

# Using quality improvement collaboratives to implement change in stroke care



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# Overview

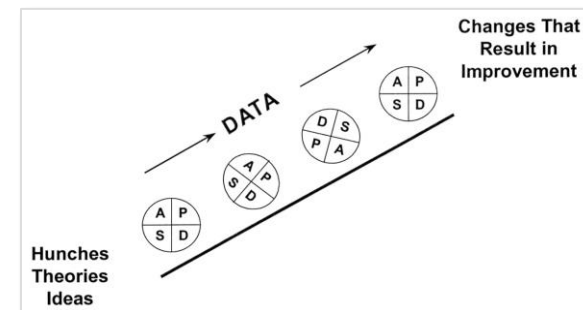
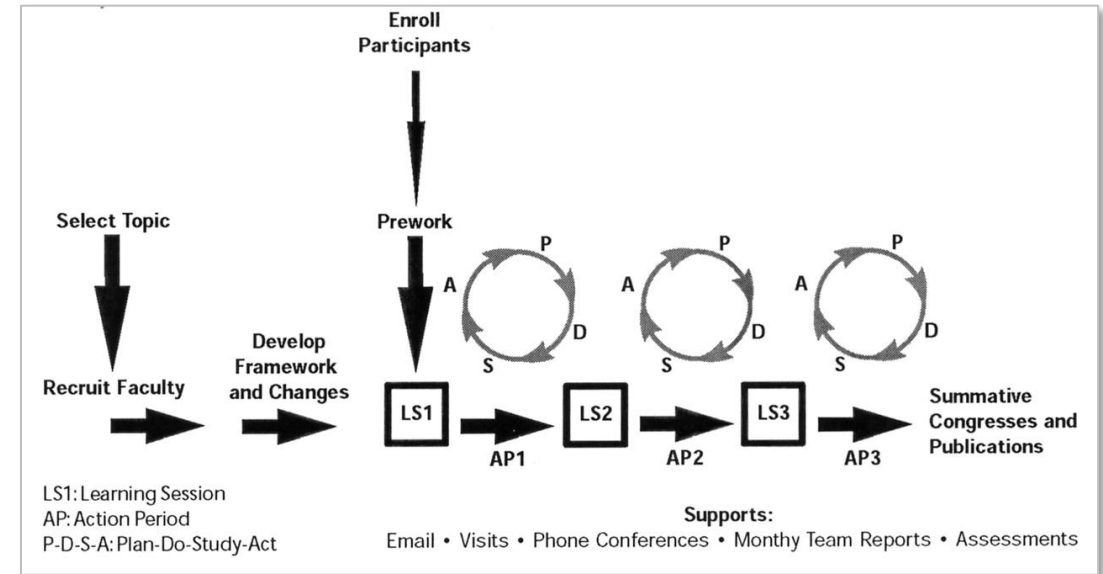
- What are quality improvement collaboratives (QICs)?
- Why did we undertake this review?
- What did we do?
- What did we find out?
- What are the implications?

# What are QICs?

## Quality improvement collaborative (QIC)

– short-term, structured programme to support ‘breakthrough’ quality improvement (QI), which consists of;

- a specified topic
- clinical and QI experts working together
- multiple teams from multiple sites
- a series of learning sessions
- model/framework during action periods



