

Understanding context in quality improvement: Ethnographic hospital case studies of AKI improvement initiatives

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Introduction

Acute Kidney Injury (AKI) is a common and serious clinical syndrome, requiring prompt identification and timely management. AKI is associated with multi-morbidity and polypharmacy, and occurs across a wide range of specialities and departments. The complex care needs for a patient with AKI are coupled with external financial and regulatory pressures. Our aim is to derive a better understanding of both external and internal context in quality improvement (QI) initiatives related to AKI.

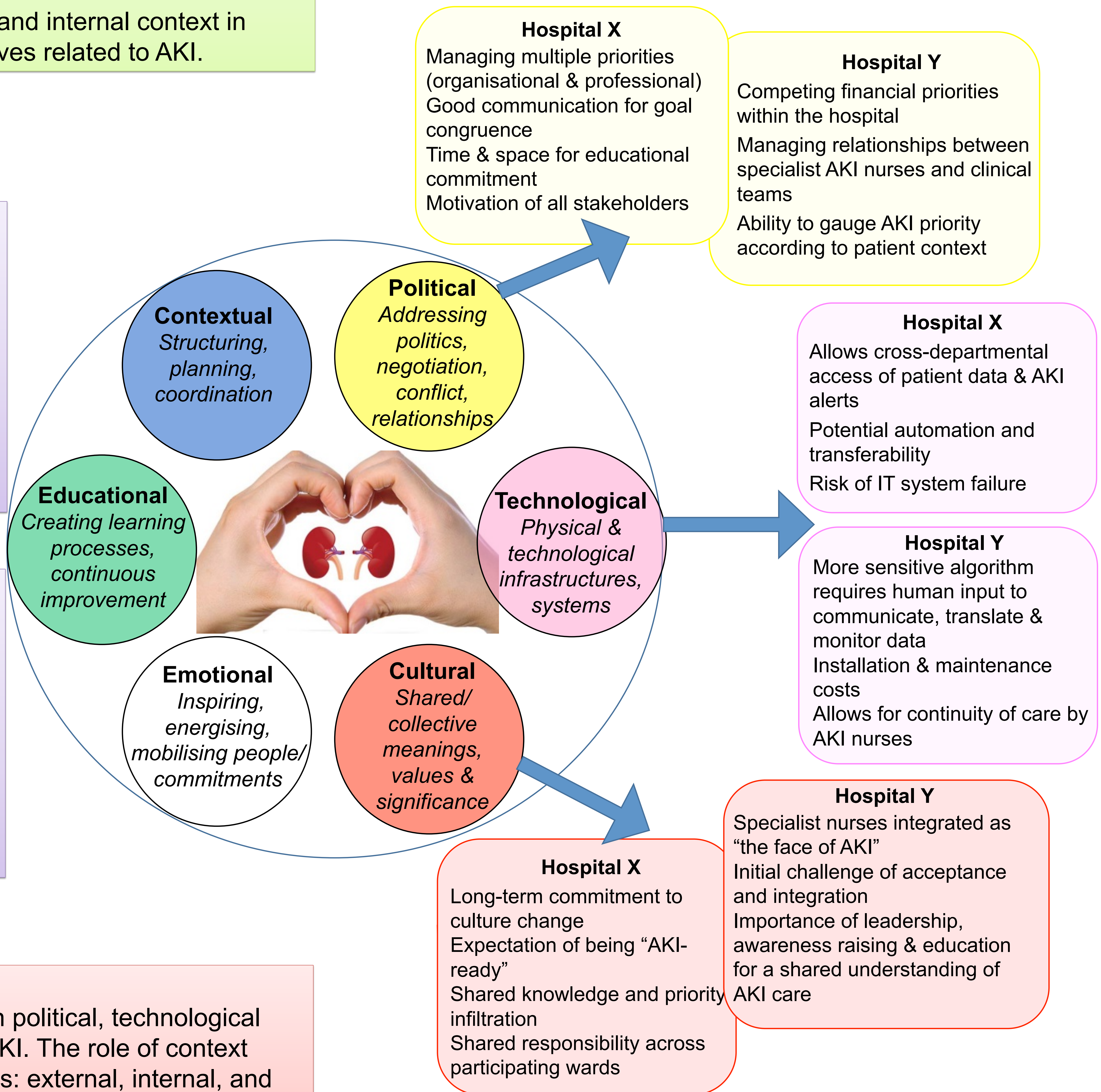
Methods

This work presents an ethnographic study of two contrasting AKI QI initiatives in two NHS hospital settings. Semi-structured interviews were conducted with staff across the two hospital sites and an analysis performed of the contextual factors influencing the adoption and success of strategies towards improving AKI care.

Structural Context

Hospital X: Small community-based teaching hospital
Approach: Improvement collaborative of “culture change”
Method: Online Education, collective learning, tests of change, measurement
Tech: Electronic Patient record with AKI decision support, national algorithm

Hospital Y: Large city-based teaching hospital
Approach: Specialist AKI Nurses (clinical champions)
Methods: One-to-one education, awareness raising, patient management, monitoring
Tech: Locally developed (more sensitive) algorithm, paper based patient records



Discussion

The two hospital sites differed in political, technological and cultural approach to QI in AKI. The role of context could be observed in three forms: external, internal, and material. Our findings highlight the dual role of context – in driving the different approaches to improvement in the two organisations, and in turn shaping the experience of improvement and the attempt to change existing practice.

Implications

This study captures the complexity and interaction of different forms of context throughout the improvement journey. Clashes of priorities across different specialities and departments are evident on both sites. Ensuring early consultant involvement from the outset may increase clinical commitment. Spreading awareness and knowledge of AKI can be a challenge, especially across disciplines and busy wards. The ease of access to learning and knowledge is particularly important for questions on sustainable and transferable care. Due to the dynamic and multi-dimensional nature of context, on-going reflection and adaptive strategies are needed for AKI related quality improvement work.

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