Implementing quality improvement into practice: Exploring the work and supports required to develop and implement a breastfeeding QI project

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MomCareDocs maternity care by family doctors

Physician Learning Program

Background

The College of Physicians and Surgeons of Alberta (CPSA) launched the Physician Practice Improvement Program (PPIP) in 2021 requiring physicians to incorporate one personal development and two quality improvement (QI) activities into their practice over a continuous five-year cycle. Physicians receive little QI training in their formal education and require professional development opportunities to learn necessary QI training and skills.

In 2022, a group of physicians in the Edmonton area came together driven by personal and professional experiences to develop a quality improvement project to improve breastfeeding rates in the community. From an academic perspective, the group of physicians also wanted to explore the process to better understand the the work required to conduct rigorous QI in primary care community settings. As development of the project began, they recognized the need for additional training and education in QI, leading to the project team (lead physicians and residents assisting with the project) to attend an Evidence-based Practice for Improving Quality (EPIQ) workshop through the Office of Lifelong learning at the University of Alberta.

This study explores the work, education and resources required to develop and implement a practice-driven QI project to increase breastfeeding rates, and what constraints exist for primary care physicians to conduct QI.

Developing Additional Supports

After completing the EPIQ workshop, the physician group recognized that while the workshop provided them with important education and training, they needed additional support to properly develop and implement a QI project. EPIQ laid the foundation by creating a structured plan for the project, but did not address ongoing implementation constraints and issues not originally identified in the workshop. Thus, the physician group worked directly with the Office of Lifelong Learning to co-construct a 20-hour AQI course building on the EPIQ workshop. This extends beyond the workshop and includes multiple touchpoints with participants, self-work, and mentorship to support ongoing development and implementation of QI projects.

With coaching and mentorship extending beyond the workshop, the project team was able to engage with healthcare QI content experts around emergent implementation issues. Through the multiple touchpoints, implementation issues were able to be identified, addressed through project modifications, and monitored for effectiveness, to ensure project implementation success and overall impact evaluation.

Themes and Impact

Key Themes (thus far)

- Needing additional QI training and project support
- Reliance on resident physicians and clinic staff to assist in implementation
- Constraints on primary care physicians to conduct and complete rigorous QI work
  - Time, resources, education/training
- Team-based nature of QI work in healthcare

Impact

This project highlights work and time required to conduct quality QI projects in practice, the supports and structures necessary for this work, and the variance in QI support and structure across health systems in Alberta. Key lessons include the necessity of incorporating resident physicians and clinic staff to assist in project implementation, and the constraints on family physicians to complete QI work, including lack of time available to commit, no funding to support QI initiatives, and no remuneration for the time and work. The challenges and constraints faced by the motivated physicians of this project to implement QI in practice provide important context for QI work, especially in light of CPSA's QI requirements.

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Methods and Analysis

Methods

To explore and better understand QI work in primary care and the work required to develop and implement the breastfeeding QI project, interviews and focus groups were conducted with four separate groups: (1) the physicians who co-led the project, (2) the resident physicians and staff who participated in the EPIQ workshop for the project, (3) the resident physicians who assisted in project implementation and reporting, and (4) content experts in QI in healthcare. Interview and focus group questions were developed using the normalization process theory (NPT) (Figure 1) and the interactive process framework (IPF) (Figure 2). NPT is a middle-range theory and was used to explore the social organization of the work and necessary activities in development and implementation of the project. IPF is an adaptation of the interactive systems framework (ISF) and was used to explore the non-linear and dynamic nature of the real-world implementation process.

Analysis

Analysis activities are currently ongoing. Transcripts are being coded deductively using NPT and IPF constructs, with additional codes developed inductively throughout the coding process using reflexive thematic analysis. Regular analysis meetings will be used to resolve any disagreements in individual coding for each transcript and used to develop coding consensus for inductively developed codes.

