

Analysis of a primary healthcare facility for the development of an interprofessional intervention: A logical framework approach

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Background. The integration of rehabilitation into primary healthcare has been met with various challenges. In response to these challenges, a rehabilitation model was developed for this level of care. However, the model does not include the skills needed to execute the phases of the model. The incorporation of activities that promote interprofessional practice (IPP) into the rehabilitation model can be used as a guideline for the successful implementation of the model at primary healthcare level.

Objective. To identify the activities that promote IPP to address contextual challenges at a primary healthcare facility in the Western Cape Province, South Africa.

Methods. Two documents, namely the transcripts from focus group discussions and a systematic review, were analysed using the READ approach. The data collected from these two documents were extracted and analysed into the five phases of the proposed rehabilitation model.

Results. The data from the document analysis highlighted the contextual challenges, the appropriateness of the phases of the rehabilitation model to address these challenges, and how the strategies that promote IPP at primary healthcare level can be used to address the contextual challenges. The problems identified from the rehabilitation model align to the contextual challenges identified in the document review. The strategies identified in the systematic review can be used to address the contextual problems. In addition, the strategies can be incorporated into a rehabilitation model as an interprofessional rehabilitation model for primary healthcare.

Conclusion. The data collected from the document analyses can be used to develop actions that can be implemented into every phase of the rehabilitation model, thus ensuring successful design guidelines that can integrate appropriate IPP guidelines into the rehabilitation model for a primary healthcare facility.

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Global health trends have resulted in an increased need for the integration of rehabilitation into primary healthcare.^[1] At primary healthcare (PHC) level, the majority of health conditions are diagnosed, functional impairments are identified and referrals to other services are given.^[2] Rehabilitation plays a pivotal role in improving function and quality of life in patients with health conditions that limit function.^[2] The integration of effective rehabilitation services into PHC has, however, been met with challenges. In the South African (SA) healthcare system, the rehabilitation sector at PHC level is understaffed despite having to service the majority of the disabled community.^[3] In response to these challenges, a rehabilitation model for PHC was developed.^[3]

The rehabilitation model, however, fails to highlight the actions needed to execute its every phase successfully. Guidelines relating to the knowledge and skills needed at every phase

will assist facility management in successfully implementing the rehabilitation model at the various facilities (Fig. 1). Consequently, while considering this model for rehabilitation, as well as the basic skills and knowledge required for its implementation, it would be ideal to view this in the context of interprofessional practice (IPP). IPP is the interaction between two or more health professionals from different backgrounds to improve the quality of care of patients.^[4] However, interventions that promote IPP have been poorly conceptualised.^[5] As a result, the health professionals executing IPP interventions are often unable to define and execute the concepts related to IPP.^[5]

IPP interventions are activities integrated into current health practices to improve collaboration between health professionals, which results in enhanced quality of care.^[5] Prior to the development of an interprofessional intervention, the impact of IPP on current

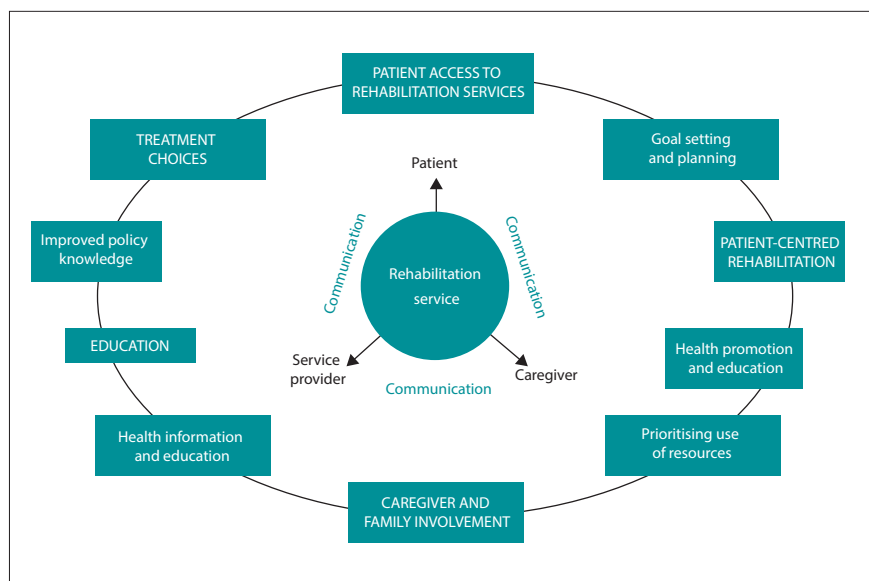


Fig. 1. Proposed rehabilitation model.

