



Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Greater Manchester

Understanding context in quality improvement: ethnographic hospital case studies of AKI improvement initiatives in Greater Manchester

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Background/Introduction

Acute Kidney Injury (AKI), is a prevalent but preventable clinical syndrome, prompting a focus on the means to achieve better identification and management in hospital care. AKI care is complex, inter-departmental and commonly associated with multi-morbidity and polypharmacy. Furthermore, external financial and regulatory changes present substantial challenges to improvement initiatives. This highlights the importance of both external and internal context to improvement initiatives, however, in spite of recent research attention, context is poorly understood in both QI and QI research Drawing on and developing existing frameworks for understanding context in QI this paper seeks to derive a more thorough and systematic understanding of the external, organisational and material factors that play a role in AKI improvement initiatives.

Methods

The paper reports on data collected for an ethnographic study of AKI QI initiatives in two NHS hospital settings. The hospitals under study represent two contrasting QI approaches to QI: in Hospital X a collaborative 'culture change' approach was adopted, while in Hospital Y a 'clinical champion' approach was taken through AKI specialist nurses. Data collection is ongoing, and the current paper presents an early analysis of the contextual factors influencing the adoption and success of each strategy.

Findings/Discussion

During the first phase of data collection with healthcare professionals and QI leads, the role of context could be observed in three forms: external, internal, and material. Each form of context presents different challenges to organisations, with varying opportunities for adaptation. Our findings highlight the dual role of context – in driving the different approaches adopted to improvement in the two organisations, and in turn shaping the experience of improvement and the attempt to change existing practice. While existing frameworks can provide a useful checklist of factors which can help guide organisations in planning and implementing improvement work, these frameworks are unable to capture the complex interaction of different forms of context at different times in the improvement journey. We conclude with some practical recommendations for how context might be better understood and responded to in QI initiatives.