

Putting improvement in everyone's hands: opening up healthcare improvement by simplifying, supporting and refocusing on core purpose

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Abstract

Quality improvement is increasingly being used within healthcare as an operating model to empower and enable teams of staff and service users at the point of care to find solutions to complex quality and safety issues. Adopting quality improvement methods in healthcare poses several challenges, and many healthcare providers have faced barriers in embedding a culture that nurtures and supports a systematic approach to problem-solving at the point of care. This article proposes a simple framework with three components to help healthcare systems avoid the common barriers to introducing quality improvement interventions. First, simplify the language and accentuate the similarities between methods. Second, support those applying quality improvement with skilled, accessible improvement expertise and applying evidence-based adult education theories. Third, design quality improvement interventions so that they strengthen a shared purpose by allowing teams to decide what to prioritise and involving patients and family members as equal partners in quality improvement work.

Key words: Capacity building; Healthcare quality; Knowledge management; Quality improvement; Total quality management; Training

Introduction

Quality improvement has been widely embraced by healthcare organisations as a mechanism to involve people in the process of improving care (Jabbal, 2017). Quality improvement methods are particularly suited to resource-constrained environments such as healthcare, as they promote a systematic focus on solving complex problems that impact patients, involving those closest to the issue (healthcare workers and patients) in understanding the system, developing ideas and testing changes before implementing and scaling up (Shah, 2020). Quality improvement offers a powerful opportunity to leverage the lived experience, knowledge and creativity of all involved to help solve quality and safety issues and, ultimately, to continuously improve healthcare services.

Many organisations choose to adopt a quality improvement approach, but they often struggle to embed these methods into the way that staff work. **Figure 1** shows a summary of the literature on factors that can hinder adoption of quality improvement in the form of a cause-and-effect diagram. These factors include the introduction of multiple improvement methods at once, difficulties engaging staff because of the complex language used to teach the concepts of quality improvement, lack of available expertise, failure of leadership to adopt behaviours that support a culture of quality improvement, and the unwillingness of organisations to allow improvement to come from direct patient care providers, patients and families. Evidence pointing to examples of ineffective implementation of quality improvement exists for all models based on this concept (Taylor et al, 2014; McCann et al, 2015).

A framework to overcome barriers and support quality improvement

The authors propose a simple theory to support healthcare systems to increase the likelihood of adopting a culture and method of quality improvement. This framework incorporates

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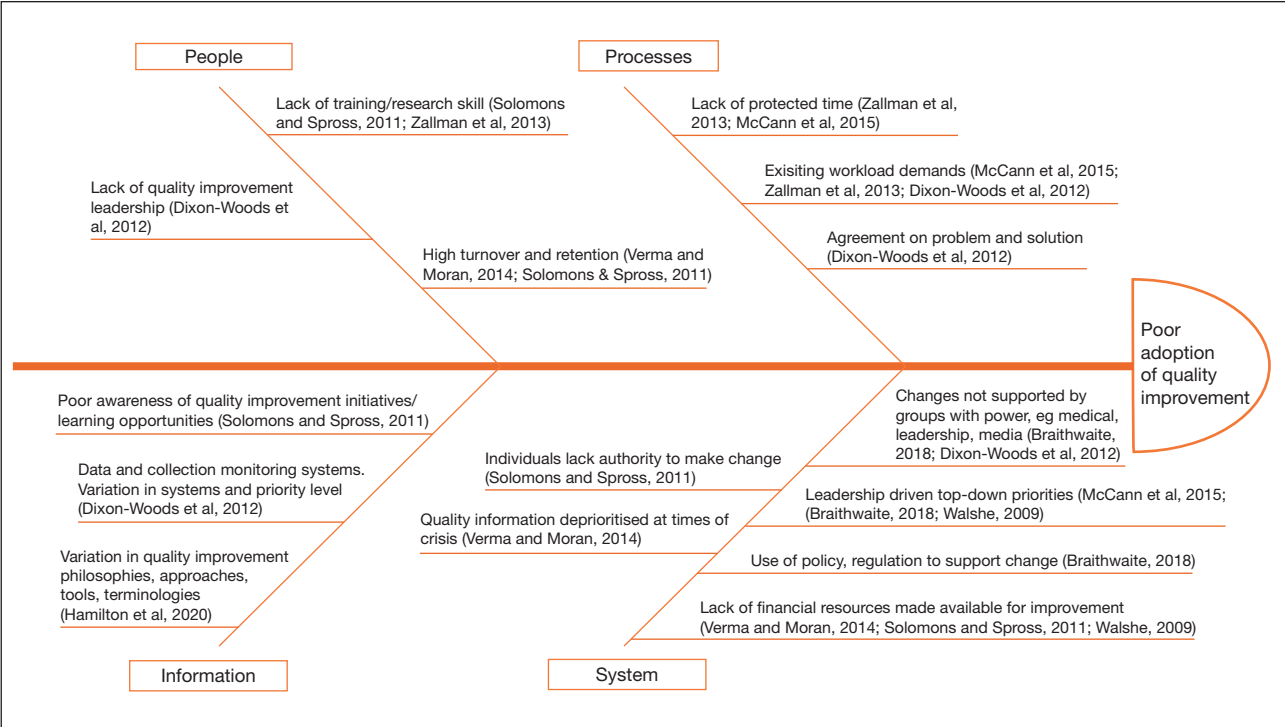


