

QUALITY IMPROVEMENT RESEARCH AT UCL: TWO EXAMPLES AND SOME GENERAL PRINCIPLES

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TRISH GREENHALGH



- **Family medicine practitioner**
- **Professor of Primary Health Care**
- **Research interests**
 - Design and evaluation of services for disadvantaged groups
 - Cross cultural health care
 - Electronic patient records

EXAMPLE ONE:

INTERPRETING SERVICES

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- **Interpreting services were “By far the biggest problem in service primary health care”**
- **Study design: Narrative interviews with 89 people including patients, doctors, interpreters, managers, family members**
- **“Tell me a story about an interpreted consultation”**

INTERPRETING SERVICES

- **200+ stories, narrative analysis**
 - Read the transcripts as *stories*
 - Highlight characters ('heroes', 'villains') and genre ('tragedy', 'comedy')
 - Focus on emplotment: what is seen by the narrator as the sequence of events
- **Theoretical perspective**
 - Organisational routines (Feldman et al: USA)

INTERPRETING SERVICES

- **An organisational routine is**
 - *A repetitive, recognizable pattern of interdependent actions, involving multiple actors* (Feldman)
 - In order for a service innovation to be sustained as ‘business as usual’, routines must be developed and embedded within and across organisations
 - Stories help identify what the routines are
 - Stories allow us to compare organisations with strong versus weak routines

INTERPRETING SERVICES

- **Selected findings**
 - **< 50% of GP practices used the interpreting services regularly**
 - **Low or erratic use of the service was associated with weakly developed routines**
 - **Receptionists often used initiative to develop and refine routines for providing interpreters**
- **Key QI conclusion**
 - **The creativity and agency of individual staff drives improvement by shaping organisational routines**

EXAMPLE TWO:

ELECTRONIC PATIENT RECORDS

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- **Two new (recently begun) projects**
 - One ‘pure research’: Medical Research Council
 - One ‘pure evaluation’: Department of Health
- **Common to both**
 - Online electronic record accessible from anywhere
 - Socio-technical theoretical framework
 - Ethnographic method
 - Focus on medical work and how it is shaped and constrained by technology
 - Looking at routines and ‘workarounds’

ELECTRONIC PATIENT RECORDS

- **The research project will**
 - **Work towards academic papers and conferences**
- **The evaluation project will**
 - **Identify critical success factors for implementing the online summary record**
 - **Address training and support needs of staff**
 - **Inform the public**
 - **‘Publications’ will be training packs, leaflets, must-dos, must-avoids etc**

SUMMARY: TRISH RECOMMENDS

- **Linking research projects with evaluation**
- **Using stories to**
 - **capture the complexity of service healthcare**
 - **highlight the agency and creativity of staff (and hence their potential for QI action)**
- **Strong theory to help make sense of what would otherwise be confusing organisational-level data**



Thank you for your attention

Trish Greenhalgh