

Balancing theory and practice for evidence-based quality improvement

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BACKGROUND

Practitioners and researchers in evidence based quality improvement (EBQI) are encouraged to use theory to minimise waste and maximise benefits. Balancing the use of theory and consistency of delivery with being responsive to local context is challenging.

AIMS

- To describe our experiences in executing theory-led EBQI projects across implementation projects in health care settings
- To identify mechanisms affecting EBQI

FINDINGS

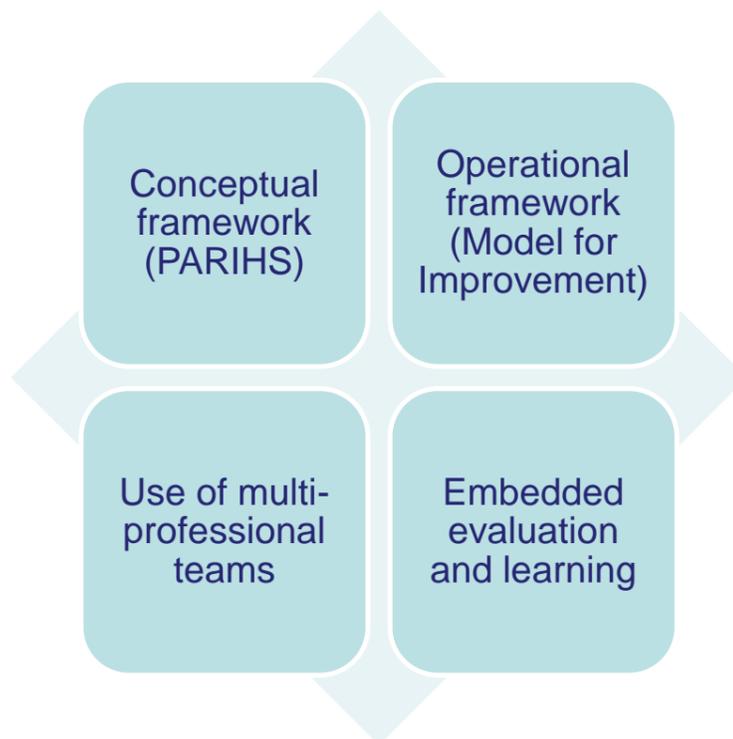
Use of theoretical models is guided by three mechanisms (Figure 2). Factors contributing to all mechanisms include:

- The extent of shared understanding of theory amongst stakeholders
- Strategic commitment to theory-led approaches by leaders
- Reinforcement of these approaches through learning opportunities

CONCLUSIONS

Using theory requires attention to the design, delivery and ongoing evaluation of projects. Capturing the complexity of social interactions in which improvement projects are embedded is challenging for theoretical models (Figure 3).

