

The use of Quality Improvement Collaboratives in the implementation of the New Danish Healthcare Quality Programme

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Introduction

Internationally, quality improvement in healthcare has evolved into a major topic in both research and practice. An extensive increase in management-initiated and planned initiatives to quality improvement has been seen and different approaches to improving quality have been deployed. Quality improvement collaboratives (QICs) represent one important approach that has become widely applied over the past 15-20 years.

In 2015, the Danish government introduced a new Danish Healthcare Quality Programme (DHQP) to improve the quality of the Danish healthcare system. In accordance with the current global trend, the DHQP use QICs as an implementation approach.

Despite their widespread use, the actual effects of using QICs as implementation approach are under-studied and the results are mixed. Furthermore, little is known about the mechanisms and components behind such effects. To help answer such questions research is needed that to look into the 'black box' of the implementation process of QICs and the actual improvement work performed by healthcare professionals.

Objectives

This PhD project will investigate how QICs function as an implementation approach to quality improvement driven by healthcare professionals, within the scope of DHQP. It will explore three related research questions:

- 1. What drive decision makers to choose QICs over other implementation approaches?
- 2. Under which circumstances do QICs function well in facilitating quality improvement?
- 3. How are health care professionals engaged as drivers of improvement when using QICs?

Methods

The PhD project employs a research design that incorporates different levels of analysis, namely the policy level, the organisational level and the professional level. The project contains three sub-studies which will be conducted through a combination of programme theory analysis and a comparative case study of two strategically selected QICs.

Methodologically, the PhD project employs a combination of qualitative interviews, observations, document studies and a questionnaire survey. Theoretically, the PhD project builds on a framework that combines neo-institutional organization and implementation theory and the newer sociology of professions.

Results

The PhD project is planned to start in autumn 2018.

Conclusion

The PhD project will contribute to the international organization and implementation research field with new and important empirical knowledge on the circumstances under which QICs are successful as an implementation approach. Such results are essential in order to maximize the practical relevance of QICs as an implementation approach in quality improvement.

Furthermore, the PhD project will contribute to the sociological theoretical literature on professionals with new perspectives and knowledge on the positive capacity of health care professionals to promote quality improvement in health care.



Conflicts of interest: No conflicts of interest