

# 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

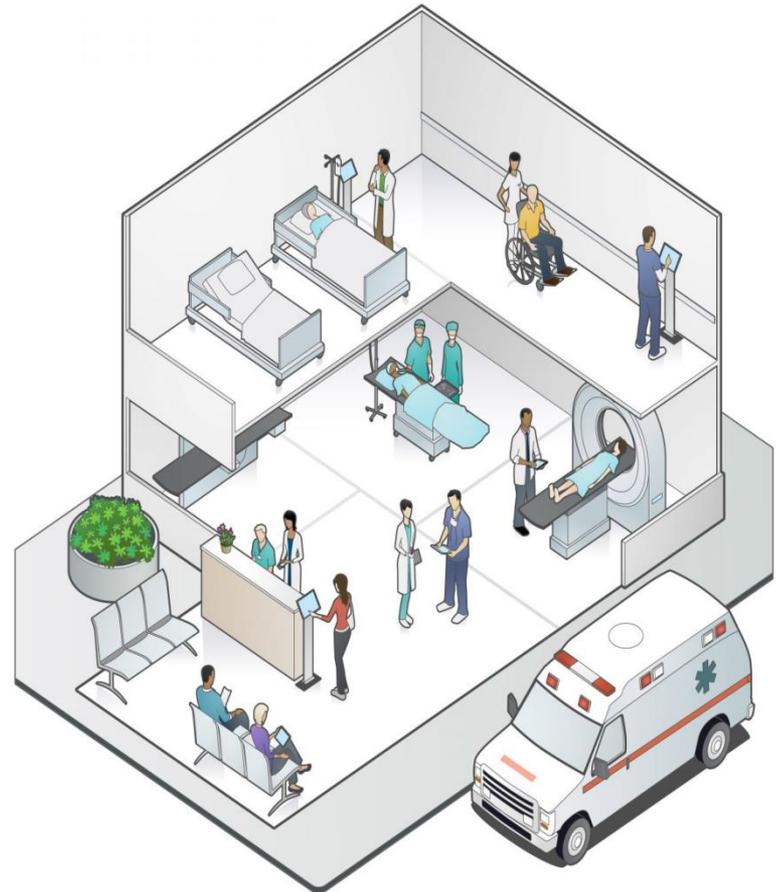
III. Inner setting - Trust, Department, Team

