

Analysing Implementation in Acute Stroke and Patient Initiated Clinics: Understanding Barriers and Enablers to Change

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Introduction

- Setting the context: QI challenges
- Sharing insights: ASPIC study
- Sharing learning: How to improve QI

Setting the context

- Quality improvement challenges

Batalden & Davidoff 2007; Dixon-Woods & Martin 2016

- The influence of context
- Why study quality improvement

ASPIC approach

- Aim to develop in-depth insights of what was going on that helped and hindered
- Qualitative: Focused Ethnography
- Implementation Science: Consolidated Framework for Implementation Research (CFIR) by Damschroder et al (2009)

ASPIC approach - CFIR

5 Domains

I. Intervention characteristics

II. Outer setting - National, Regional, Patient

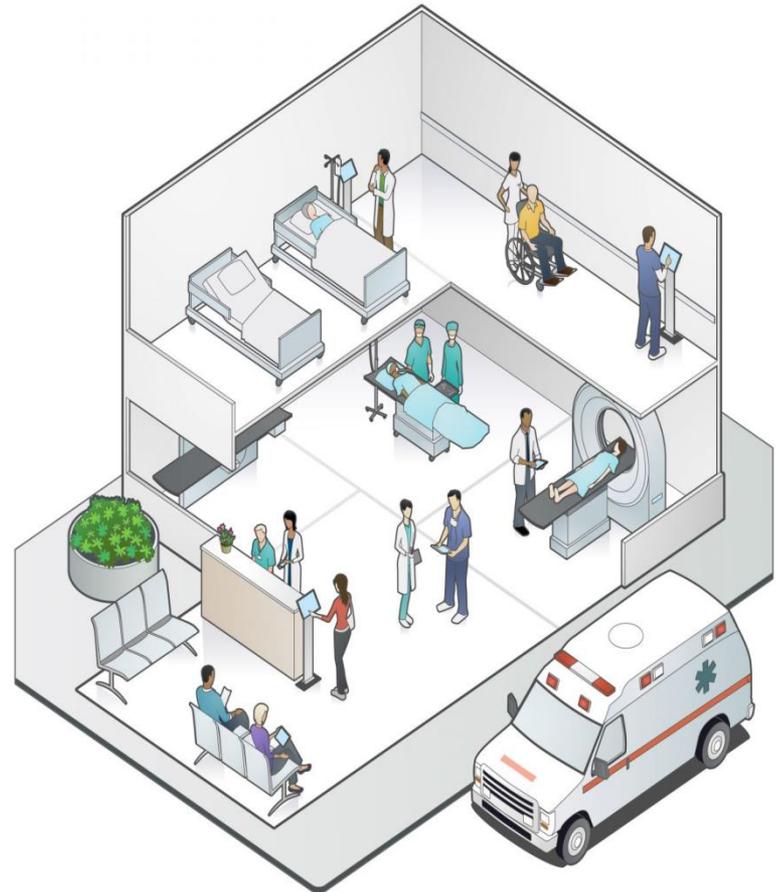
III. Inner setting - Trust, Department, Team

