF TOOL] – [SCORE] plus significant details

- **Problem Narrative**



- “ETOH Risk” or “ETOH/Drug Risk”

Tx Note must include [NAME OF TOOL] [Numerical SCORE] plus quantity, frequency, and pattern of use

# Changes Facilitated



- Building skills and confidence

- 1) Resources created for providers and clients

*“I have more tools to use.”*

- 2) Additional skills-based training provided

*“...comfort level is getting stronger with more practice.”*

# Conclusions



- Change facilitation aided implementation for...
  - nurses
  - the health system
  - researchers

# Conclusions



- Alcohol screening rates were maintained after the end of change facilitation
- Routine alcohol SBI is now integrated into state-wide

*“I think it was helpful to see the process adapt as it went on, and that really empowered people for realizing that their experience and their voice did matter. And the process didn’t change significantly as we went along, but there were improvements made. I think people felt that by the time it rolled out system-wide, it was a better process than it was when we started it as a pilot.”*

# Future Research



- When are you done?
  - Point of diminishing return, transition from external to internal facilitation
- Evaluation of different approaches practice change facilitation with different types of health providers in various settings

# References



- Baskerville, N. B., Liddy, C., & Hogg, W. (2012). Systematic review and meta-analysis of practice facilitation within primary care settings. *Annals of Family Medicine, 10*, 63-74.
- Cohen, D. J., Crabtree, B. F., Etz, R. S., Balasubramanian, B. A., Donahue, K. E., Leviton, L. C., Clark, E. C., Isaacson, N. F., Stange, K. C., & Green, L. W. (2008). Fidelity vs. flexibility: Translating evidence-based research into practice. *American Journal of Preventative Medicine, 35*, 381-389.
- Dogherty, E. J., Harrison, M. B., & Graham, I. D. (2010). Facilitation as a role and process in achieving evidence-based practice in nursing: A focused review of concept and meaning. *Worldviews on Evidence-Based Nursing, 7*, 76-89.
- Kitson, A., Harvey, G., & McCormack, B. (1998). Enabling the implementation of evidence based practice: A conceptual framework. *Quality in Health Care, 7*, 149-158.
- Ritchie, M. J., Kirchner, J. E., Parker, L. E., Curran, G. M., Fortney, J. C., Pitcock, J. A., Bonner, L. M., & Kilbourne, A. M. (2015). Evaluation of an implementation facilitation strategy for settings that experience significant implementation barriers. *Implementation Science, 10*: A46.
- Stetler, C. B., Legro, M. W., Rycroft-Malone, J., Bowman, C., Curran, G., Guihan, M., Hagedorn, H., Pineros, S., & Wallace, C. M. (2006). Role of “external facilitation” in implementation research findings: A qualitative evaluation of facilitation experiences in the Veterans Health Administration. *Implementation Science, 1*:23.



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# Questions?



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