Applying realist evaluation to quality improvement projects

- Reflections on the evaluations of two Danish patient safety programs

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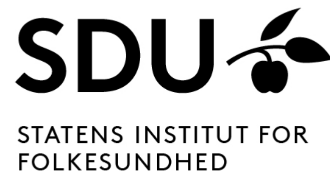

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Agenda

- Objective of the presentation
- The projects – contexts and objectives
- The evaluations – applied methodology and tools
  - The principles of realist evaluation
  - Evaluation design
- Learning points from applying realist evaluation theory
- A few learning points from the evaluations of QI programmes

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Objectives

- To present learning points based on experiences with applying realist evaluation as a theoretical and methodological point of departure in evaluating QI projects.
- And to present a few learning points from the actual evaluations of two Danish QI programmes

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QI projects – objectives and contribution to the patient safety agenda

- Closing the knowledge-doing gap
- Accelerate implementation
- Improve systems and procedures
- Involvement of user and carers
- Improving safety and quality of care for the citizen and patients

Two Danish QI programmes

Danish Patient safety program in Mental Health

Improve patient safety in mental health hospitals in Denmark (4 year program)

Context: 9 psychiatric units – 30 wards

4 clinical bundles – medication safety, physical health, restraint reduction, suicide prevention

In Safe Hands

Improve patient safety in nursing homes in Denmark (3 year program with follow-up)

Context: 5 municipalities – 18 municipalities

4 clinical bundles – medication safety, pressure ulcer, fall prevention, infection control

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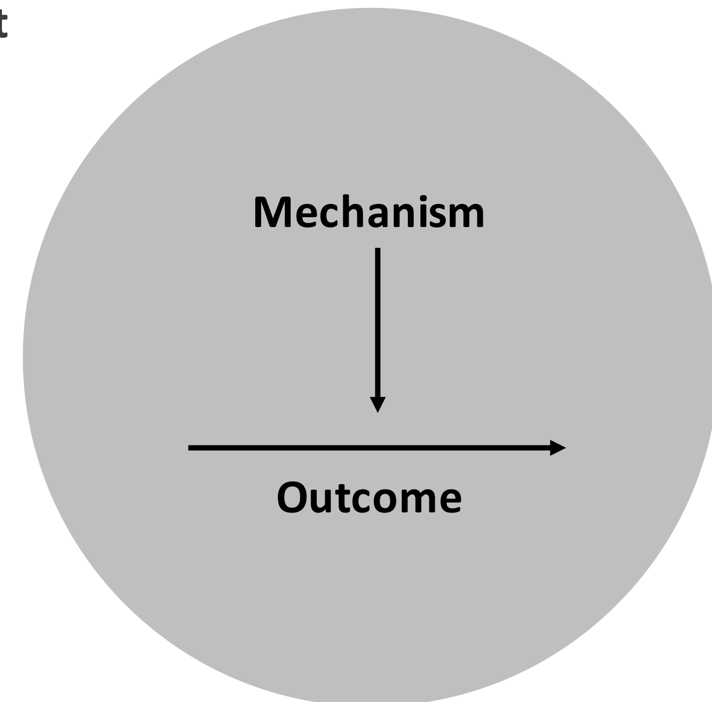
Realist evaluation of QI projects

‘What works for whom in what circumstances and how?’

(Pawson R & Tilley N 1997).

Context



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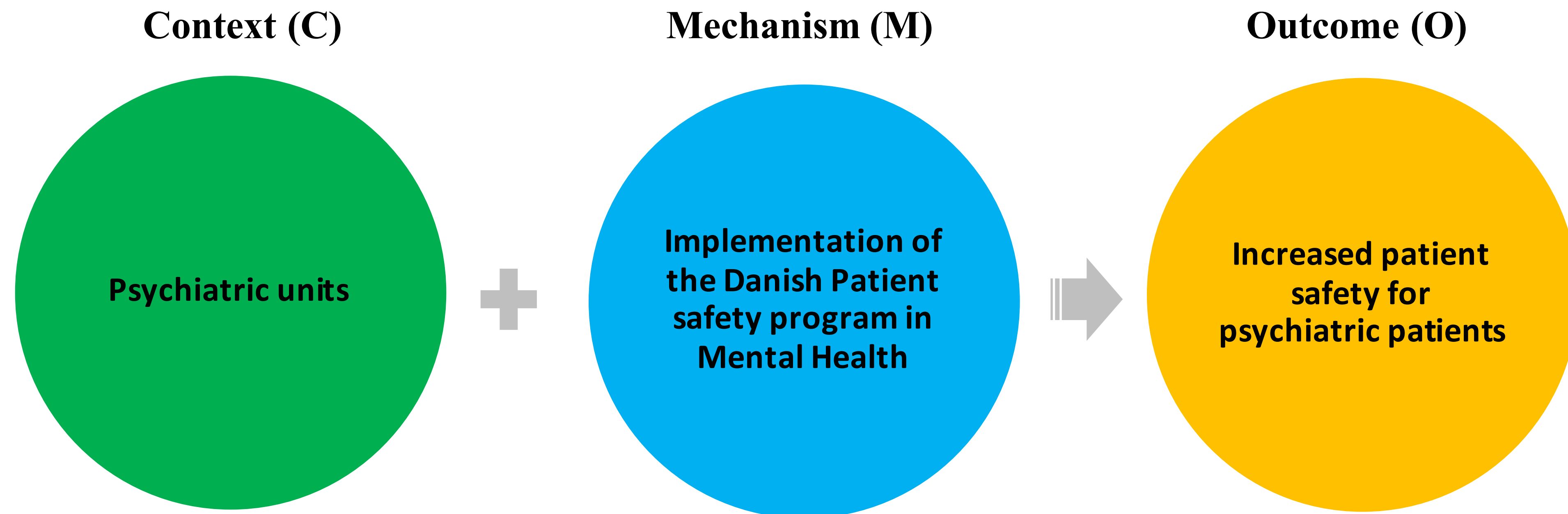
CMO-configuration