**IHI Breakthrough Series Collaborative**  
(American Diabetes Association, 2004)

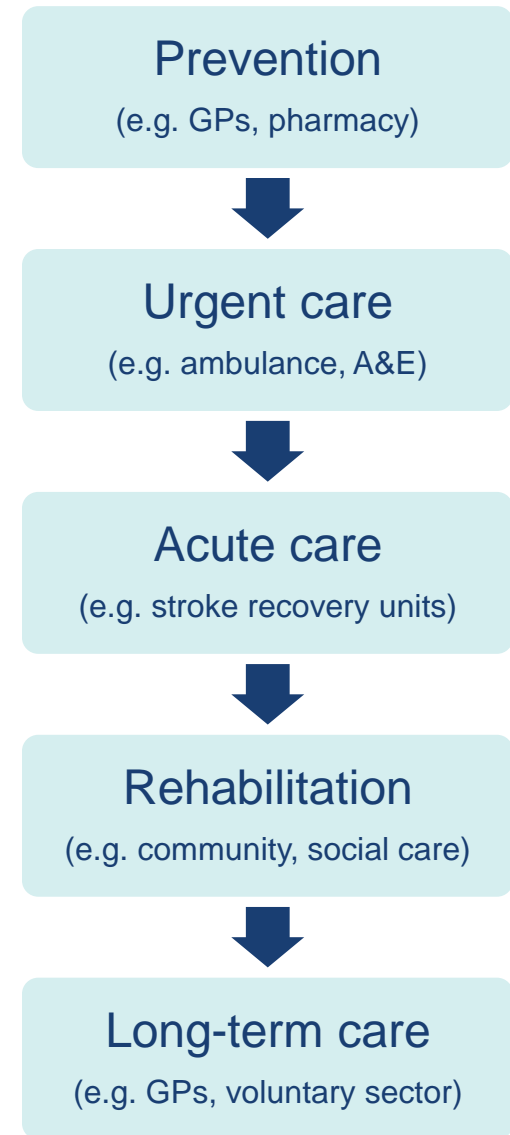
# Why did we undertake this review?

**Stroke** – a leading cause of death and disability worldwide

**Stroke care** – reorganisation of stroke services and implementation of whole-system change

**Integrated Stroke Delivery Networks (ISDNs)** – intended to be the vehicle for transformative change across stroke services and improving patient outcomes

**Breakthrough Series Collaborative** – used in Lancashire and South Cumbria to develop and implement an ISDN, an ‘all teach, all learn’ QI programme



# What did we do?

## Review questions...

- Are QICs effective in improving stroke care?
- What are the barriers and facilitators of using QICs to improve stroke care?
- To what extent did QICs involve patients/carers, and consider health inequalities?

## Review process...

- Registered review protocol on PROSPERO
- Conducted literature searches in academic databases (MEDLINE, CINAHL, EMBASE, PsycINFO, Cochrane Library)
- Screened using the QIC criteria and if study took place in an adult stroke care setting
- Extracted key information from each paper and summarised the findings using the Consolidated Framework for Implementation Research (CFIR)

# What did we find out?

- Included 20 papers describing **12 QICs** – USA, England, Netherlands, Australia, and Taiwan
- Key **improvement** areas included – thrombolysis, treatment times, screening times, care bundles
- Improvement seen across all QICs, but **very few significant** – largely clinical quality centred
- Extent to which **patients and carers** and **health inequalities** were considered was not at all/very little

CFIR Domain	Key Barrier	Key Facilitator
Outer setting	Collaborative tension	Interorganisational learning and sharing
	Organisational and staffing changes	Intraorganisational learning and sharing
Inner setting	Lack of prioritisation and organisational support	Regular communication
	Insufficient time and resources	Access to best practice examples and QI methods
Individual characteristics	Staff perceptions of the changes	Levels of enthusiasm and motivation
Process	Low levels of engagement	Structured approach

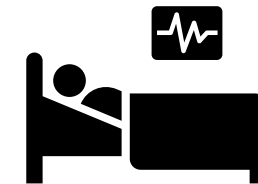
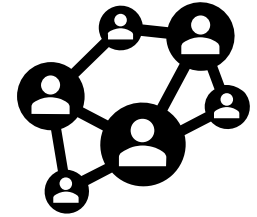
# What are the implications?

1. QICs are associated with improving clinical processes in stroke care – uncertainty about effect on patient outcomes and whole-system change

2. Use barriers and facilitators identified to inform future planning and executing of QICs – develop a readiness assessment tool

3. Involving patients and carers in these types of QI initiatives, and considering how change may influence health inequalities

4. Support continued improvement and maintain communication and networking between and within organisations



# Thank you for listening



If you have any questions or comments,  
please contact me at [hlowther@uclan.ac.uk](mailto:hlowther@uclan.ac.uk)

To read the published paper, please visit <https://doi.org/10.1186/s13012-021-01162-8>

To watch the presentation from the Health Services Research Conference,  
please visit <https://www.youtube.com/watch?v=CBI23PNDQx8>

