Quality Improvement: “The Way Forward”

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In the current scenario, when technology is rapidly evolving, medical science is also witnessing innumerable advances. However, when it comes to ensuring patient safety, improving system efficiency, addressing patient needs, and quality improvement (QI), the healthcare systems’ performance is far below optimal.

QI in simple terms is amalgamation of ongoing efforts of everyone involved in healthcare to define changes, execute changes, do relevant data collection, and finally, evaluate and measure the impact of these changes. All these can be accomplished with leadership support, engagement of all stakeholders, motivation and most importantly, team work. Potential barriers to implement these changes include overburdened staff, change over or rotation of staff, lack of knowledge and practice, multiple simultaneous audits, funding concerns, and confounding health policy changes [1].

The study by Singh et al. published in this issue of the journal [2] is a QI initiative which addresses the problem of decreased time on play activities in admitted children in a tertiary care unit and aimed to reduce screen time in these children from the present baseline to 25% over a timeline of ten weeks. Simple interventions of implementing screen time guidelines, using principal of five (keeping a set of five laminated cartoons, knowing atleast five origamis, produce sounds of five animals, being able to narrate five rhymes and make five faces and play hand games) and using easily available low-cost playing material to address the identified gaps led to significant reduction in screen time. The authors themselves concluded that the sustainability of the project was an issue and underscore the importance of ongoing monitoring of day-to-day implementation of activities, ongoing training of new residents and role of leader who reiterates the

importance of the ongoing QI activity to the nursing managers and doctors.

The sustainability of any QI project, and its potential for repetition is directly related to two main aspects: first, how the project is set up and run on a day-to-day basis; second what elements predict the success perceived e.g., the lack of complexity, observability or compatibility. All of these elements touch the psychological aspects and have a variable appeal to different health care workers. It is when these contextual factors involving the human dimension are not looked at, that the project falters. Buchanan et al. describe 11 elements that may affect sustainability, whereas the NHS Institute outlines ten factors divided amongst three broad categories; namely staff, processes, and organisation [3, 4]. To make it simple, quality improvement initiatives must become the new way of working rather than something which health care professionals consider as add on to current way of working.

A recent review article highlights the same principles [5], in which the authors share their experience with initial small projects in different disciplines which mushroomed into several projects and ultimately their sustenance. The article highlights the importance of leadership support with a vision for quality improvement, empowering teams and the front-line workers and allowing them to share both successes and failures in an open forum, staff capacity building, allowing staff to attend dedicated learning sessions and to set aside time for improvement activities apart from their routine work.

Compliance with Ethical Standards

Conflict of Interest None.

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