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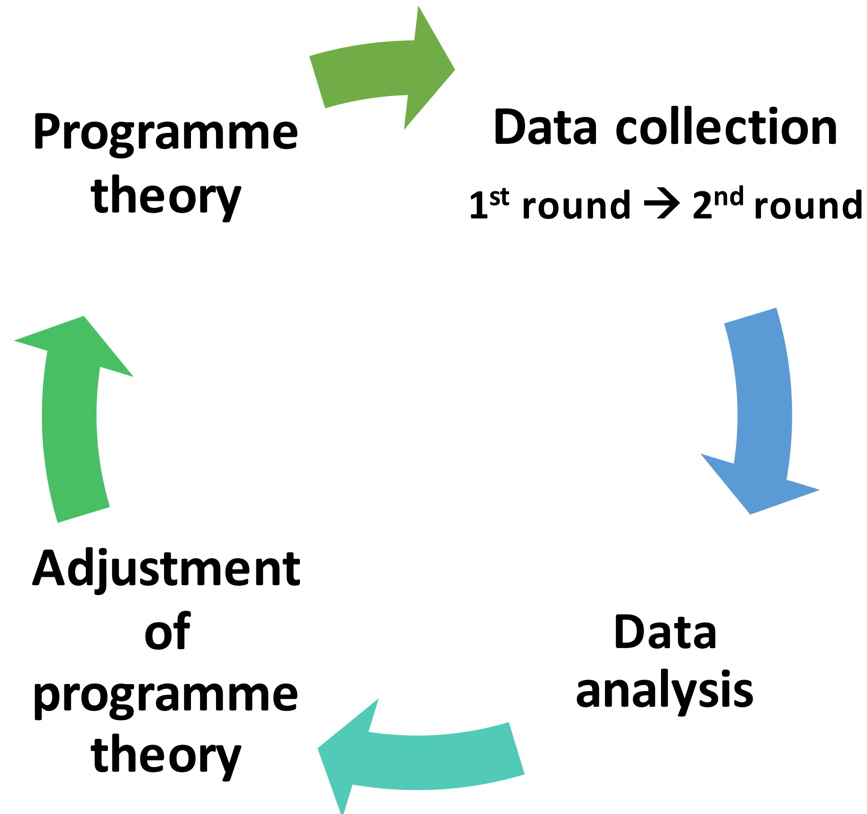
Evaluation design



Danish Patient safety program in Mental Health

- 2 year evaluation
- 8 site visits (2 days per site)
- Observations of practice
- 34 group interviews conducted with representatives from clinical and project management, staff and patients and relatives
- 8 interviews conducted with key informants in the psychiatric management in each of the regions as well as key informants from the Danish Society for Patient Safety.

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Learning points

Learning point #1

When dealing with major projects with a number of hospitals and/or municipalities, evaluators should determine whether to focus on the project as a whole with overall learning points or on each specific project site in order to gain in depth knowledge of what worked at the particular site.

Learning point #2

It is important to consider the potential of carrying out a formative evaluation using a realistic evaluation approach for QI-interventions, e.g. to transfer learning points from the evaluation to similar settings not included in the intervention as they are taking place.

Learning point #3

In conducting realist evaluations of QI interventions, it is an advantage to have a thorough understanding of QI methods, and to be familiar with the application of QI methods in the contexts of mental health hospitals and municipalities.

Learning point #4

In communicating the results of realist evaluations, it is necessary to be very clear about the theory and procedure of realist evaluation and to give concrete examples of the application of the method. It is also important to provide sufficient transparency of the analytical process to enable judgement of the validity of results.