IV. Characteristics of individuals

V. Process

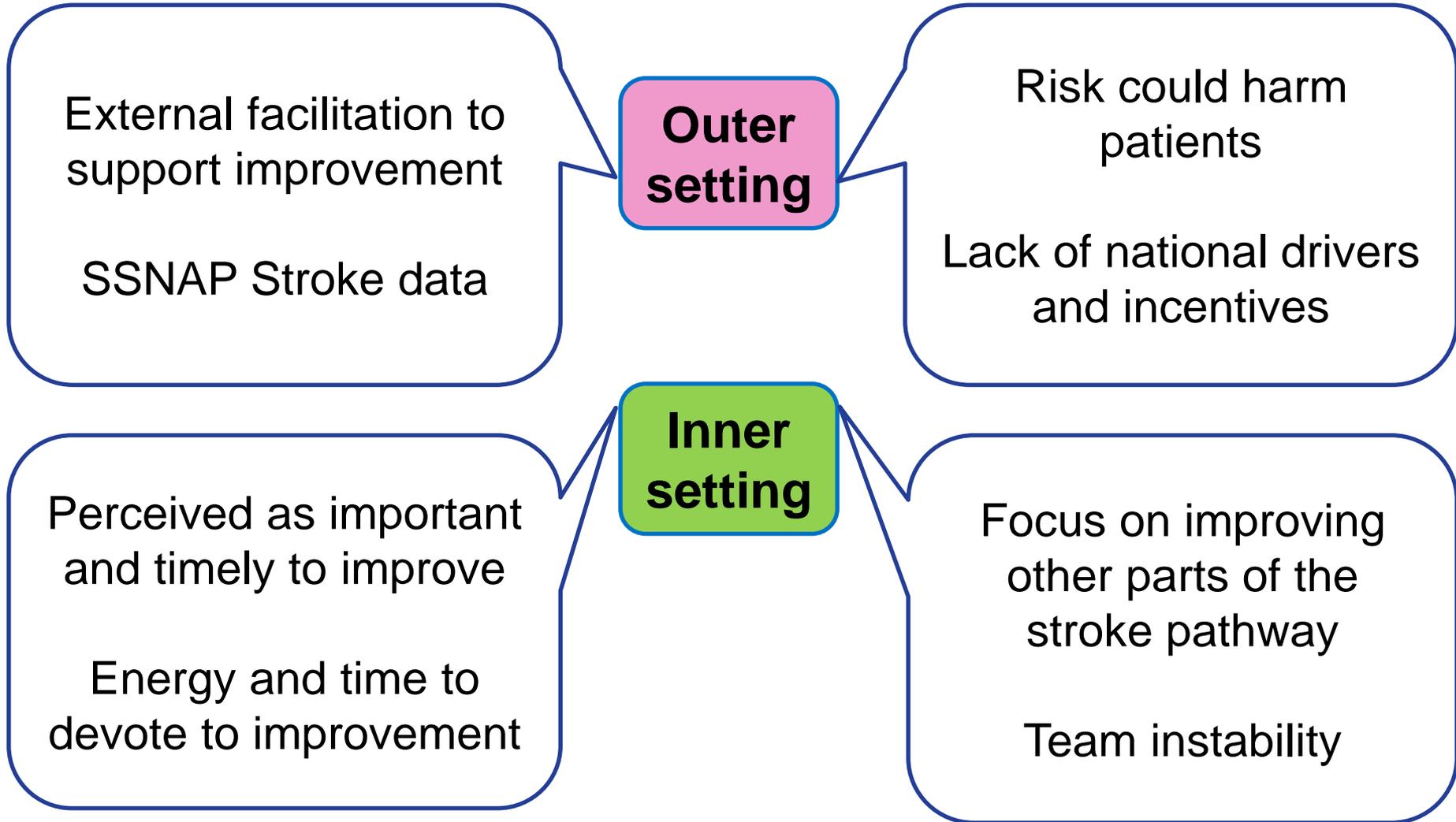
Acute stroke thrombolysis

- Aim to optimise the effects of thrombolysis by maximising appropriate access and improving the efficiency of the pathway processes
- Progress: analysed data from 6 Trusts and developed improvement action plans with 5 Trusts