practices and the activities appropriate to the PHC setting need to be determined. The development of an interprofessional intervention therefore requires a comprehensive approach. In order to identify the gaps in a system effectively, a framework is needed to guide this analysis. The logical framework (logframe) approach is the process by which the elements of an intervention are formulated.^[6] One of the main goals of the logframe approach is to provide a shared understanding of an intervention.^[7]

The logframe approach involves key stakeholders to conceptualise an intervention.^[6] The logframe approach is considered an ideal methodology in this study as it allows the researcher to develop an interprofessional intervention in the rehabilitation sector at PHC level. The logframe approach incorporates two stages, namely the analysis stage and the planning stage. The analysis stage encourages stakeholder participation. In the planning stage, the logframe matrix is developed, which is the product of the logframe approach. In this study, the first stage of the logframe approach is used to determine how the activities that promote IPP can be incorporated into the rehabilitation sector to address contextual challenges.

Methods

Research design

The research design for this study was a document analysis, which allows the

researcher to provide context, and complements different types of research.^[8] The READ approach is a systematic method for examining documents to extract information.^[9] This method comprises four steps: (i) **ready** your documents; (ii) **extract** your data; (iii) **analyse** your data; and (iv) **distil** your findings. In the first step, the number of documents, type of document and the scope of the research question the analysis aims to address are determined.^[9] The second step involves reading all documents comprehensively, in order to capture significant information.^[9] The penultimate step ascribes meaning to the extracted information.^[9] The final step involves using the data to answer the research question.^[9]

Data collection

In this study, data will be collected by analysing two documents. The data collection process is explained using the READ steps.

Ready your documents

The first document comprises transcripts from four focus group discussions (FGDs) conducted with health professionals and administrative staff who provide services in the rehabilitation sector at PHC level (health service providers, personal communication, 2019). The research questions that the FGDs, which formed a part of a larger study, aimed to explore related to health professionals' perceptions of, attitudes toward and

understanding of IPP. The facility under study includes a clinic, trauma and midwife obstetrics unit. The health services at the clinic are rendered by administrators, family physicians, various levels of nurses, a radiography team, pharmacists and pharmacy assistants, a physiotherapist, a dietician, a social worker, health promoters and a sessional occupational therapist. All the staff working at the clinic sector of the facility were invited to participate in the study. Purposive sampling was used to select participants according to specified criteria.^[10] The study sample comprised of 33 health service providers from different departments of the clinic. The six-step thematic analysis devised by Braun and Clarke^[11] was used to analyse the FDGs.

The second document used in the data collection process was a systematic review. A systematic search of seven databases was conducted for articles that focused on the activities needed to promote IPP at PHC level. All articles on studies conducted in a PHC setting with a quantitative, qualitative or mixed methodology, published between 2008 and 2018, and where the researcher had access to the full text, were included. An adaptation of the RE-AIM framework^[12] was used to determine the methodological quality of the nine full-text articles included in the review. The five components of the RE-AIM framework allowed the researcher to develop a methodological appraisal. As the RE-AIM framework is employed to provide an overview of interventions that address health inequalities,^[12] it was ideal to adapt its components to highlight the activities that promote IPP at PHC level. Therefore, the RE-AIM framework was adapted to develop a data extraction tool.

Extract your data

The analysis stage of the logframe approach consists of three components, namely: problem analysis; objective analysis; and strategy analysis.^[6] Data from the transcripts of the FGDs and the systematic review were extracted to analyse the problems and the strategies.

Problem analysis assesses the main challenges that the intervention will address.^[13] Traditionally, during the objective analysis phase, the problems are phrased as

objectives;^[13] however, the objectives are highlighted in the rehabilitation model by Mlenzana and Frantz.^[3] In the present study, the objectives from the rehabilitation model are phrased as problems. To ensure appropriateness of the rehabilitation model for this facility, it is important to understand the contextual challenges and how they relate to the problems derived from the objectives. Consequently, the problem analysis component of the analysis stage of the logframe approach was extracted from the transcripts of the FGDs.