IV. Characteristics of individuals

V. Process

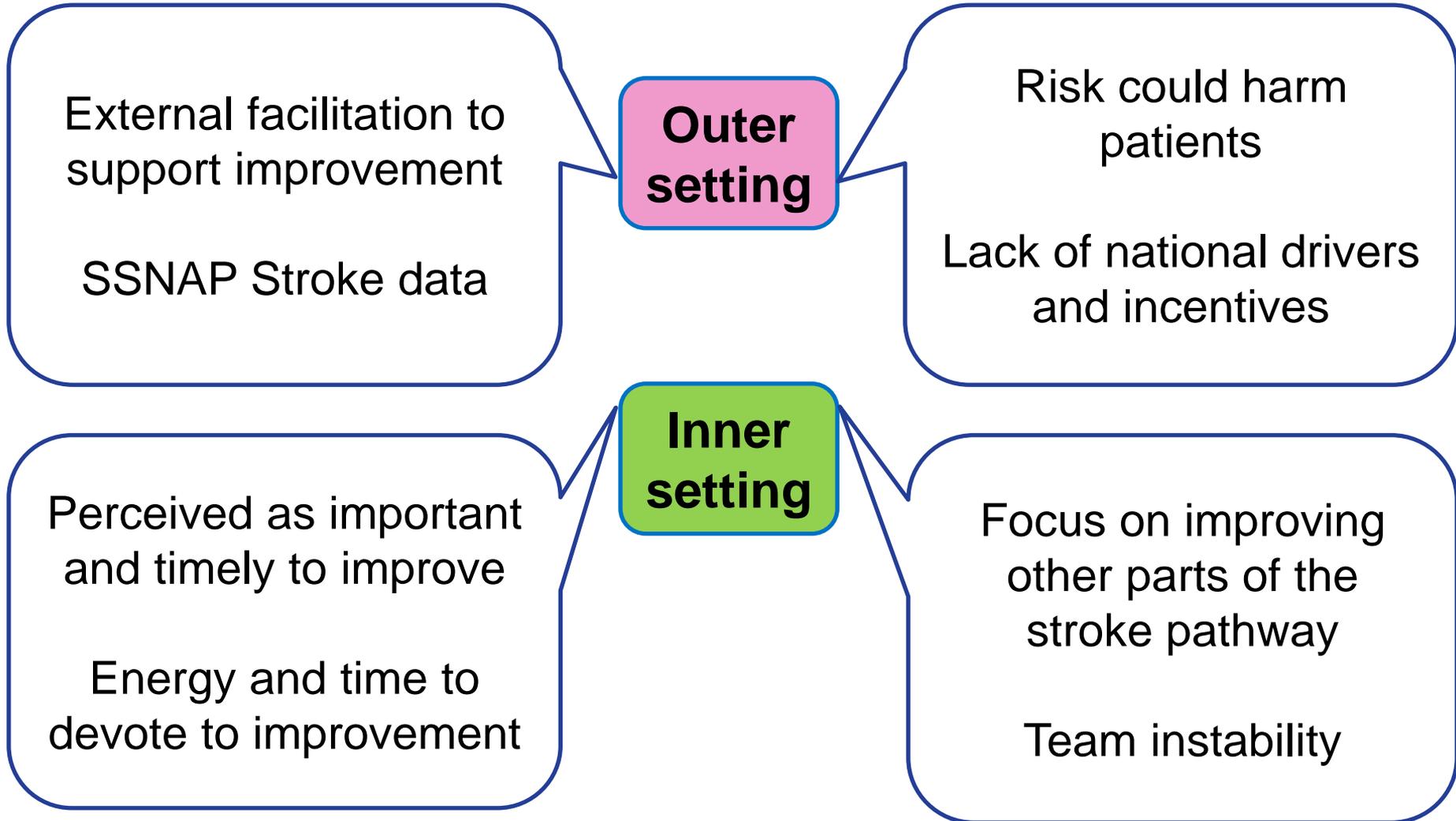
# Acute stroke thrombolysis

- 