

Monitoring change in a health partnership project

Wessex UK and Korle Bu Teaching Hospital, Ghana, explain how they monitor progress in their project. This practical guide is for health partnerships who want to enhance their approach to monitoring change.

Wessex UK and Korle Bu Teaching Hospital, Ghana The project: Development of the multi-disciplinary management of patients with stroke to reduce mortality and morbidity by training nurses, physiotherapists, and medical staff in four core stroke skills.

The partnership identified four members of staff from nursing, medicine, and physiotherapy as Stroke Leads. These individuals have been trained as trainers and can deliver training to their peers in three out of the four priority areas.

In the first phase of the project, the UK partner trained the Stroke Leads in the four priority areas for stroke management: 1. Swallowing and nutrition; 2. Positioning and handling; 3. Communication problems; 4. Continence. The stroke leads also received support to develop their confidence and leadership skills. In the second phase of the project, the UK partner delivered further training for the Stroke Leads, developed their clinical leadership skills and multidisciplinary working, and provided support for them to disseminate their learning across the organisation.

The partnership between QAH and KBTH uses observations, audit, and qualitative surveys to gather project data. The partnership explains how it uses these data-gathering tools to understand how the project is progressing, with a focus on evidence of the Stroke Leads' change in practice.

Observations of practice

One way in which the UK team monitors progress in this phase of the project is by observing the Stroke Leads' practice to assess their competencies in the four core skills.

Format of the observations

The observations take place during a visit by UK volunteers. There are four Stroke Leads and limited time to observe them all in practice so the volunteers will 'attach' themselves to a Stroke Lead, accompanying them on their rounds of the stroke patients. The Stroke Leads are very busy so this allows the partnership to gather the data with minimal disruption to their routine.

Ideally, the visit by the UK team is for three weeks. During this time, the volunteers have a **structured approach to making observations**, which means that they focus on one of the four core skills per observation session. For example, in one round, they might focus on dysphagia (swallowing difficulties) and dedicate a whole week to observe practice in this skill so that they can gather enough evidence to make conclusions on progress and to know where the Stroke Leads need additional training.

The **UK team does not take any notes during the observation** out of consideration for both the patient and the person being observed. Instead, all feedback and guidance during and after the observation is given orally, talking through any issues or points together with the Stroke Lead to review what went well and where improvements are needed. The UK team then **makes time to reflect** on what they have observed and write up any notes. They also produce a **detailed daily report** of the visit for the project leads in the UK and Ghana.

The UK team focuses in on one skill area per week as this allows time to repeat training in that skill in order to **reinforce good practice and support the Stroke Leads to improve**. While the approach is intense for the person being observed, is necessary for the observers to gather enough data on progress and any areas needing more training and support. This approach is also beneficial to the Stroke Leads as it is an opportunity for them to get direct support to improve their skills.

The observation is often a **two-way process** as the UK volunteers work practically on the ward with the Stroke Leads, both seeing patients and sometimes helping to deliver ward-based training. This approach allows the Ghanaian team to observe their UK partners to see different styles of communication or teaching and to allow them to critique the UK volunteers' practice too.

The UK volunteers **encourage the Stroke Leads and wider members of the team to be present in, and take part in, observations** as they have found this to be really helpful in pointing out issues or nuances that the UK team might be unaware of, such as cultural context. The Ghanaian team may also feel more comfortable giving each other direct feedback.

The observations are an important tool for understanding where additional training is needed and so they inform the content of the visit, such as factoring in time for more training for the Stroke Leads in a specific skill.

Sometimes, the UK partner has just one week to make a visit. In this timeframe, the approach is largely similar to that of a three-week visit but the observation process has to be condensed. For example, the team may need to observe more than one core skill per session and try to cover all of the skills over a week, which may mean they are done in less depth.

Advice on observations

The health partnership's advice to other health partnerships thinking of using observations to gather data:

- Communicate with those you need to observe to explain what the observation is for; do not have an ulterior motive.
- Keep the observations focussed to what you really need to see. It is important to structure the day so that you don't get pulled into discussing or observing non-relevant or non-priority areas.
- Create time on a daily basis to reflect and discuss with the team on what you have seen, especially if you do not take notes during observations, so that you can adapt the remainder of the trip to best meet the needs of the trainees. For example, your observations may indicate that more training is needed in an area you weren't anticipating and so you will need some flexibility in your trip schedule so that you can address things that come up during observations.

Family and Patient Surveys

Patients' families attend family education sessions shortly before their relatives are discharged. The session covers: how stroke occurs; recovery; risk factors; and the four core skills. Following the education session, a team made up of both UK and Ghanaian members surveys the patients and their families to find out whether or not they are better educated in, and have more knowledge of, stroke, as well as the value of the education session.

The surveyors ask the families:

1. What are the positives and negatives of attending a meeting like this?
2. Do you feel that you have the knowledge you need to look after your family member on discharge?
3. Is there anything additional (education, practical or literature) that could help you feel more informed and prepared?

The partnership has just started using this survey but so far, the feedback has been positive: families appreciated the opportunity to discuss stroke, ask questions, and understand more about how to care for their relative once home. The survey is an opportunity for families to make suggestions for improvements to the education sessions, for example one such request was for a practical element so that families can

learn how to safely move and handle their relative and manage other impairments such as difficulty swallowing.

Quantitative audit

The Stroke Leads are meant to complete a stroke checklist for each patient. The checklist is a record of the use of the four core skills (1. Swallowing and nutrition; 2. Positioning and handling; 3. Communication problems; 4. Continence), for all patients on the medical wards at KBTH. The Ghanaian team review the data on a monthly basis and share with their UK partners via email, every six months. It is meant to be the prompt for the Stroke Leads to encourage them to carry out specific assessments on stroke patients.

The partnership learned fairly early on that the staff on the wards did not have enough time to do the audits on a regular (monthly) basis and so they employed a part-time administrative assistant to do the audits, Ruth Laryea.

Find out more about the audit process [in this interview](#) with Research & Administration Assistant, Ruth Laryea.



Ruth Laryea, Research Assistant,
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The partnership has kindly provided samples of the documents they use for data collection and management.

1) [The Stroke Checklist](#);

2) [Stroke Information Excel form](#).

Advice on data collection

The partnership has found data collection challenging. The next step for them is to ensure that the data is meaningful to the Ghanaian team so that it has a use beyond the life of their project.

The Ghana - Wessex Stroke partnership offers this advice on quantitative data collection:

- Have a dedicated administrator or data manager.
- The administrator needs to be integrated into the team in the developing country.
- Look at functions that you could include in the data entry spread sheet that would provide some instant visual feedback on progress, such as a graph.
- Share the data with the team and discuss it on a regular basis.

The Ghana - Wessex Stroke partnership is an example of good practice in project monitoring, where the UK and Ghanaian teams gather both qualitative and quantitative data from different sources, using different methods, and then use the data to inform how the project is delivered. With this variety of data, the partnership can do a richer analysis to understand where their project is making a difference but also to learn and reflect on their methods as they go.