The objectives could be analysed through the development of a means-to-end diagram.^[13] The 'means-to-end' diagram displays the objective in the top tier as the utopia, and the lower tier as the means to achieving the utopia (Fig. 2). The rehabilitation model considered the challenges faced at PHC level to describe how quality, patient-centred integrated care could be delivered to society. Therefore, in this study, the phases of the rehabilitation model represent the objectives. In addition to the objectives, the rehabilitation model provides the means to achieving utopia.

Strategy analysis explores the actions that may lead to the desired results.^[13] If the aim of the facility management is to implement an IPP intervention successfully, actions that promote IPP need to be integrated into the facility's current healthcare processes. As the rehabilitation model highlights the objectives of achieving the desired result, it is important to understand how these activities may result in the objectives of the rehabilitation model. Given the contextual differences in the challenges at PHC facilities, it is also important to understand how the activities identified in the review may address the problems at the selected PHC facility. In this study, the strategy analysis component of the analysis stage of the logframe approach was determined through a document analysis of the systematic review.

The data collected from the transcripts of the FGDs and the systematic review were analysed deductively.

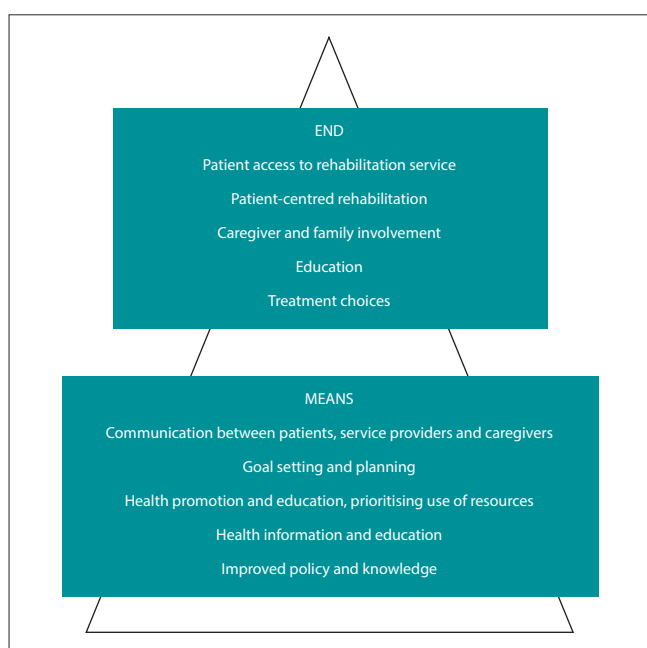


Fig. 2. Means-to-end diagram of a rehabilitation model.

Data analysis

Analyse your data

As the objectives in the rehabilitation model were intended to improve the quality of healthcare services at a PHC facility, the appropriateness of the objectives at a selected PHC facility needs to be understood. Consequently, the data collected from the document analysis of the FGD were analysed into the five problems as phrased from the objectives of the rehabilitation model.^[3] In the means-to-end diagram, the means represent the required change in behaviour, or actions, in order to achieve the objectives. To explore the appropriateness of activities identified in the document analysis of the systematic review, the data were analysed into the six means to achieve the utopia, as highlighted in the rehabilitation model.^[3]

Distil your findings

This study was aimed to answer the following research question: How can activities that promote IPP be incorporated into the rehabilitation sector to address contextual challenges at a PHC facility? To answer this main question, the researcher needed to answer the following questions:

- What are the contextual challenges at the selected PHC facility?
- How appropriate are the objectives in the rehabilitation model to address the challenges at a selected PHC facility?
- What activities that promote IPP can be used to achieve the means, as highlighted in the rehabilitation model?

Results

The document analysis of the transcripts of the FGDs aimed to determine the contextual challenges at the PHC facility, and the appropriateness of the objectives to address the challenges. The document analysis of the systematic review aimed to highlight how the strategies that promote IPP can be incorporated into healthcare practices to achieve the goals of the rehabilitation model.

As a part of the problem analysis, the researcher rephrased the objectives of the rehabilitation model to problems (Table 1), which are the pre-determined themes for the document analysis of the transcripts of the FGDs.