Figure 1. Theoretical building blocks



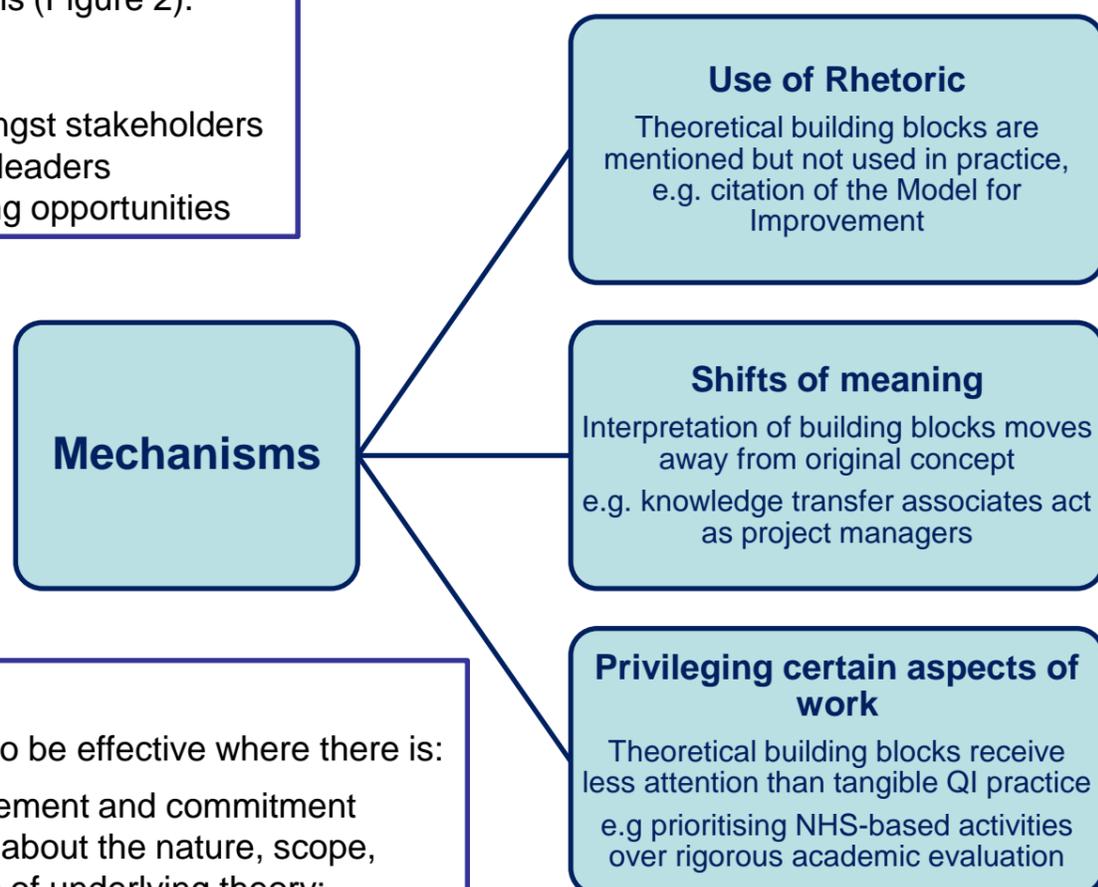
THEORY-LED APPROACH

The GM CLAHRC used four theoretical building blocks (Figure 1) to guide our projects. The Promoting Action on Research Implementation in Health Services framework (PARIHS)¹ provided key concepts. The Model for Improvement is used in service improvement operations.² Literature suggests that multi-professional teams and embedded evaluation and learning are central to achieving change in EBQI.^{3,4}

METHODS

We draw on data from of 4 project-specific internal evaluations and a qualitative case study of knowledge-sharing across the CLARHC, including 69 hours of observation, 45 semi-structured interviews and documentary analysis.

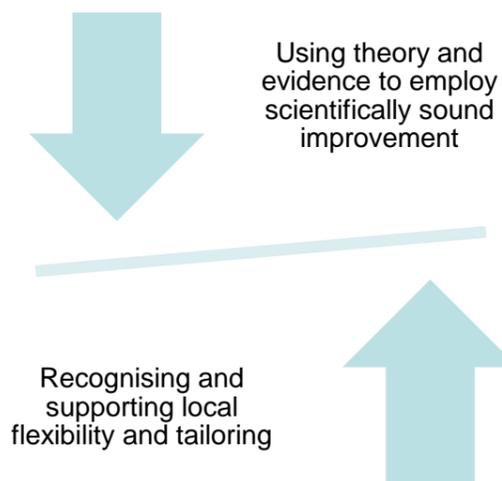
Figure 2. Mechanisms affecting theory use



References

1. Kitson A. et al Evaluating the successful implementation of evidence into practice using the PARIHS framework: theoretical and practical challenges. *Implementation Science* – 2008, 3:1
2. Langley, G et al. *The improvement guide: a practical approach to enhancing organizational performance*. John Wiley & Sons, 2009.
3. Harvey, G et al. "The NIHR collaboration for leadership in applied health research and care (CLAHRC) for Greater Manchester: combining empirical, theoretical and experiential evidence to design and evaluate a large-scale implementation strategy." *Implementation Science* 6.1 (2011): 96.

Figure 3. Balancing theory and practice



IMPLICATIONS:

Use of theory is likely to be effective where there is:

- understanding, agreement and commitment amongst stakeholders about the nature, scope, value and key features of underlying theory;
- design and management of projects with reference to theory;
- continuous reinforcement of the use of theory learning and knowledge sharing opportunities;
- strategic vision and resource investment