

QUASER: How is quality and safety achieved in hospital care?

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Background and projected outcomes

Background

Good understanding of what improves quality health care

Less is known about the organizational and cultural processes that determine the effectiveness of these methods

Projected outcomes

Evidence-based quality and safety guidance for good improvement processes

A framework for assessing hospital quality:

- monitor and assess the quality of hospital care

Purpose

Identify key success factors, best methods and practices for

- providing high quality health care
- implementing quality improvement in health care organizations

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Quality definition

Clinical effectiveness

Patient safety

Patient experience

Research questions 1(2)

1. How is quality improvement (QI) structured, planned and co-ordinated?
2. How are the politics of change negotiated?
3. How are shared understandings and commitment to quality built?
4. How do staff learn about quality and quality improvement?
5. How are individual and collective enthusiasm for quality and quality improvement engendered and supported?

Research questions 2(2)

6. How is the physical, informational and technological infrastructure used to support quality and quality improvement?

7. How do the meso- and micro-systems contribute to each of above? How do they inter-relate?

8. What are the respective roles of the meso- and micro-system levels in terms of (a) the successful implementation and spread of quality improvement, and (b) sustained quality?

Project design

UK (lead)

Netherlands

Norway

Portugal

Sweden

Partner countries

Multilevel study in ten hospitals

A longitudinal study of quality improvement efforts as an interaction between macro, meso and micro levels

Project design

Through comparing five European countries we analyze the effects of different cultural and economic/policy-driven systems:

- Centralized control from the top (UK)

- "Bottom-up" with large regional freedom (Sweden, Norway and Portugal)

- Adjusting to the market with an emphasis on transparency (Netherlands)

Methods and data

Macro-level data (documents and interviews)
regarding national quality improvement governance
Meso-level interviews with managers, controllers,
chief physicians etc., performance data
Non-participant observations of meetings that
address quality improvement projects
Micro-level interviews and non-participant
observations with clinical personnel

Preliminary results

Quality is achieved in multiple ways:

- Bottom-up, top-down, networked
- Economic incentives, professional standards
- Proactive vs reactive
- Defined narrowly vs broadly
- Homegrown vs imported models (TQM, Lean etc)

Multiple ways to high quality

1. "Quality without a quality strategy": a Portuguese university hospital where academic excellence and prestige drives high performance
2. "Mainstreaming quality": an eclectic approach in a Swedish hospital with imported ideas that are developed to a strategy that is integrated into everyday practice - not a separate activity

Improvement as networking

Instead of bottom-up or top-down, many improvement projects are organized through different kinds of networks stretching across settings and practices –

building strategic alliances through negotiation and using persuasives devices such as metaphors, images and stories

Thank you for your attention!

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