Contextual challenges at the selected facility

The transcripts of the FGDs documented the perceptions and attitudes of health professionals regarding the implementation of IPP at their PHC facility. The contextual problems highlighted from the transcripts were categorised into five themes, deductively: different healthcare processes; medical model of care; poor

Table 1. Problem analysis of the analysis stage

Objectives ^[3]	Objectives phrased as problems
Patient access to rehabilitation services	Different healthcare processes
Patient-centred rehabilitation	Medical model of care
Caregiver and family involvement	Poor continuum of care
Education	No patient education/health promotion
Treatment choices	Roles and responsibilities of staff

continuum of care; no patient education/health promotion; and roles and responsibilities of staff (Fig. 3). All problems are supported by quotes from the transcripts of the FGDs.

Different healthcare processes in one facility

The document analysis highlighted the fact that service providers at the selected PHC facility viewed changes in management and poor staff interaction as contributing factors to the various processes of health service delivery in the facility. Facility managers need to build an environment that improves staff relationships, skills and competencies.^[14] However, a change in management may result in a shift in approaches aimed at improving healthcare services. One participant stated that, under a previous management, interdepartmental meetings were held to discuss challenges:

'Every unit would be there to be able to meet, you know? And to share ideas. But that with the change of management it fell off.' (FGD2, line 143)

Sometimes changes to management are made at a departmental level, which means that not all departments in the clinic sector of this PHC facility are directly impacted. However, one participant felt that, despite treating the same patient, the changes in management structures resulted in different healthcare processes, thus acting as a barrier to the improvement of the process of care at the facility:

'We serve the same patient, but structures change. In the changing of structures, things get worse not better. There's no progress.' (FGD2, line 160)

Poor interdepartmental interaction may leave departments unaware of changes to health processes in other departments. The second contributing factor to the different healthcare processes at the PHC facility is thus poor staff interaction. Poor staff interaction is worsened by staff shortages, as fewer opportunities for interactions

could be created. The Western Cape Department of Health (WCDoH) is committed to allocating more health professionals to low socioeconomic areas to address the higher burden of disease.^[14] However, there has not been a change in the allocation of human resources to the facility in the present study, as smaller PHC facilities in the vicinity have the same human resource allocation as the selected PHC facility.

'There is miscommunication, there is a problem. Miscommunication is a huge thing.' (FGD2, line 195)

'They send the exact same amount of interns to this clinic than they send to the other clinics where they are doing nothing for half of the day.' (FGD3, line 436)

As the system is constantly undergoing changes, and is inundated with patient numbers, patient access to rehabilitation services is compromised. Improved communication between service providers, patients and caregivers is the expected change in behaviour that may result in increasing patient access to rehabilitation services.^[3] Consequently, a need exists to discover activities that would improve communication at PHC level.

Medical model of care

Safe and quality healthcare provision is a national and provincial priority in the SA healthcare system.^[14] Healthcare facilities are expected to understand and address patient concerns by locating the diagnosis or condition in relation to the general socioeconomic context of the patient, and managing the condition appropriately and effectively.^[14] However, the SA health system uses a medical model of care, which focuses on curative interventions.^[15] Currently, the large patient numbers at this PHC facility leave health professionals with limited time to consider context-specific information. One participant explained how neglecting context-specific information might harm the patient:

'If a doctor queries a fractured neck or femur, I expect that patient to be [on] a bed ... Then put that patient in such a way that when I handled that patient, I will not make whatever is there worse.' (FGD2, line 88)

In the excerpt above, the health professional expressed the opinion that the department in which she is employed does not have access to the resources that other departments have. If patients are referred with specific instructions, the referring health professional has to consider the availability of resources in the department to which (s)he is referring. Given the referral from the doctor, the safest position for the patient would be in a bed. However, when using a medical model of care, the contextual factors of the safest option might not always be considered. To ensure that quality care is delivered, patients need to be treated with dignity and respect, with service providers encouraging their participation through the sharing of health education and information.^[14] One participant said that the department in which she is employed has often received referrals from other departments without interaction. The participant explained that, because of the lack of interaction or communication between departments, it was often difficult to understand the reasoning behind the referral. Additionally, the participant disclosed

