Evidence in brief:

How do you get clinicians involved in quality improvement?

A summary of the evaluation of the Health Foundation’s Engaging with Quality Initiative

April 2011
Evidence in brief: How do you get clinicians involved in quality improvement? is published by the Health Foundation, 90 Long Acre, London WC2E 9RA
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For more information read the full report:

*Evidence: How do you get clinicians involved with quality improvement?*

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Commentary

The evaluation of our Engaging with Quality Initiative (EwQI) programme provides powerful learning about the challenges of undertaking improvement work and confirms the findings of other similar studies that show substantial differences between ambition and practice.

There is an increasing need for greater realism about what improvement programmes can achieve in measurable outcomes and greater clarity about their underlying theories of change and change mechanisms.

There was no significant change in measurable health outcomes, during the life of the Engaging with Quality Initiative, although considerable wider benefits were achieved. Indeed, given the limited nature of the improvement interventions, it is very encouraging that the evaluation found improvements in structures, processes and cultures. With hindsight, the projects’ strong focus on clinical audit coupled with limited change mechanisms were unlikely to produce a step change in outcomes.

The evaluation challenged the idea that clinicians are not engaged with the challenge of improving the quality of care for their patients. They do, however, seem most familiar and most comfortable with a narrow set of improvement interventions – audit, guidelines, peer review and traditional education and training. They also have more confidence in the effectiveness of clinical audit as an improvement intervention than the empirical evidence would support.

As a result of our learning from this programme, we now question whether the term ‘engagement’ helpfully describes clinicians’ attitudes to improving care for patients, and whether we should now be seeking a new model of what it means to be a professional.

Such a model places a stronger emphasis on accountability, recognises the benefits of creating a different dynamic between patients and professionals and assumes a stronger sense of responsibility for the ways the wider health system works.

It promotes a desire to improve what clinicians do, accepting change as an asset rather than a threat. It commits to using a range of different approaches to developing and mobilising knowledge about how to improve care and build the formal evidence base underpinning improvement. And it emphasises the importance of clinicians working as part of multidisciplinary teams and across organisational boundaries.

We believe if clinicians actively explore and develop this model and come to recognise that something different will be asked of health professionals in the future, then they will increase their ability to systematically improve patient care. This represents the next challenge that we at the Health Foundation are starting to address.
Introduction

We launched the Engaging with Quality Initiative Programme in 2004. The programme focused on finding ways to engage clinicians in improving quality, setting standards and evaluating outcomes.

This programme was inspired by evidence suggesting that clinicians are aware of the need to improve quality but are often not sufficiently engaged in efforts to achieve this.

It was designed to tap into the enthusiasm of clinical leaders operating in professional bodies and in multi-professional networks.

It was based on the premise that clinician-led improvement work is critical to engaging clinical communities.

This Evidence in brief summarises the findings of the evaluation conducted by RAND Europe and Health Economics Research Group (HERG) evaluation.

**OUR OBJECTIVES**

- Engage clinicians to lead quality improvement projects that would achieve measurable improvement in clinical quality.
- Identify effective strategies for clinical quality improvement that could be replicated and spread across the healthcare system.
- Increase capacity for clinical quality measurement and improvement by developing infrastructure and skills within professional bodies.

*The full report ‘Evidence: How do you get clinicians involved in quality improvement?’ and individual project reports are available on our website: www.health.org.uk/publications*
Key findings

The evaluation of the Engaging with Quality Initiative presented a number of key findings, including:

– Professionally-led quality improvement in acute care can successfully mobilise large numbers of clinicians across a wide range of organisational settings.

– Improving quality is part of clinicians’ professional identity. Tapping into this can be a powerful motivator for change.

– Clinician-led quality improvement initiatives can offer a range of benefits, including greater standardisation of professional practice, more equitable care, greater quality control, improved patient satisfaction, and better patient outcomes.