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



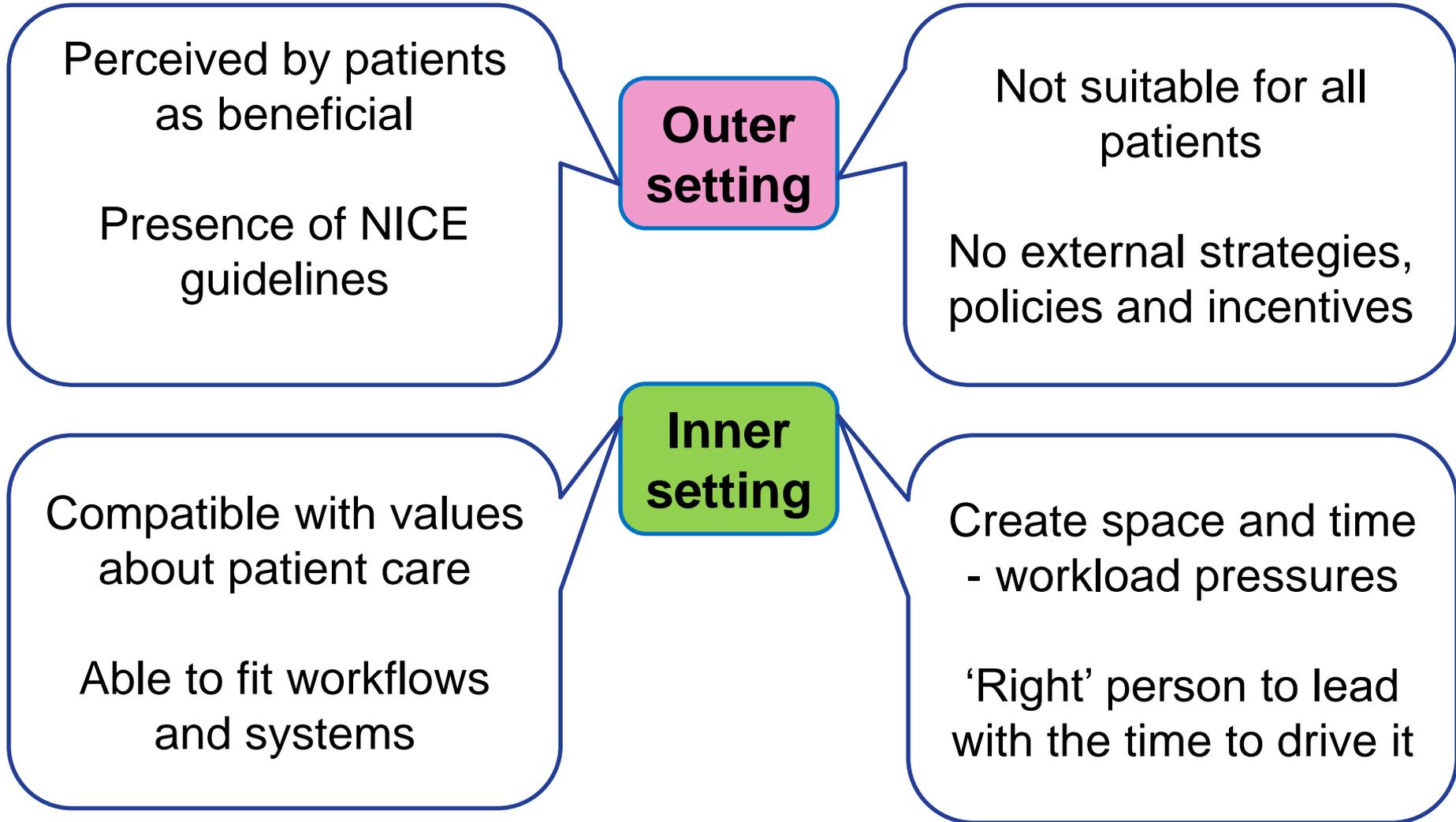
# Patient Initiated Clinics (PIC)