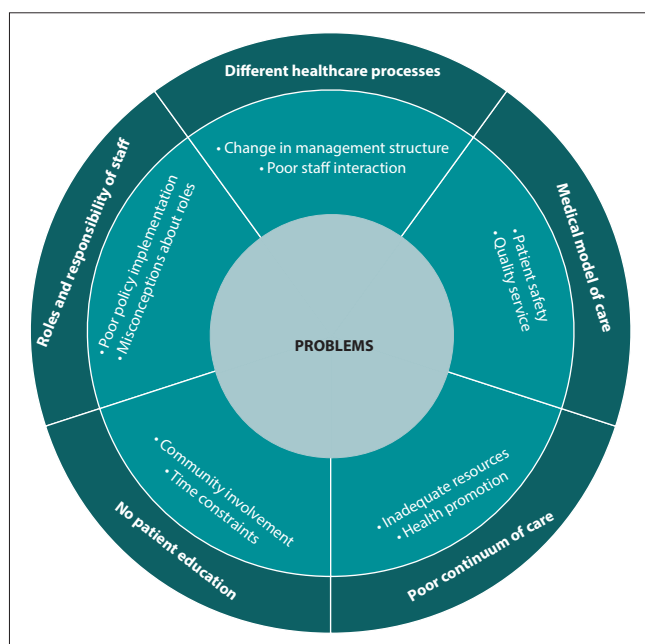


Fig. 3. Problems of a selected primary healthcare facility.

that, given the diagnostic role of the department in which she is employed, it was assumed that interaction or communication between the departments was unnecessary. If a health professional does not comprehend why (s)he is rendering a service, it follows that any questions the patient might have for that service provider may be left unanswered. Consequently, this implies that the services rendered to the patient would be limited to the referring health professional's understanding of, or bias around, his or her colleagues' disciplines. Health service providers are encouraged to provide comprehensive healthcare to all patients. For as long as a health service provider is spending time figuring out why a referral was made, the patient is not receiving adequate care, and the waiting time for other patients increases.

In the excerpt below, the participant explained that the medical model was compromising the services rendered to the population:

'We are unable to give the best services to our clients.'
(FGD2, line 170)

Goal setting and planning are required to improve patient-centredness in the rehabilitation sector.^[3] Therefore a need exists for the implementation of activities that would improve goal setting and planning.

Poor continuum of care

The aim of the continuum of care is to ensure uninterrupted service delivery for patients.^[14] The cohort of caregivers is one of the stakeholders in rehabilitation service delivery.^[3] Given the overburdened healthcare system in SA, caregivers and families play a major role in the continuity of care of patients. In addition to human resources, physical resources, such as comprehensive record-keeping systems, accessible medical information and information transfer processes are essential to ensure the continuum of care.^[14] At the facility under scrutiny, the current patient information system is paper-based, as the online system is updated infrequently. However, this poses a challenge for health professionals in accessing patient information, as administrative staff resort to creating duplicate folders when they fail to locate the patient's original folder. In these instances, the folders may not have been returned from the various departments, or have been filed erroneously, or the initial patient information was inserted incorrectly. One participant expressed this in the following excerpt:

'If I see a duplicate folder from reception, I go there and say, I want the old one. Because this is a duplicate and I need to retrieve those X-rays.' (FGD2, line 100)

Access to patient records enables health professionals to deliver appropriate care, as these records contain relevant patient assessments and treatment plans. The burden of disease could be managed through disease prevention and health promotion.^[14] The health professionals also said that health promotion could be offered telephonically if the patient records contained updated and correct contact details. However, owing to many factors, including the increased patient numbers and the inundated nature of the administration department, patient folders often lack

correct contact numbers. In the excerpt below, the participant was asked which alternative methods could be used for patient follow-up or education, and why they have not been implemented at their facility:

'Or we can actually have working phones and working numbers ... But that's because the clerks don't put the right numbers on.' (FGD3, line 351)

Health promotion and education, as well as prioritising the use of resources, encourages caregiver and family involvement in a patient's management.^[3] Therefore, it is important to determine the activities that improve health promotion and education, and promote the effective use of available resources.