– Quality improvement initiatives must be aligned with the mainstream allocation of resources in healthcare, supported by professional training, commissioning and regulation, and integrated into service management.

– If quality improvement is to be sustainable, it must be integrated with organisational direction and resources.

What was involved?

We invited UK professional organisations and specialist societies to take part and selected eight acute-sector projects to receive a total of £4.6 million.

Most projects ran audits as a core intervention, supplemented by a range of other methods, while we provided additional project and learning support.

Each project had to demonstrate that it met specific criteria. Notably, that it was investigating a clinical problem of deficiency in care, for which there were a scientific evidence base or consensual professional guidelines, together with reliable data and objective measures of clinical process or outcome.

The projects varied in their methodology, starting points and scale (from 19 sites to more than 100). However, all had certain common features, including the use of multidisciplinary teams and active service-user involvement.

Alongside this work was the wider evaluation from RAND Europe and HERG at the University of Brunel.

More detailed information about the methodologies used is available in the main report, ‘Evidence: How do you get clinicians involved in quality improvement?’, on our website: www.health.org.uk/publications
Our findings

Successfully engaging clinicians in quality improvement

The evaluation found that the most visible and measurable achievement of the programme was in engaging clinicians, with very high numbers of clinicians taking part.

To stimulate clinician involvement, the projects identified project champions (senior, respected and enthusiastic professionals) and incentives (professional peer pressure, including comparative audit).

The importance of enthusiastic individuals as a catalyst for change was clear, with a range of leadership styles needed to mobilise and sustain action.

The evaluation concluded that professionally-led quality improvement in acute care can successfully mobilise large numbers of clinicians across a wide range of organisational settings.

In acute settings, this engagement appeared to have more to do with the professional identity of clinicians than with any financial gain. It saw incentives as helpful in some settings, to ensure that work was prioritised, but did not see them as a major driver.

Management input in the projects was mixed, but involvement of NHS management was considered vital. There was evidence from the projects that poor commitment and support from local managers actively hindered quality improvement activities.

The role of professional bodies

Participation in the Engaging with Quality Initiative programme contributed to the involvement of royal colleges and professional bodies in quality improvement and strengthened their capacity to support it. The evaluation reports:

Senior figures within the royal colleges and professional bodies have been engaged from the outset and we have seen that the profile of QI [quality improvement] has been raised within these organisations and their capacity to support QI in more practical ways has been improved.

For instance, the programme increased royal colleges’ understanding of issues around quality improvement (Royal College of Midwives), helped maintain their involvement in improvement work (Royal College of Physicians in Glasgow and Edinburgh) and encouraged them to develop a new strategy to promote improvement alongside the traditional approach of the colleges to standards (Royal College of Physicians). However, these achievements were dependent on professional bodies’ prior experience with delivering quality improvement interventions, as well as their leadership and vision.

Professionally-led quality improvement in acute care can successfully mobilise large numbers of clinicians
Measuring improvement

Participating clinicians believe their engagement in this programme resulted in greater standardisation of professional practice, more equitable care, greater quality control and improved patient satisfaction. However, the evaluation found that clinician engagement in the projects did not automatically lead to measurable improvements in patient outcomes. The evaluation found that the direct benefits to patients arising from the project work were ‘modest, patchy but real’. The projects experienced methodological challenges in measuring the project outcomes and attributing them.

In terms of measurable improvements the evaluation concludes:

On the basis of the evidence available, we come to the conclusion that improved outcomes – in terms of measurable improvements in adherence to guidelines or patient outcomes – have been modest and patchy during the study period of the evaluation. On this narrow definition of outcomes and against an implicit counterfactual that these quality standards would not have changed without such initiatives, it can be hard to justify the considerable effort put into the EwQI. However, in our view, this does not capture all of what was achieved, and there are considerable additional benefits to consider.

The evaluation does argue that there have been wider benefits achieved by the Engaging with Quality Initiative. With hindsight, we recognise the projects’ strong focus on clinical audit coupled with limited change mechanisms was unlikely to produce a step change in outcomes.

