

Section 4.5

Quality Improvement

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- Theories and Models: Quality Improvement theory
 - Quality improvement (QI) is the effort to increase how much health care services contribute to desired health outcomes, consistent with current professional knowledge







Quality Improvement II

- Most QI research is local and driven by local needs and activity
- As a result, it may not apply as much outside the local setting as other types of research that try to apply to a broad range of patients, conditions, and settings







Quality improvement III

- There is a large number of published papers that report on QI efforts and their results
 - There are several commonly agreed-on ways of doing QI in health care
 - Many of these papers report substantial success in using QI methods
 - Most QI methods are the result of trial and error rather than of building and applying theory
 - This makes QI a very empirical field, rather than being driven by theory







Quality Improvement IV

- Despite not being built on strong theory, QI operates based on a number of theoretical frameworks
 - Donabedian's structure-> process -> outcome framework is very well known although it is not always appropriately applied
 - Continuous Quality Improvement (CQI) is frequently used for QI projects
 - It's both a framework and a set of tools to be used
 - The plan-do-study-act (PDSA) cycle is one of the tools that has been developed from the CQI model

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Quality Improvement V

- Although QI frameworks, tools, and approaches have been widely used in health care over a relatively long period of time, we still need to understand them better
 - Systematic reviews of studies using QI methods and approaches would add to our knowledge about what works and what does not work
 - Assessing the theory base that underlies different QI frameworks also holds promise for better understanding KT
 - QI projects are usually exempt from human ethics review; this is an area that requires more discussion
 - Many QI projects are geared to providing real time improvement in care to specific patients but others are more general and result in broad efforts to disseminate findings

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Quality Improvement VI

 In summary, there are many common areas between QI and KT research, as well as common areas between QI and evaluation