Figure 1. A cause-and-effect diagram to summarise the barriers to adopting quality improvement, as identified in the literature.

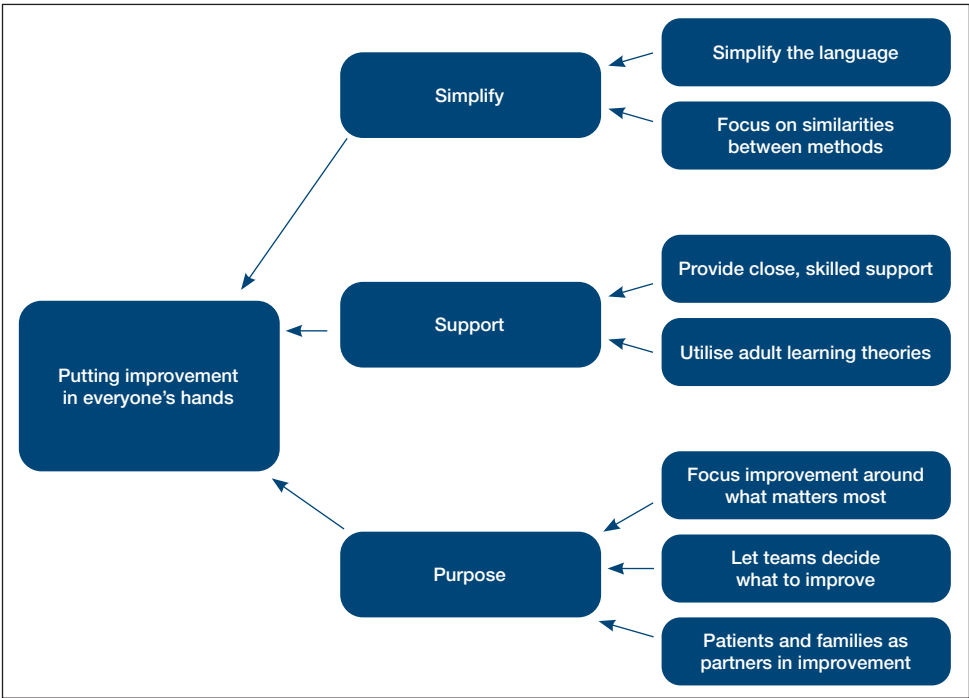


Figure 2. A simple framework to enable the adoption of quality improvement within healthcare systems and organisations, addressing the key barriers identified in the literature.

simple ideas that can help remove barriers to professionals and patients actually being able to improve care. The overall purpose of this approach is to put improvement in everyone's hands, allowing healthcare providers at the point of care, patients and their families to contribute to quality improvement. The three key aims within this are to simplify the process, support those involved and build a shared purpose (Figure 2).

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Simplify

Focus on similarities between methods

Different quality improvement methods have far more similarities than differences. The evidence suggests that there is no difference in efficacy between methods, as long as the chosen method is stuck to for a prolonged period of time (Øvretveit, 2009). All quality improvement methods have the same conceptual underpinning, linking back to the work of W Edwards Deming and his description of the four components of profound knowledge: systems thinking, understanding of variation, psychology of change and theory of knowledge (Deming, 1993).

