The importance of context in improvement work

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The challenge

The NHS is squeezed as almost never before:
- flat financial resources
- with increased demands
- plus continued change at national scale
- Improvement interventions at small to medium scale are one of the ways we’re meeting the challenge
- BUT
- Unless we better understand the context in which these improvement initiatives happen much of the improvement effort will have disappointing results
What is context?

‘context refers to the why and when of change, and concerns itself both with influence from the context external to the provider (such as the prevailing economic, social, political environment) and influences internal to the organisation under study (for example its resources, capabilities, structure, culture and politics).’

Is your improvement initiative being planted in the right soil?
We sometimes waste our efforts by trying to plant improvement in the wrong - unsupportive - context
External context

- Government policy
  - Health funding and budget
  - Health and Social Care Act

- NHS England strategy
  - Five year forward view

- Professional guidance and regulation
  - CQC inspection regime
  - NICE guidance
  - Revalidation

- Other sectors
  - ‘Lean’ & industrial approaches currently fashionable
Organisational context

• Leadership
  • Style
  • Continuity

• Vision and strategy
  • Clarity on direction of organisational travel
  • 355 improvement projects - or 15 organisational programmes?

• Support for improvement work
  • ‘Add on’ or expectation?
  • Time and other resources – particularly training
Organisational context (2)

- Integrated IT system
  - Support from technical and analyst staff for improvement
  - Systems that talk to each other

- Engaged stakeholders
  - Patients, carers
  - Staff across all professional groups
  - Commissioners
Discussion point

From your experience what aspects of context have helped or hindered improvement efforts?
Find out more:

Perspectives on context

A selection of essays considering the role of context in successful quality improvement

Original research
March 2014
Understanding not just “what works?” but “what works where, how and to what degree?”
Case study ‘Matching Michigan’*

- Good idea to copy a successful approach
- Michigan Keystone project reported dramatic reduction in central line (CVC) infection rates in 100 ICUs in Michigan
- Infection rates fell from 7.7 per 1000 catheter days to 1.4 after 18 months
- The technical components were summarised in a checklist:
  - Appropriate hand hygiene
  - Use of chlorhexidine to prep skin
  - Use of full barrier precautions to insert
  - Avoiding the groin route
  - Removing unnecessary CVCs

National Patient Safety Agency will run a “dedicated national patient safety initiative to tackle central line catheter-related bloodstream infections, drawing lessons from a remarkably successful Michigan initiative on the same topic” (p45).
Key features that explain the Keystone success

• Voluntary programme that gained membership through social pressure to join in

• Challenged the perception that CVC infections unavoidable in very sick patients

• Gained hearts through telling hard-hitting patient stories

• Gained minds through using hard data to record the infection rates

• Created a sense of community to tackle the problem
Researching context

*Methods*

- Interviewed Keystone programme leaders, used social science theory to interpret ‘how’ and ‘why’ the programme was successful

- Carried out in-depth ethnographic study of the implementation of Matching Michigan, following implementation in 19 ICUs

- Detailed, long term analysis of data across all NHS England ICUs
Attempting to ‘match’ Michigan

- NPSA ‘invited’ all ICUs to participate

- Based on Michigan keystone but with differences:
  - Introduced with a shorter training programme for participants
  - Wider analysis of infection data including outside ICU

- A context where much previous improvement effort had reduced infection rates
  - Initial infection rates half those at the start of Keystone
Matching Michigan worked (outcomes)

• Further reduced infection rates to 1.4 per 1000 bed days – results did ‘match’ Michigan

BUT…

• Wider analysis showed infection rates falling inside and outside ICUs
• Good clinical practice often pre-dated programme

→ Temping to conclude:
Matching Michigan - evaluation

• It was not Michigan Keystone, but it never could have been
• Technical aspects easier than adaptive/behavioural
• The best ICU’s really grasped the opportunity and used the programme effectively to improve care
• We now know how tricky infection rate measurement is:
  • at least 3 different approaches to monitor
  • different definitions/exclusions in local settings
Find out more:

Lining Up: How do improvement programmes work?
Lessons from an ethnographic research study of interventions to reduce central line infections

Learning report
August 2013
Can you change the context?
Short answer ‘No’

However …

You can take action to make the context more amenable to the intervention you want to ‘grow’
Group exercise: Working with and mitigating organisational context

Considering an improvement intervention - either one you know well, or using the case study: –

What aspects of organisational culture are likely to impact on the intervention?

How would you aim to mitigate the negative aspects of the context?
Discussion:

Changing and mitigating aspects of context
Find out more:

Skilled for improvement?
Learning communities and the skills needed to improve care: an evaluative service development

Original research
March 2014
In conclusion
Local context matters

• The local context /culture is key to the success or failure of improvement initiatives
• The role at national or regional levels must be primarily to establish a conducive context for local action
• Less emphasis on centralism may help to reduce unintended consequences of interventions
People are part of the context

- How do they feel about ‘improvement?’
- What has previous experience been like?
- Need to target interventions according to motivational preferences
- Communication and persuasion can influence and ‘shift’ some elements of context
Planning in response to context helps

- Many improvements are one-offs, poorly integrated with other initiatives and inadequately aligned in policy or strategic terms
- Consideration of what the contextual barriers and facilitators are in the planning stage makes success more likely
Any questions?
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