- 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

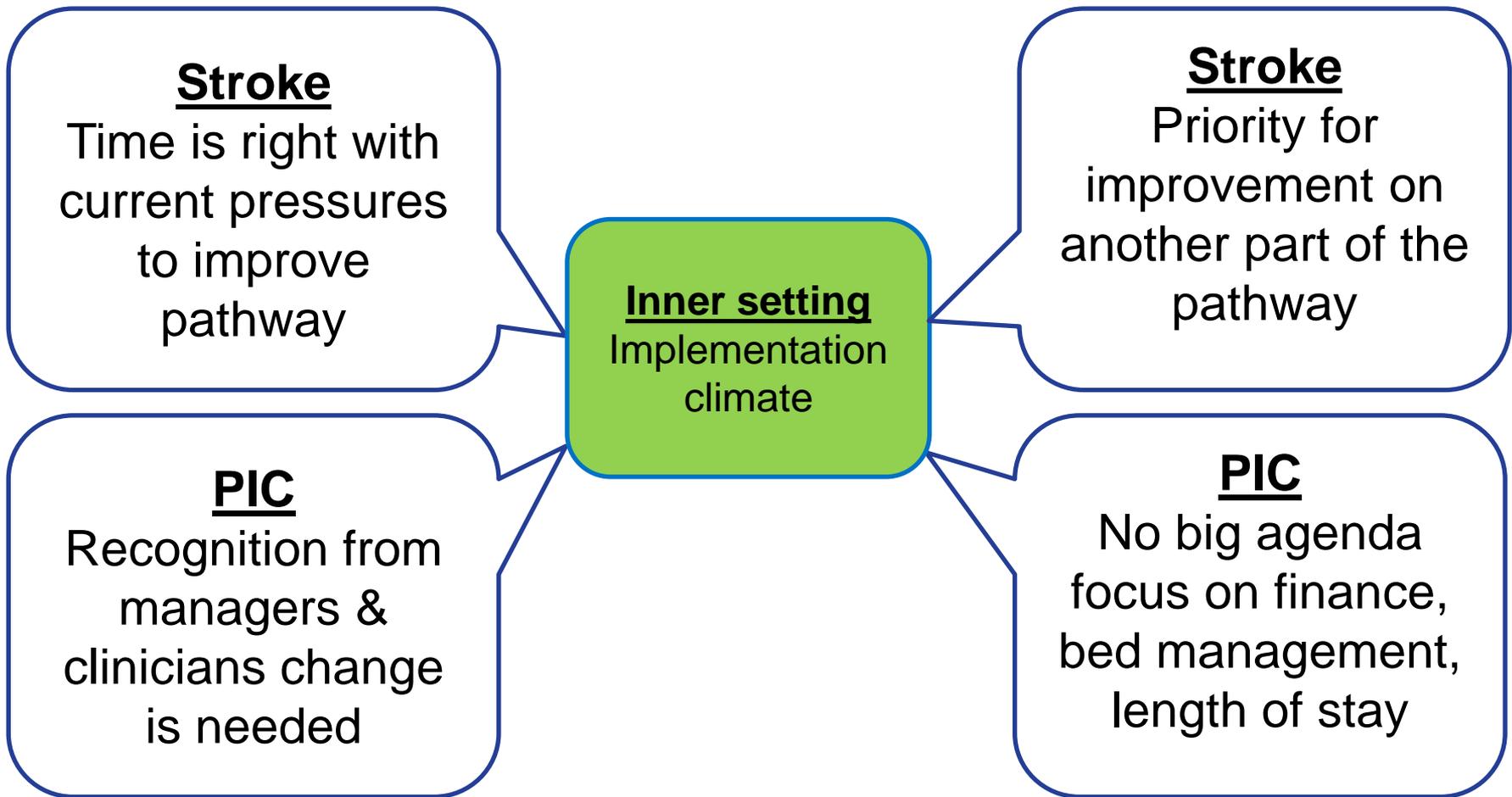
### Outer Setting

Patient needs and resources

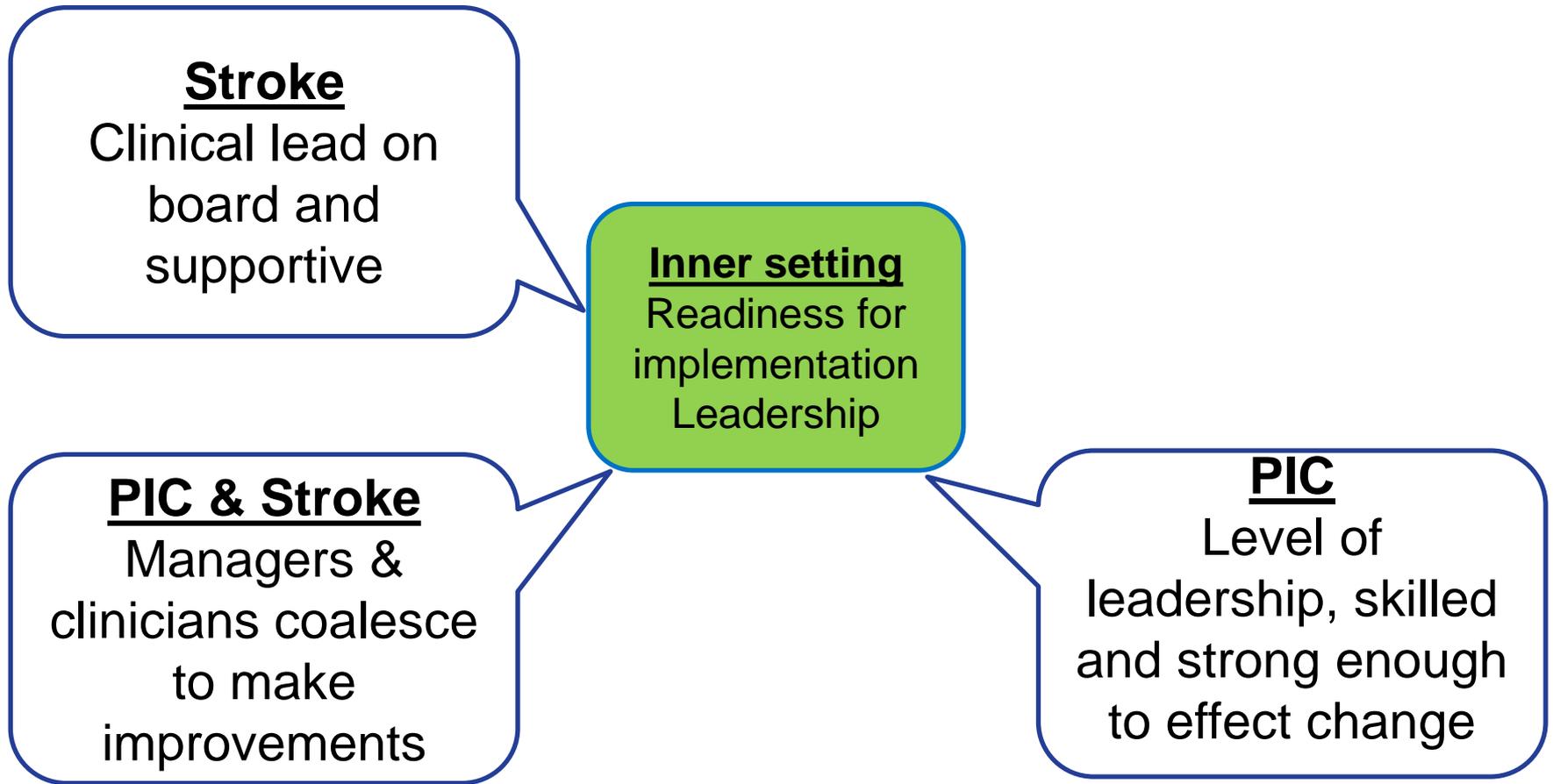
### PIC & Stroke

Cautious about potential for harm