No patient education

The WCDoh is committed to the promotion of public health education and awareness.^[14] However, the health facility under scrutiny services people from outside its jurisdiction, and consequently is faced with increased patient numbers. In order to ensure that health professionals render services to all patients who access this facility, the contact time between patients and professionals is reduced. This constraint on consultation time affects the ability of a health professional to educate the patient effectively and appropriately. There are monthly targets set by district management that require a health service provider to treat a specific number of patients per month. These statistics are recorded daily and interrogated by management. Therefore, staff limit their interaction with patients to ensure that their monthly targets are met:

'... time constrains. I have 6 minutes with a patient ... then I get the meds written down.' (FGD3, line 72)

As there is limited time for patient education, there is a need to capacitate community members to assist in the healthcare process. The WCDoh aims to recruit the community into the design of healthcare services.^[14] Community involvement is a key factor in the PHC philosophy;^[14] however, at the PHC facility under study, there is poor community integration in health service provision. Health professionals expressed the need for community education, as observed in the excerpt below:

'We also need to involve community. By talking ... by inviting the community members to know and then take it back.' (FGD1, line 316)

Activities that promote health information and education, therefore, are needed at the selected facility.

Roles and responsibilities of staff

Interprofessional healthcare teams would develop care processes that involve a single assessment form and intervention planning.^[14] At the facility under scrutiny, the limited staff interaction results in a misconception of other health professionals' roles. Consequently, inappropriate referrals result, causing delays or interruptions in healthcare service delivery to patients. One participant expressed her uncertainty around the role of a social worker. Despite

this uncertainty, the participant refers patients for social work interventions:

'I don't think most of us know what a social worker can do.'
(FGD3, line 111)

The misconceptions around roles may be caused by poor policy implementation. This selected facility falls under the jurisdiction of the Western Cape Province government, which introduced the Healthcare 2030 plan as the blueprint to which health facilities are expected to align their services. Healthcare 2030 aims to provide quality patient-centred healthcare to the population by 2030.^[14] According to the participants in the FGDs, these policies are not always implemented:

'But sometimes you've got all the best policies, but somebody needs to apply them.'
(FGD4, line 196)

For a patient to make appropriate treatment choices, improved policy knowledge is required.^[3] Therefore, it is important firstly to improve the knowledge of health professionals regarding the policies at the facility, to ensure their successful implementation.

Strategies that promote IPP

The strategies identified in the document analysis comprised various activities that promote IPP. The results from the document analysis of the systematic review are presented under the intended outputs of the activity (Fig. 4).

Improved interprofessional communication

The document analysis of the systematic review highlighted two activities that improve interprofessional communication, namely team-based training and the student-clinician education programme. In team-based training, in a study by Schentrup *et al.*,^[16] communication and teamwork skills are promoted through

fun and informative team-building activities.^[16] Team-building activities include the development of personality profiles and case study evaluations. A 3-year team-based training programme is described, which involves fortnightly interprofessional meetings, as well as reinforcement meetings every 6 months, conducted by an interprofessional facilitator.^[16]

As part of a student-clinician education programme in the activities highlighted in the systematic review analysis, short, regular meetings such as daily huddles and team visits are used as opportunities for health professionals to discuss collaborative care plans.^[17] In order to sustain IPP, there needs to be synergy between health professions education and health workforce planning. Nagelkerk *et al.*^[17] describe an IPP education programme involving both students and qualified health professionals. The programme teaches health professionals and students the concepts of IPP, to improve communication, shared decision-making and patient outcomes.^[17] The programme resulted in an increased knowledge of IPP for the participants.

Additional studies in the systematic review emphasised the importance of interprofessional meetings to improve interaction among staff members. It is important to determine how these activities align to the phases in the rehabilitation model,^[3] which could be used to address the challenges highlighted in the document analysis of the FGDs.

Shared decision-making

Two studies highlighted main activities that aimed to improve shared decision-making at PHC level. An interprofessional shared decision-making model, consisting of smaller activities, promoted patient-centred care.^[18] The smaller activities used in the shared decision-making model included active patient education and information-sharing among health professionals.^[18] The student-clinician education programme, described in the review, promotes