Facilitators

Barriers



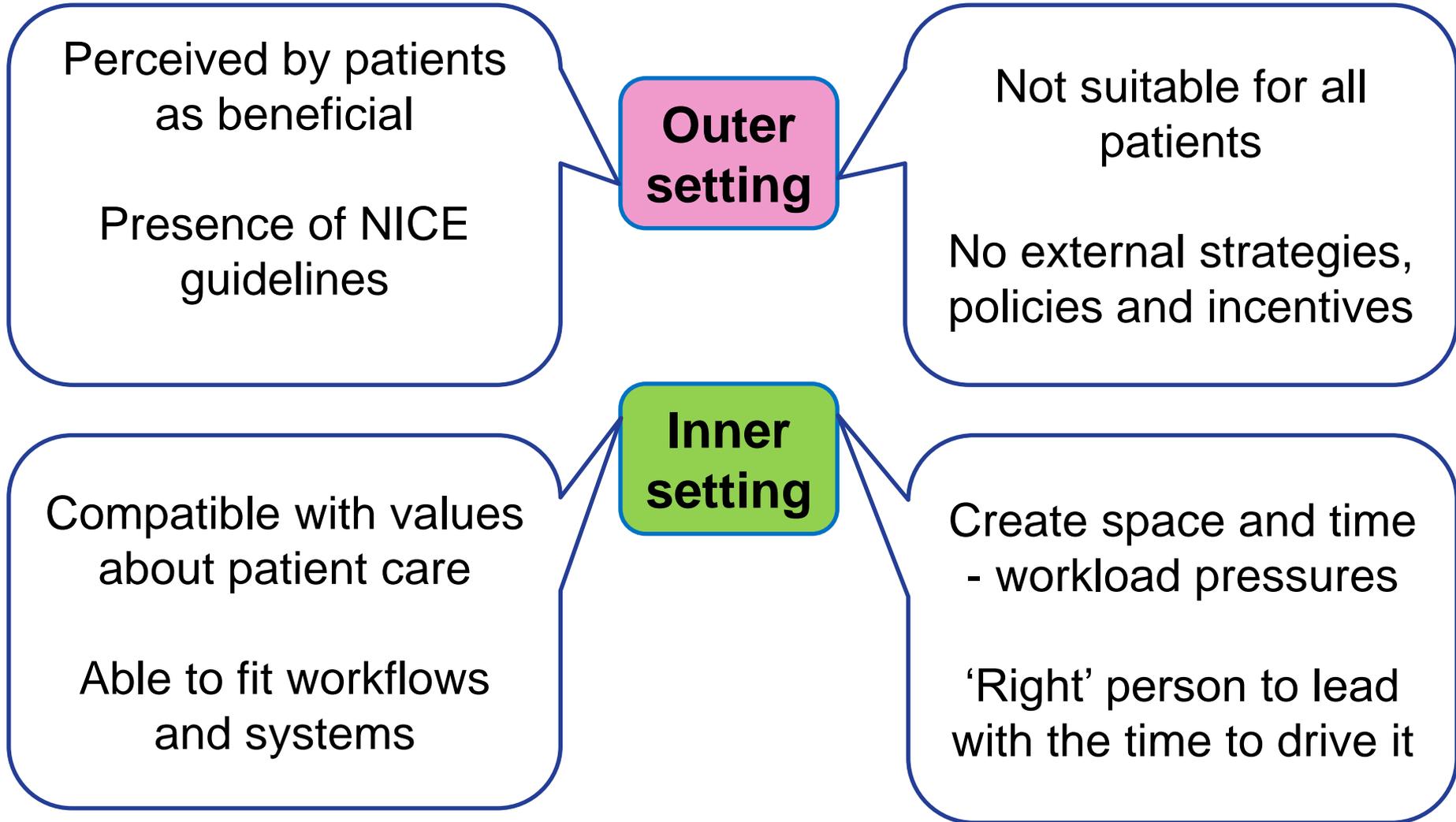
Patient Initiated Clinics (PIC)



- Aim to expand delivery of PIC across other departments / specialties for people with long term conditions
- Expanded PIC in one department, some progress in another, limited progress in one department

Facilitators

Barriers



Learning across projects



Can we do better?

Is this safe & beneficial for patients?