Given the limited nature of the improvement interventions it is very encouraging that the evaluation found such improvements in structures, processes and cultures.

Direct benefits to patients arising from project work were ‘modest, patchy but real’

WIDER BENEFITS OF EWQI

- Engaging clinicians (and service users) in effective processes of change.
- Engaging policy makers and decision makers.
- Promoting the capacity of the healthcare system to deliver quality improvement.
- Contributing to the knowledge base on quality improvement.
- Contributing to the design of evaluations for quality improvement.
Sustaining and spreading improvement

The evaluation identifies a number of mechanisms with which the result of the projects’ work is being sustained and spread:

Influencing change at a national level

The following quality improvement projects worked hard to influence wider national developments. They illustrate the need for precision and clarity in change management if improvements are to be sustained.

*Project: Assessing and improving the quality and management of care for patients with epilepsy and for those with community acquired pneumonia*

This project developed a secondary care bundle which is being introduced to all hospitals in Scotland as part of the work of the Scottish Antimicrobial Prescribing Group.

*Project: Assessing and improving the quality of services for patients with Inflammatory Bowel Disease (IBD)*

This project was a catalyst for the development of the National Service Standards for IBD in February 2009. Together with the audit work, these standards are part of a package of tools that are reported to have created a self-sustaining momentum in the IBD community that will support quality improvement.

*Project: Improving the assessment and management of perineal trauma*

Team members from this project, led by the Royal College of Midwives, were involved in the development of *Safer Childbirth* (2007), a report published jointly by four of the royal colleges.

This report, which set minimum standards for the organisation and delivery of care in labour, recommended that all health professionals involved in the care of women in complicated labour must have training in perineal suturing.

Institutionalising change

Some of the projects attempted to institutionalise change through the adoption of standards and guidelines, building local capacity to lead change through training and the use of IT.

*Project: Peri-operative fasting implementation study evaluation*

This project’s study evaluation team emphasised the importance of developing the skills of people working within trusts to build capacity.

*Project: Improving the quality of care for people who self-harm*

The self-harm team planned to make the training material produced by the project permanently available on the internet.

Three of the eight Engaging with Quality Initiative projects succeeded in obtaining on-going financial support for audits or measurement systems.
Securing sustainable funding

Three of the eight Engaging with Quality Initiative projects succeeded in obtaining on-going financial support for audits or measurement systems.

Project: Prescribing Observatory for Mental Health

This project recruited half of all mental health trusts in the UK as members of its regular audit and successfully moved to an annual membership fee to ensure project sustainability. The subscribing trusts will participate in the audit, which will include comparison data aiding continuous quality improvement.

Project: Assessing and improving the quality and management of care for patients with epilepsy and for those with community acquired pneumonia

Project: Assessing and improving the quality of services for patients with IBD

These two projects recognised that to be sustainable their improving quality activities must use existing resources more efficiently or be resource neutral, rather than demand extra funding. It was also found that successful projects are more likely to be sustained if the successes are backed up by evidence.
Where can I find out more?

The full report, *Evidence: How do you get clinicians involved in quality improvement?*, from which this summary is derived, is available to download free of charge from the Health Foundation website at:

[www.health.org.uk/publications](http://www.health.org.uk/publications)

The full report includes more details of the research methods used, together with more in depth information and analysis on all the findings.
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The Health Foundation is an independent charity working to continuously improve the quality of healthcare in the UK.

We want the UK to have a healthcare system of the highest possible quality – safe, effective, person-centred, timely, efficient and equitable. We believe that in order to achieve this, health services need to continually improve the way they work.

We are here to inspire and create the space for people, teams, organisations and systems to make lasting improvements to health services.

Working at every level of the healthcare system, we aim to develop the technical skills, leadership, capacity, knowledge, and the will for change, that are essential for real and lasting improvement.

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