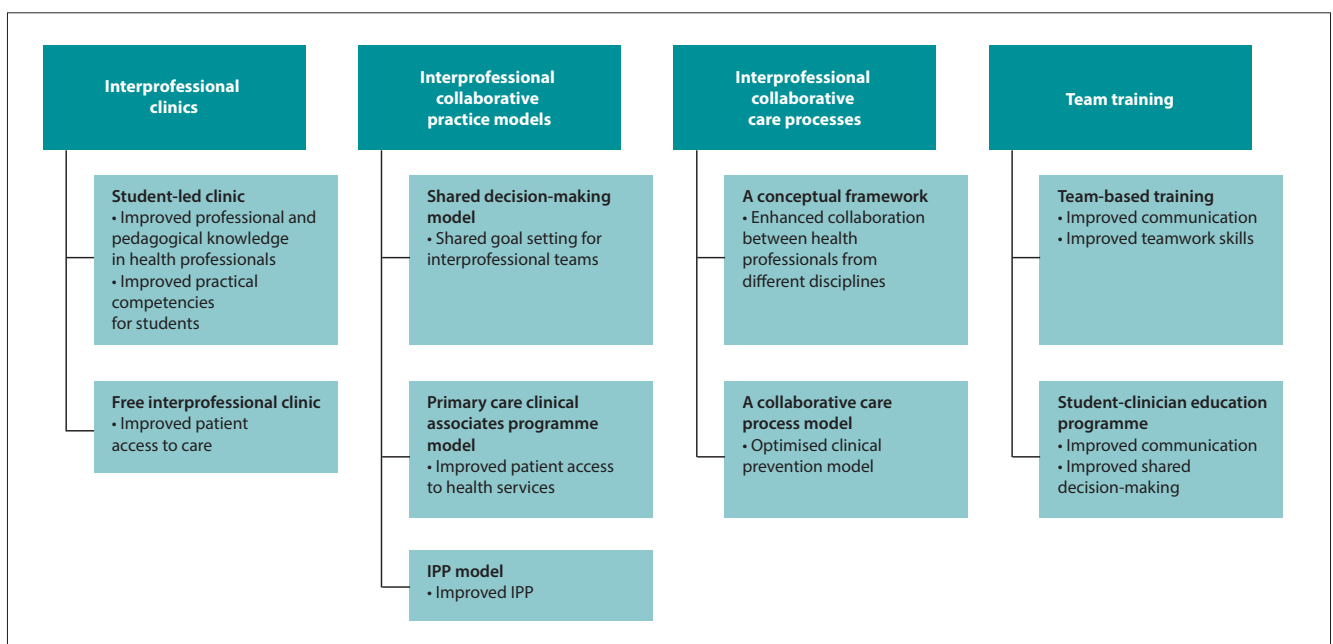


Fig. 4. Activities that promote interprofessional practice (IPP) at primary healthcare level.

shared decision-making, as it encourages health professionals to develop collaborative care plans in interprofessional teams.^[17]

Improved health service practices

Four studies described main activities that resulted in improved skills related to practical competencies,^[19] collaboration,^[20] teamwork^[16] and IPP.^[21] Student-led clinics involve the interprofessional assessment and treatment of patients in an outpatient setting.^[19] Pre- and post-consultation meetings allow students to discuss patient plans with qualified health professionals. The advantage of student-led clinics is two-fold: students are exposed to an authentic IPP experience, and health professionals enhance their leadership skills.^[19] Informal and formal meetings, such as workshops and seminars, are aimed at knowledge sharing and informing evidence-based patient care.^[20] The meetings are scheduled quarterly to combat the inundated schedules of health professionals.^[20]

Team-building activities were used to improve teamwork skills.^[16] Based on the current healthcare process and the contextual barriers at the selected facility, an interprofessional process model to improve interprofessional healthcare delivery was required.^[21]

Enhanced co-ordination of care and patient-centredness

The document analysis of the systematic review analysed in this study highlighted one main activity that promotes the co-ordination of care and patient-centredness. The primary-care clinical associates (CA) programme is a capacity-development programme that is aimed at improving the skills and knowledge of a health professional from any discipline.^[22] This programme promotes IPP in clinics as the CA collaborate with health professionals in the facility to develop collaborative care plans.^[22]

Improved patient access

The systematic review emphasised two activities that promote patient access to health services, namely a free interprofessional clinic, and a primary care clinical associate programme. In a free interprofessional clinic, regular interactions between health professions allowed the development of IPP and the interprofessional education core competencies.^[23] In addition to promoting IPP, the CA programme uses teamwork to increase patient access to PHC.^[22]

Discussion

The Healthcare 2030 plan highlights interprofessional teams as the key stakeholders in the development of health processes.^[14] The development of interprofessional teams, therefore, addresses the challenges at the PHC facility under scrutiny. It is important to highlight how the proposed IPP activities could be incorporated into the rehabilitation sector at PHC level, to address the contextual challenges.

