
CONFERENCE ABSTRACT

French national team-training hospital programme (Pacte) : results from the pilot phase assessment

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Introduction:

Like with other countries, France's healthcare system is equally under pressure to deal with health challenges of the new millennium: aging and vulnerable population, population increase, fast-paced innovation, and greater specialization of the healthcare workforce. The advent of these combined factors heightens the risk of healthcare fragmentation. Improved teamwork through effective communication and cooperation amongst health professionals, working across all settings, is commonly viewed as key in an effort to address this issue. Thus, a focus of the French National Authority for Health (HAS) was to develop a ready-to-use team programme for all hospitals in France.

In late 2013, HAS launched Pacte (Continuous Teamwork Improvement Programme), a national pilot team training programme to be implemented in hospitals. Pacte was open to all volunteer hospital teams regardless of setting. The 2-year voluntary programme consisted of three phases: a 6-month diagnostic phase to analyse team issues and develop an action plan, a 12-month implementation and action plan and a 6-month evaluation phase to take stock of programme achievements.

Method:

The objective of the study is to assess the pilot phase of Pacte in terms of acceptability, feasibility and team work impact. Assessment comprised an analysis of self-evaluation results, reported by teams on the dedicated HAS's website, plus a telephone survey of 45 minutes with each project team. The survey was done with a semi-structured interview of 16 questions analyzed with a statistical Chi-squared test.

Results:

An initial evaluation of the programme was carried out in 2017 with the 50 teams enrolled in the pilot phase in 2015. Out of the teams that reported back, 37.5% considered the approach a complete success, 52% rated its success as more limited noting nonetheless marked improvement in human relations and communications, and 10.5 % indicated that the programme did not provide expected results viewing it to be cumbersome and time consuming. Five factors were most often linked to disappointing results: lack of specific indicators; project team skepticism regarding their respective safety culture results; the advent of critical events affecting proper ward or hospital functioning; team size exceeding 100 staff members; and turnover affecting team stability.

Discussion:

Team satisfaction was high resulting in an immediate change in attitudes, greater openness, cooperation and fewer conflicts. Meanwhile, impact on patient safety remains moderate. Pacte appeared to be of greater benefit to teams that committed themselves from the outset to a specific project and planned their project time accordingly.

Conclusion:

France developed a national plan for improving teamwork in the hospital setting. Pacte is considered a successful programme and is now routinely offered to all French teams.

Lessons learned:

The initial evaluation allowed HAS to: improve the checking of pre-enrollment requirements, reinforce leadership support, develop team building activities, reduce administrative burden by simplifying the protocol and engage a maximum number of teams.

Limitations:

The impact on patient safety probably requires a longer timespan before it can be fully appreciated.

Suggestions for future research:

Another step would be to integrate the patient into the team program.