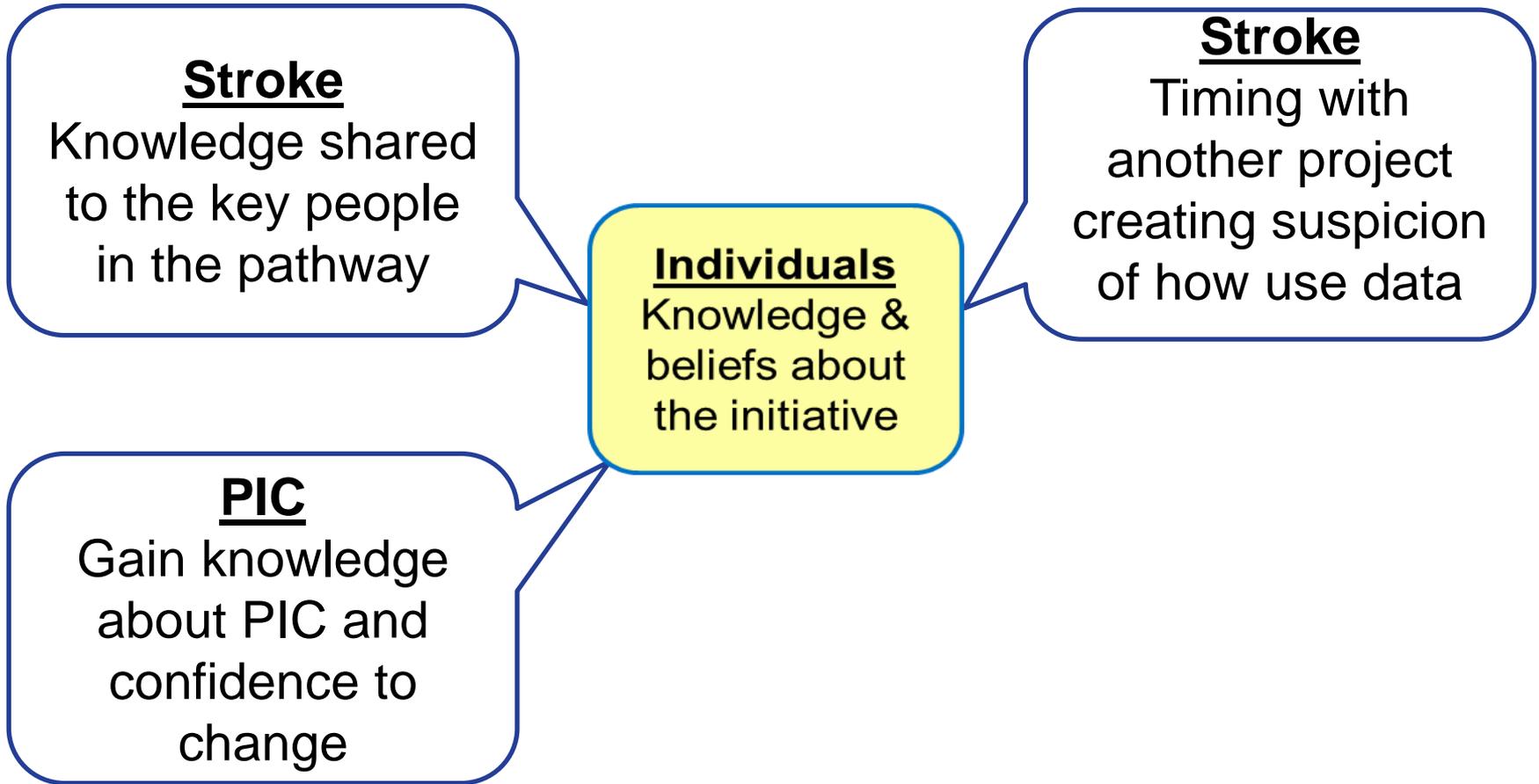
# Do we really need to improve and is this change a priority right now?



# 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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