Figure 1: Constructs of the Normalization Process Theory [1]

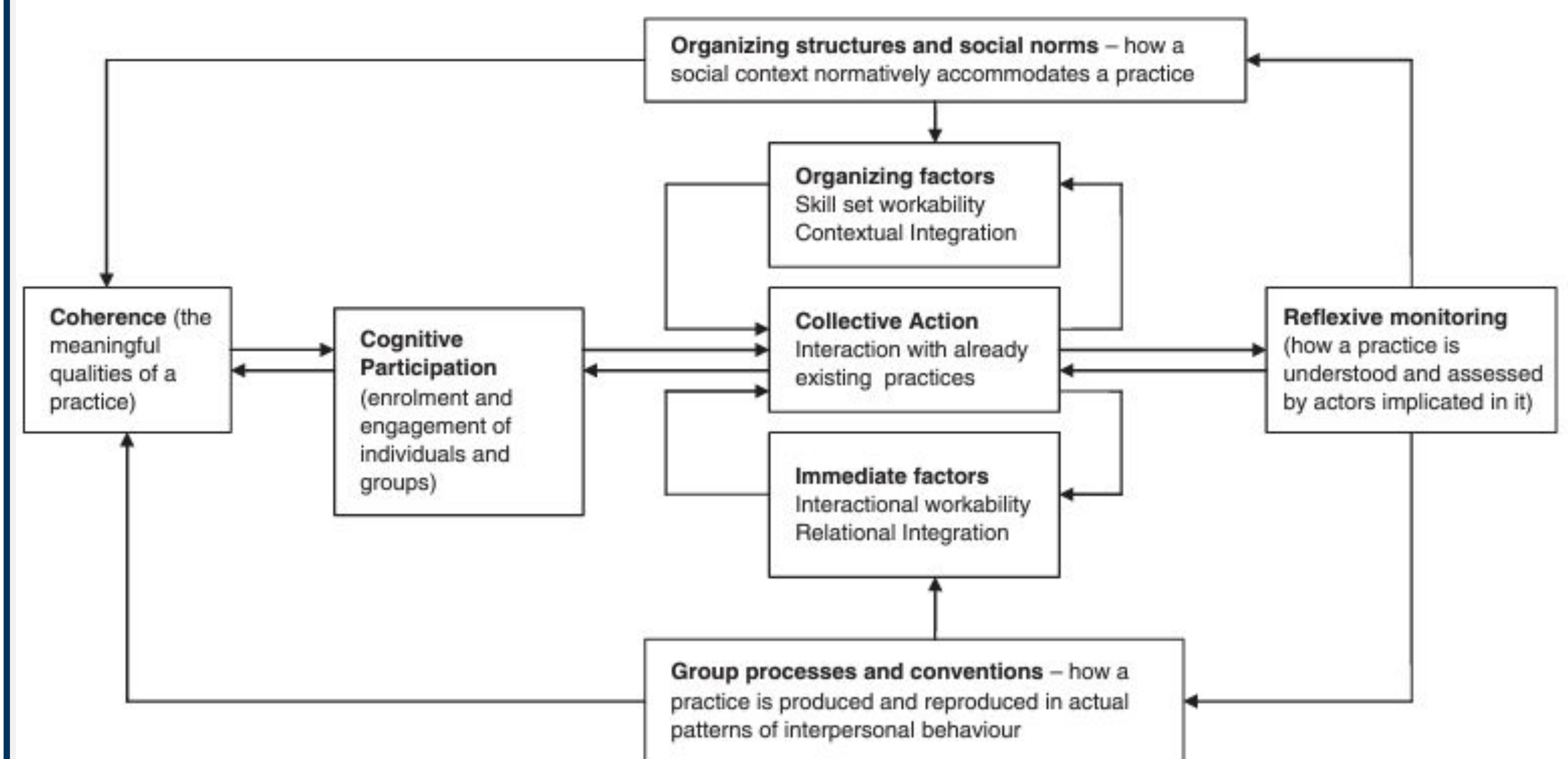
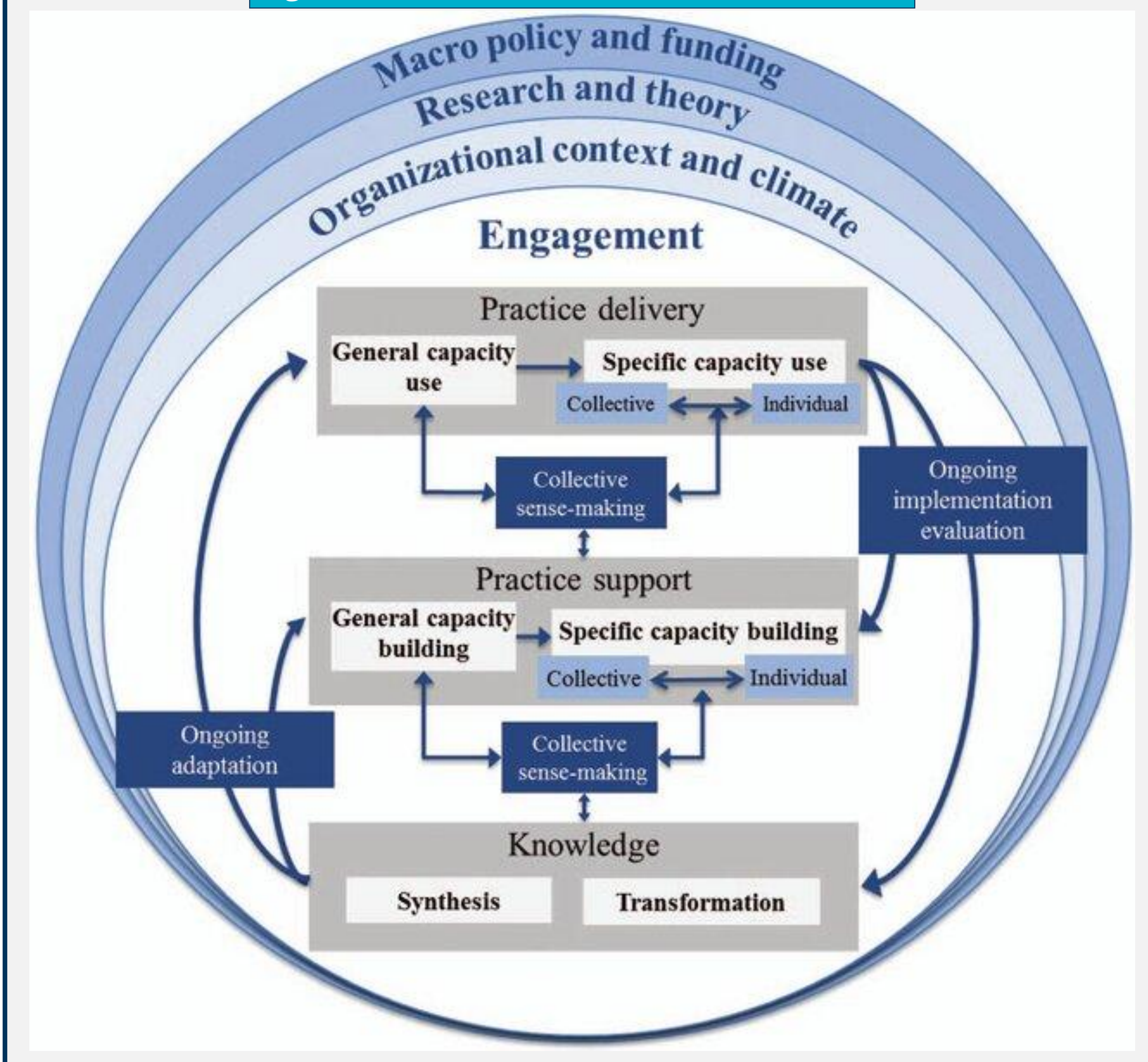


Figure 2: The Interactive Process Framework [2]



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