Organisations can be seen to officially adopt a specific methodology (such as lean, six sigma, or design thinking) and develop rigorous staff training. This often includes a commitment to use of specific language and acronyms, documentation and forms. However, a patient's experience of the healthcare system often crosses between providers, thus the different language used by different providers as part of their specific improvement method can be a barrier to effective systems thinking. This in turn makes working across boundaries to improve care more complex. For example, it is often difficult to see how a provider that has adopted the lean method, with improvement tools originating from Japan, can work together with another provider that has adopted the model for improvement method; even though both improvement methods have the same roots and underpinning concepts, the terminology of each specific tool is very different (Scoville and Little, 2014).

Hamilton et al (2020) aimed to simplify quality improvement and focus on the key elements of problem definition, analysis, testing, implementation and sustaining change. The Hamilton study involved a group of students in a health leadership and patient safety programme, who preferred a simplified quality improvement model that focused on the similarities and strengths between methods. If the variation between methods was a barrier for these students, it is likely even more of an issue to those who are not on a specific education programme on quality improvement, including many point-of-care staff who are otherwise engaged in their clinical roles with patients.

Teaching healthcare professionals quality improvement and innovation skills has been shown to improve outcomes (Wong and Headrick, 2020). As a result, improvement is being added to training for doctors, nurses and other postgraduate professions, but this training is highly variable and influenced by the preferred model of the educator or the school. This poses a risk to the successful implementation of improvement skills should the training content not match the chosen methodology of the workplace. New graduates are unlikely to be focused on re-learning quality frameworks. The authors thus propose that training in quality improvement should focus more on the underpinning concepts, rather than the artefacts of tools and language, and build in intentional focus on how to collaborate with those who have learnt alternative improvement methods. Embracing the similarities between models will also allow individuals to apply their learning into improving care in practice.

Simplify the language

Although the use of plain language between healthcare providers and patients is widely recommended, the same cannot be said for communication between healthcare providers. However, there is a growing call for plain language to be used between professionals in general, with a study of 614 working employees in the United States of America preferring plain-style language options (Campbell et al, 2017). Plain language as a tool to improve understanding and retention by reducing cognitive load has also been explored (Cheung, 2017). While there has not been much focus on healthcare professionals in these studies, it is possible that many would agree with this preference for plain language communication, which could also potentially reduce stress among those undergoing medical training.

In light of this, the authors suggest that quality improvement methods, leaders and education frameworks could improve engagement by simplifying the language they use. Looking for commonalities between improvement methods, as described by Hamilton et al (2020), can reduce re-education, reduce the reliance on acronyms and jargon, and improve adherence to tools based on clear understanding of intent and use.

One of the skills of a highly competent educator is the ability to translate complex concepts in a simple way. Using technical jargon within quality improvement teaching is a barrier to understanding these core concepts and how to apply them in a way that works regardless of the specific method used, which will be increasingly necessary as quality improvement starts to be applied across heterogeneous providers and healthcare systems.

Support

Provide close, skilled support

It is generally accepted that all individuals participating in quality improvement initiatives should have training in this area. As well as the language and methodologies, the values and learning styles of the clinicians and other participants involved can also vary. This diversity can bring strength to quality improvement activity. However, the balance needs to be found between forcing new learning and recognising existing knowledge, as well as between the different definitions of quality and value (Joosten et al, 2009).

Research has shown that access to coaching, mentoring and leadership support has a strong relationship with successful quality improvement (Zamboni et al, 2020). Therefore, developing an infrastructure of quality improvement support that is able to guide teams and projects, provide real-time teaching and coaching, and enable teams to translate theory and knowledge into applied learning is essential (Kaplan et al, 2012). This role should be held by an individual or a team with comprehensive quality improvement training, with a depth of understanding that will enable application of core principles across different methodologies.

Use adult education learning theories

The commonly accepted adult learning theory states that adults learn best when learning is relevant and focused on problem solving, when previous experience is valued, and when the learners are responsible for their learning, are actively engaged, have opportunities to interact with peers, and are provided with opportunities to apply what is being learned (Mann, 2002).

