

Sustaining Improvements in Quality

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Quality improvement is a continuous process. While organizations often add new topics, projects, and priorities to their strategic plans, it remains critical to sustain improvements already made. An organization can take solid steps to ensure its quality gains hold.¹

One of the keys to sustaining changes is to make it as easy as possible for people to use the new practices and as difficult as possible to return to “business as usual.” The changes a team made during an improvement project must be embedded into the routines of all staff involved. Quality is not one person’s job.

Here in Wisconsin, many hospitals participating in MetaStar’s learning and action network, which has focused on the reduction of health care-associated infections, have made great strides in lowering their rates of catheter-associated urinary tract infections (CAUTIs) and utilization of catheters. They did so through redesign of processes and increased data monitoring.

Although we are pleased by this improvement, the work is not over. We have encour-



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aged participants to assess the sustainability of their current prevention efforts through a scored worksheet. For example, we ask hospitals to consider the degree to which they have incorporated practices such as alerts for removal of unnecessary catheters, regular meetings to learn from defects, or the provision of standardized aseptic insertion supplies. Ascertaining areas where teams could do more to integrate best practices for CAUTI reduction into the clinical culture and staff workflows allows for further refinement of improvement efforts.

No single element can ensure successful sustainment. Rather, a confluence of factors affects whether an improvement is continued successfully.² These factors may involve processes, staff, or organizational support and culture. Listed below are some of the main indicators of sustainability.

Regarding process, teams can ensure the following:

- All procedures are documented and updated to reflect new methods.
- Benefits of the changes are understood and endorsed by staff.
- Changes improve – or at least do not burden – work efficiency and ease.
- Data regarding the process are easily available and are reviewed on a regular schedule with the team.
- Process can be sustained in the event of staff turnover – standard procedures can be documented; process owners and back-up owners should be clearly defined.

Regarding staff, teams can ensure:

- Staff affected by the change are involved in the change process from the beginning.

- Staff are fully trained on new procedures.
- Senior leaders are engaged and supportive.
- Physicians and other clinical leaders are engaged, investing their own time in making changes – credible physician champions promoting the changes can make a world of difference.

Regarding organization, teams can ensure:

- Changes are aligned with organizational aims and strategic priorities.
- Infrastructure, including facilities and equipment, is adequate to sustain new processes.

Unsurprisingly, a quality improvement project ultimately may fail if some of these factors are not implemented. If there is a lack of training or documentation, or if clinical leaders are not on board, initial gains are apt to slip over time. But lasting change is possible with thoughtful planning and an honest assessment of potential gaps. By taking action in a timely fashion, teams can deliver consistent and improved outcomes and increase the long-term success rate of improvement projects.

References

1. Sustaining and Spreading Quality Improvement: A Conversation With Julie Klinger, MPA, BSN, Director, Integrated Nurse Leadership Program, University of California San Francisco. Agency for Healthcare Research and Quality website. <http://www.innovations.ahrq.gov/content.aspx?id=3433>. Accessed January 22, 2014.
2. Doyle C, Howe C, Woodcock T, et al. Making change last: applying the NHS institute for innovation and improvement sustainability model to healthcare improvement. *Implement Sci.* 2013;8(1):127.

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