Different healthcare processes in one facility

While change of management in health systems is inevitable, IPP promotes staff interaction that will ensure that all service providers are aware of any changes to the healthcare processes. The document analysis of the systematic review highlighted the

importance of developing an IPP model.^[18,22,21] By incorporating IPP into the rehabilitation model, the model could be implemented in the rehabilitation sector at PHC level. Therefore, it is important to emphasise how the activities highlighted in the document analysis of the systematic review in the present study could be incorporated into a rehabilitation model, to address the challenges highlighted at a selected facility.

Medical model of care

The rehabilitation model suggests a patient-centred approach to healthcare. Patient-centred care is the engagement between health professionals and patients in the planning and implementation of healthcare services, to achieve a specified goal.^[24] IPP encourages patient, family and caregiver involvement in assessment and interventions, to promote patient-centred care.^[25] Patient, family and caregiver involvement in improvement of care, therefore, allows for a shift from a medical model of care to a patient-centred model.

According to the means-to-end diagram (Fig. 2), to achieve patient-centred care, there needs to be goal setting and planning. The document analysis of the systematic review revealed one interprofessional activity that was aimed at promoting goal setting and planning. In the primary care CA programme, the CAs collaborate with health professionals in the facility to develop collaborative care plans.^[22]

Poor continuum of care

A poor continuum of care results from inadequate use of resources, and no health promotion.^[3] In the rehabilitation model, the prioritising of resources, as well as health promotion, results in caregiver and family involvement. The document analysis of the systematic review highlighted caregiver and family involvement in patient consultation as an interprofessional activity that would promote health promotion and education. As caregivers and families play a role in the decision-making of the patient, they are regarded as a resource in the delivery of quality health services.^[21] The inclusion of patients and caregivers, therefore, ensures the effective use of this important human resource, and the feasibility of the process of care in IPP.

No patient education

The document analysis highlighted two activities that promote the effective use of resources, namely active patient education, and information sharing among health professionals. Physical resources, such as patient information systems, are important to consider, if the aim of the government is to provide quality health services.^[18] The rehabilitation model suggests that health information and sharing leads to effective education.

Discipline-specific biases may influence how a health professional conducts a patient assessment; however, the assessment process could be duplicated when the roles of professionals overlap. Therefore, shared assessment forms could be used to avoid the duplication of assessments,^[21] as the use of a shared assessment form ensures that the information required by each professional is collected during the initial assessment. The development and

implementation of a shared patient assessment form would ensure that all health professionals have access to the relevant patient information. Given the human resource shortages, health professionals are faced with limited time to conduct patient consultations. Increasing available human resources is essential if the aim of management is to allocate additional time for goal setting and planning in patient consultations.

Roles and responsibilities of staff

In order to provide patients with treatment choices, improved policy knowledge is required.^[3] The document analysis revealed two additional activities that enhance treatment choice, namely interprofessional clinics and collaborative care processes. Interprofessional clinics promote a shared understanding of IPP. In the clinics, health professionals developed an understanding of interprofessional collaboration and practice within their context. Consequently, this could promote the knowledge and understanding of active policies, as health professionals are constantly interacting with one another about patient management. Collaborative care processes provide health professionals with co-ordinated practices.^[21] The document analysis highlighted one activity that encouraged prevention practices, in response to certain conditions.^[26]

An understanding of the healthcare setting, hierarchical structures and organisational factors is important, as IPP involves amalgamation of various health professionals' roles.^[27] Therefore, it is important to investigate the resources at the facility, as well as how IPP could influence the current health processes. Once there is a clear understanding of the manner in which the resources at the facility will allow for the successful integration of activities, IPP activity guidelines could be developed in each phase of a rehabilitation model.

Conclusion

In this study, the document analysis of the FGDs and the systematic review highlighted the challenges at a selected PHC facility, the appropriateness of the rehabilitation model to address these challenges and the activities that promote IPP at PHC level. The challenges align with problems deduced from the objectives in the rehabilitation model by Mlenzana and Frantz.^[3] This alignment implies that the rehabilitation model will be appropriate to address the current challenges. In addition, document analysis allowed the researchers to identify strategies to address the contextual challenges. These strategies are the actions needed to execute every phase successfully.

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