Adult education principles are closely aligned with principles of quality improvement, which emphasise the need to understand the problem, form relevant project teams with various lenses of expertise who care about the problem being solved, set goals and be able to measure outcomes. Despite these similarities, and the evidence on adult learning, in the authors' experience quality improvement training for healthcare professionals is commonly designed without consideration of adult learning principles. The authors have instead observed quality improvement education being offered as a single lecture in medical school, or a written assignment without the opportunity for application, or a mandatory education programme or training session for staff on a specific methodology, with no consideration of its application to specific projects. These approaches ignore the principles of relevance and experiential learning and ultimately risk poor comprehension or adoption of skills.

By embracing adult learning in professional healthcare education and including quality improvement as a topic, educators and trainers can ensure that trainees have early exposure to problems that may benefit from quality improvement approaches, and give them the opportunity to interact and discuss learning with peers as they build knowledge (Mann, 2002).

Purpose

Focus improvement on what matters most

Good quality improvement work should represent a short burst of activity aimed at shifting the system to a new level of performance (Shah, 2020). It requires concerted effort and, with limited spare capacity in most healthcare systems, efforts must be focused on the most critical quality and safety issues. Quality improvement work can easily support the ideas or particular interests of the project lead, but the authors propose that a dialogue should first be started within the team, including patients, about where the greatest improvement opportunity lies.

The 'What Matters to You' framework can be very helpful in gaining a deeper understanding of what matters to both service users and those delivering care. This simple concept has now become a global movement (Barry and Edgman-Levitan, 2012). Connecting

more deeply with what truly matters can help improvement efforts to be directed to the areas that will make greatest difference to outcomes and experience. It also helps with creating a powerful sense of shared purpose for quality improvement work.

Let teams decide what to improve

There is a divergence of views as to whether quality improvement activities should be determined by those closest to the point of care or by management. This dichotomy of top-down or bottom-up improvement has been debated and discussed at length (Braithwaite, 2018). However, the authors view this as a false dichotomy. In reality, there is a lot of convergence between what matters to service users and staff closest to the point of care, and what matters to those in senior leadership roles. In order to create a culture of quality improvement, a system of structured experimentation should be developed, whereby teams can identify and solve their most complex issues, with support and guidance from above. Therefore, it follows that the choice of what needs improving should be delegated to those who have the greatest lived experience of the healthcare system and can thus identify the biggest improvement opportunities: patients and staff at the point of care. This also helps to create intrinsic motivation for those who will be devoting their limited capacity to supporting improvement of the system.

Bringing together a diverse team around a shared purpose to solve a complex problem that matters to all is key to flattening hierarchies, facilitating understanding of different perspectives and building relationships that are aligned to common goals.

Patients and families as partners in improvement

Quality improvement relies on diverse perspectives to fully understand the system and develop creative ideas to help improve it. The views of the patients and families are thus a critical element. Not only do patients and family members provide a unique perspective of the system, they can also bring ideas about what would make a difference and accelerate the improvement work. At East London NHS Foundation Trust, the authors carried out a retrospective analysis of all of quality improvement projects carried out between 2014 and 2019. It was shown that projects that had either full or occasional patient involvement were four times more likely to be successfully implemented than those with no patient involvement. Moreover, projects with full involvement of patients as equal members of the project team were 2.78 times more likely to achieve their aim than projects with either no or only occasional involvement of patients.

There is no more effective way to stay connected to purpose in quality improvement than to have patients within the quality improvement project team, as full partners at every stage, from identifying the issue all the way through to implementing the ideas.

Conclusions

Quality improvement represents a mechanism by which people can be deeply involved in the process of improving healthcare services, enabling patients and families, as well as healthcare workers, to continually improve complex systems and optimise outcomes and experience. Adopting this approach within a highly bureaucratised and command-and-control-based industry, where the systems have a very high level of complexity, has been challenging. As a result, few healthcare systems have been able to demonstrate high levels of return from investment in quality improvement. This article has thus summarised the key challenges associated with adopting a quality improvement approach and proposed some steps to tackle these barriers by simplifying the process, providing adequate support and building a shared purpose.

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Key points

- Quality improvement is being widely applied in healthcare systems as a mechanism to enable teams of staff and service users to systematically understand and solve complex quality and safety issues.
- There are many barriers to implementing quality improvement methods.
- Many of these barriers could be avoided through careful, intentional design of quality improvement initiatives.
- The simple framework proposed in this article recommends a focus on simplifying the way quality improvement is taught and used, providing skilled support and better learning opportunities, and strengthening core purposes in improvement efforts.

Conflicts of interest

The authors declare that there are no conflicts of interest.

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