Learning points from the evaluation of the Danish Patient safety program in Mental Health

Themes

- Central infrastructure
- Clinical work bundles
- Channels of communication
- Local capacity building and establishment of the improvement work
- Improvement management
- Involvement of patients and relatives
- Spreading the improvement work

Central infrastructure

- It is recommended that the project includes a transversal actor with knowledge of the vocational and organisational context, with the primary responsibility of framing, supporting and facilitating project activities and processes related to improvement efforts, both across units and locally.
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- A good interplay between learning and exchange of experience on the one hand, in the form of leaning seminars, mutual unit visits and channels for ongoing feedback between the units, and local capacity building of the improvement work on the other hand, in the form of small scale tests and data collection and analysis, requires that the units have access to thorough and ongoing competency development, guidance and feedback.
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- It is recommended that there is an ongoing articulation of the importance of the units' adaptation to initiatives according to local requirements. This contributes to ensuring that focus areas are relevant and meaningful to the local context, as well as to creating a basis for change in local cultures and practices around improvement work. Further, it is recommended that an identification of local requirements is carried out and assessed when new initiatives are introduced, and that ongoing small-scale tests are carried out via the PDSA-cycle.
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Clinical work bundles

- It is recommended that indicators for the clinical initiatives are harmonised with national and local agendas and initiatives, to avoid there being different indicators and objectives for the same focus areas.

Channels of communication

- It is recommended that the units develop a plan for the internal communication of the improvement work in order to involve staff in all levels of the organisation. This plan can therefore with advantage be based in existing channels of communication in the units, for example mailing groups or meeting forums at both team, section and department level.

Local capacity building and establishment of the improvement work

- **It is recommended that there is a focus on establishing a local narrative about the project in the communication about the improvement work to the employees. An ongoing focus on conveying the significance of the improvement work and its objectives to the staff's key tasks, especially treatment and the focus on the individual patient, is necessary to ensure a culture change in existing practices.**
- It is recommended that the units establish platforms for ongoing and broad knowledge sharing and competency development at both section and department level in relation to the improvement work. Whiteboard meetings are important platforms for knowledge sharing at section level and anchoring the improvement work here can ensure a broad common basis for and approach to improvement work. Further, ongoing education in elements of the improvement work, such as peer-to-peer-training or teaching sessions, can contribute to securing a broad and updated competency base for the improvement work.
- It is recommended that units are encouraged to develop local task and responsibility descriptions for the implementation of the improvement work, in order to secure a broad anchoring of the improvement work across functions, professional groups and organisational levels. These descriptions should support and promote a clarity about responsibilities, roles and tasks, and ensure that staff not involved in the project are involved in and committed to the improvement work, as well as ensure that the improvement work is anchored in practice and not persons, as this makes the retention of the improvement work more vulnerable.
- It would be an advantage to integrate indicators for the clinical work packages into existing journal systems, so that data only has to be documented in one place. Local journal systems should be included in the development of processes for data collection in the units at the beginning of the project.

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Improvement management

- It is recommended that tools for managing and framing improvement initiatives, such as driver diagrams, are introduced and applied actively in the management of the improvement work from the beginning of the project, and that a management strategy for improvement work across managerial levels is developed.
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- It is recommended that the clinical management prioritises visibility and presence in the improvement work, with regards to both processes and results. It is important that the local clinical management prioritises being present in the daily improvement work at section level, that they attend learning seminars and prioritize occasional presence in team meetings.
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- It is recommended that the support of section and project management locally is clearly described as a management task. This can with advantage be explicated as part of the improvement management work. It is important for the facilitation and retention of the improvement work on section level that management functions that support this have full managerial support and are equipped for the daily management of the improvement work. For example, it is important that the sectional management is equipped to handle an active interpretation and appliance of real-time data that can feed into the daily improvement work. It is therefore recommended that section management are a part of the improvement teams and are involved in the activities that are initiated in relation to the improvement work.

Involvement of patients and relatives

- It is recommended that patients and relatives are involved in the development and implementation of future improvement initiatives. Especially for initiatives concerning involvement of patients and relatives, it is recommended that the development is directly informed by the patients and relatives wants and needs.
- **It is recommended that expectations to team cooperation are discussed and balanced when improvement teams are established, to ensure that the frame for the local improvement teams takes into account that patient and relative representatives are included on the same terms as professionals, and to ensure that common team meetings are relevant and inclusive for patient and relative representatives.**
- It is recommended that local strategies for involvement of both patients and relatives in treatment are developed as part of the improvement work. This can help ensure that involvement happens systematically and that it becomes an explicit task. This strategy can with advantage contain a focus on a systematical occurrence of individual patient interviews and involvement of patients in reflections and decision making about treatment, as this appears to be important to the involvement.
- It is recommended that there is a systematic focus on the communication of knowledge about relative-oriented services at patient admissions. Relatives' needs for support and knowledge should be identified systematically in the improvement work, with a view to developing relevant support.

Spreading the improvement work

- It is recommended that the local spreading of the improvement work is systematised through the identification of key actors or functions that are responsible for facilitating the spread to other units. This task can be handled from a central position in the unit or by actors in specific project sections or department that can facilitate the local adjustment and implementation of the improvement work in new contexts.
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- It is recommended that forums for the communication of initiatives and methods for the implementation of initiatives to new contexts are established. These forums can, with advantage, consist of educational sessions and open meetings, as well as be anchored in existing forums, like management meetings or project related forums, such as learning seminars.
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- It is recommended that experience catalogues and other forms of supporting written materials are developed for new improwvement units. It is important for the spreading of the improvement work that staff and management in new contexts are supported in the implementation of the improvement work. Written guidelines should, if possible, be supplemented with personal support, in the form of ongoing supervision from an identified coordinating actor from the original unit.

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