Stroke

How treatment rate compares to other Trusts in the South West

Outer Setting

Peer pressure

PIC

Viewed as beneficial for patients

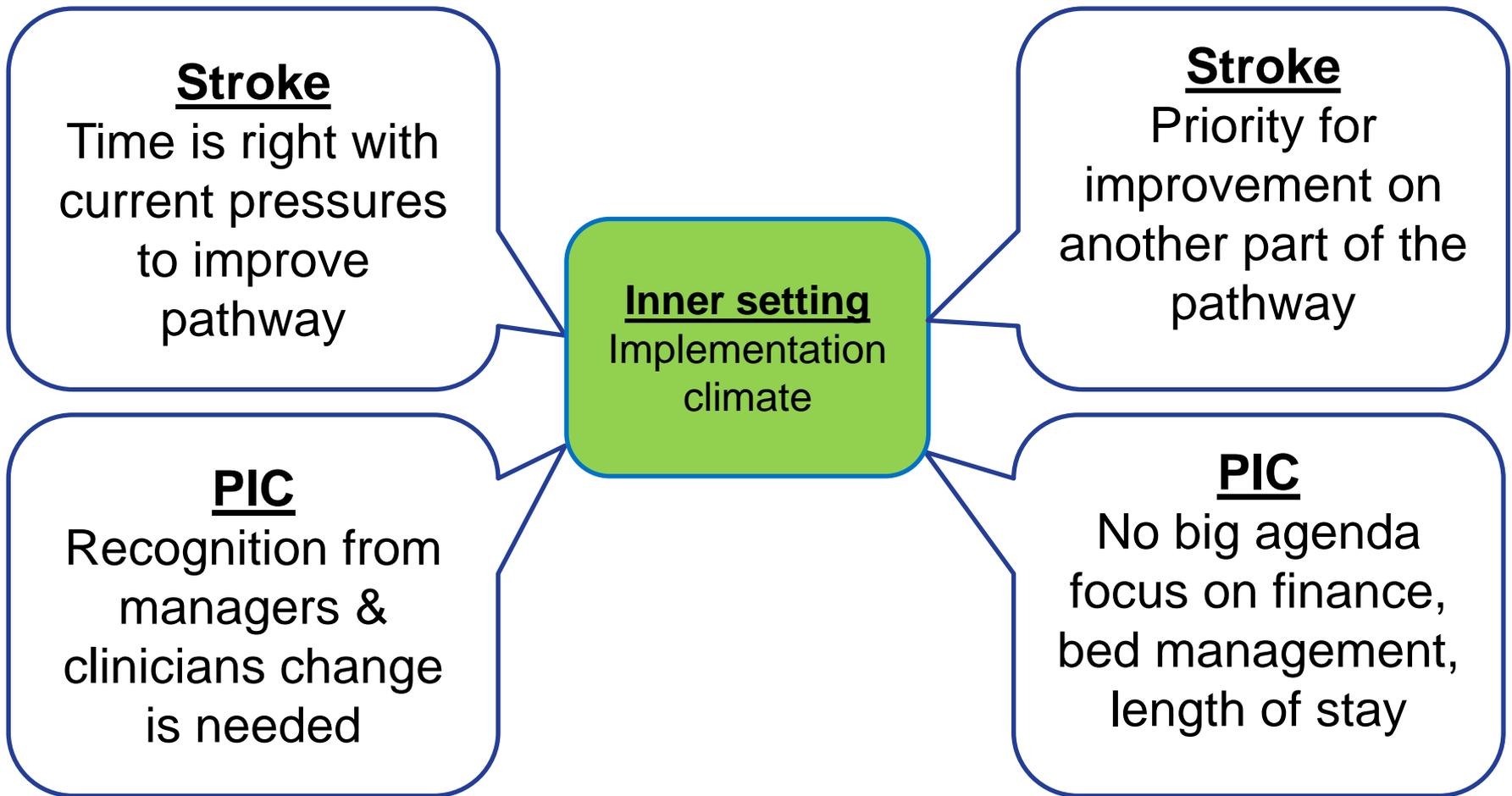
Outer Setting

Patient needs and resources

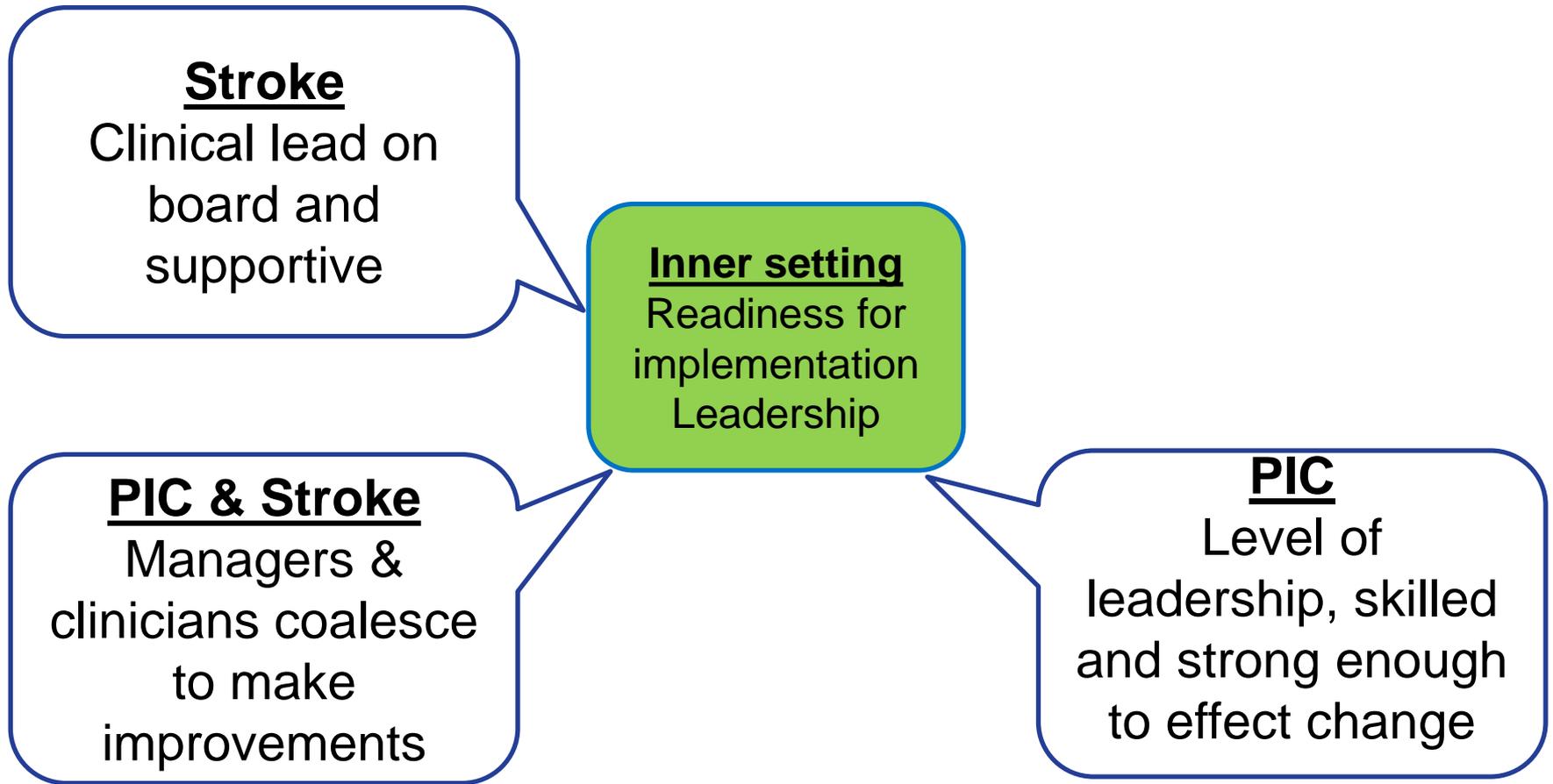
PIC & Stroke

Cautious about potential for harm

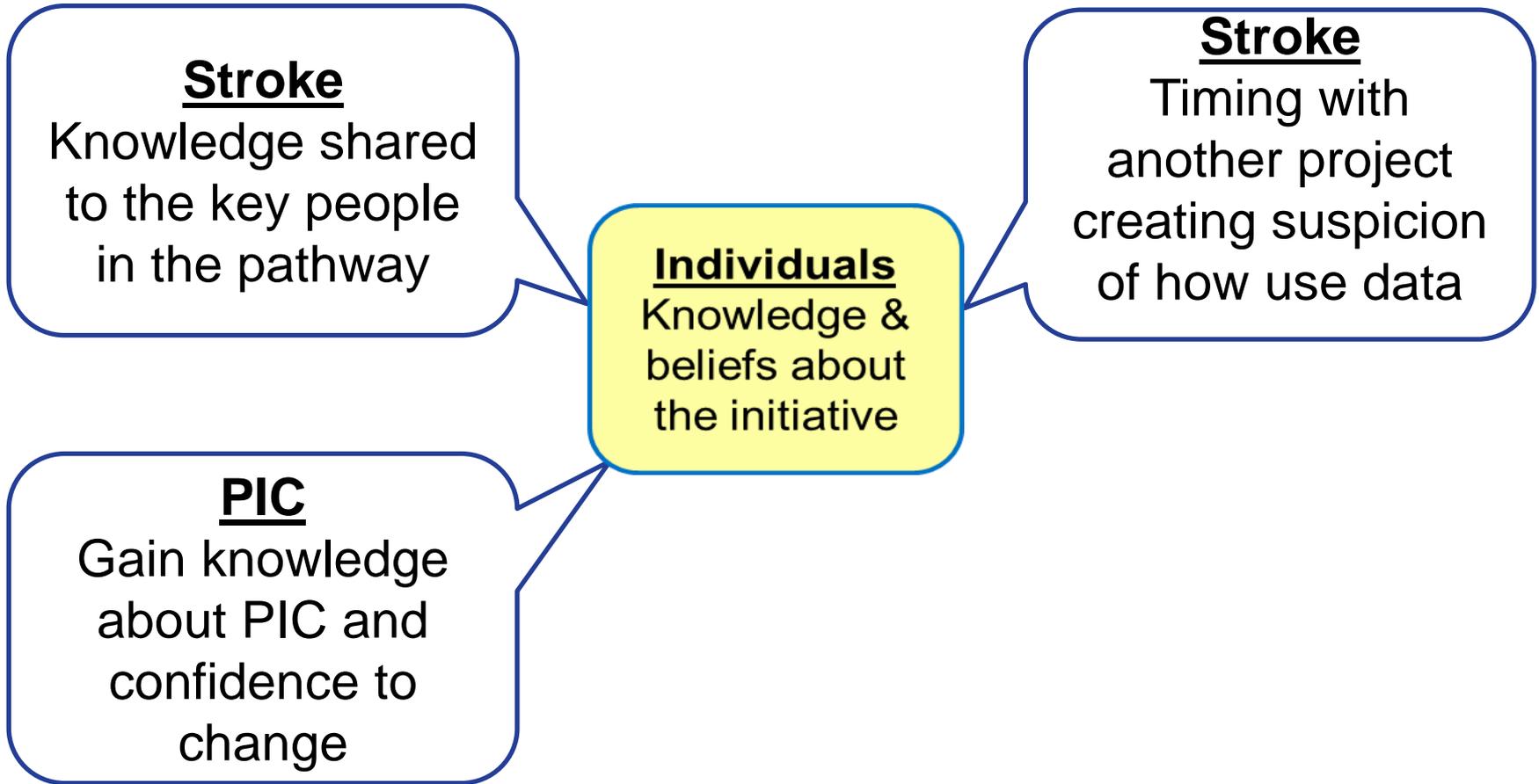
Do we really need to improve and is this change a priority right now?



Is there commitment to do this & accountable & involved leadership?



What do key individuals think and know about this improvement?



Challenges

- Longer and harder than you think
- Improvement support - reflecting and sharing learning
- Influence of (his)story - soft intelligence and hard measures
- Sustaining improvements



Lessons & implications

- Patient focus - understanding how the change may be of benefit
- Can we identify hard measures to assess progress and soft intelligence about the context that may help or hinder?
- What is seen as the priority to improve at this time (external and local) and what is the tension for change?
- Are there leaders engaged who are involved, committed and accountable?
- Do we have an idea of how to go about making improvements, a way to reflect on how it is going and can we share learning?
- From the start how can improvement be sustained?

Discussion

QI challenges - how do we improve improvement?

- How can we be more programmatic and learn across improvement projects?
- What do we need in the South West to make improvement easier for everyone?
- How we can work collaboratively and learn from each other? What helps and hinders

Thank you for listening and participating!

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