

QUASER Hospital Guide

Purpose

To help senior leadership teams in hospitals in Europe reflect upon and implement effective organization-wide quality improvement and safety programmes.

Background

This QUASER guide takes the form of an evidence-based tool (see ‘Further details’ below) that senior leadership teams in hospitals can use to identify where the strengths and possible weaknesses in their organization’s quality and safety improvement efforts may lie, and what they may need to do to improve. The guide is intended as a reflective tool which prompts senior leadership teams to collectively think about:

- where your hospital is at the moment in terms of providing high quality and safe health care?
- which *challenges* commonly faced by hospitals in Europe has your organization focused on to date and which need more attention?
- how your actions as a leadership team can help improve the quality and safety of the health care provided by your hospital.

Having helped you to answer these questions the guide provides some suggested *strategies* for how your hospital could be better organised in order to deliver high quality and safe services. It then provides *examples* from hospitals that have already implemented these strategies elsewhere in Europe. The QUASER guide itself is therefore organised around the following structure:

CHALLENGES



STRATEGIES



EXAMPLES

Of course no single hospital can be expected – or needs – to implement each and every one of the suggested strategies. Rather, the list of strategies and examples illustrates the whole range of responses made by senior leadership teams to eight common challenges to implementing effective organisation-wide quality improvement and safety programmes. Senior leadership teams will need to find strategies that will work for their hospital in their particular local context. If they do not do so then the quality of care delivered by their hospital will not be as good as it could be. The eight challenges are:

1. **structural** - structuring, planning and co-ordinating quality efforts
2. **political** - addressing the politics and negotiating the buy-in, conflict and relationships of change surrounding any quality improvement effort
3. **cultural** - giving 'quality' a shared, collective meaning, value and significance within the organization
4. **educational** - creating and nurturing a learning process that supports continuous improvement
5. **emotional** - inspiring, energizing, and mobilizing people for the quality improvement effort
6. **physical & technological** - designing physical systems and technological infrastructures that support improvement and quality of care.
7. **leadership** - providing clear, strategic direction
8. **external demands** - responding to broader social, political and contextual factors

Of course, the possible combinations of strategies to these common challenges faced by senior leadership teams are practically innumerable. Furthermore, what works for one hospital may not work for another. Our overall advice to any senior leadership team seeking to learn from the strategies and examples we have studied is to:

- be aware that your hospital needs to take up each and every one of these eight organizational challenges to some extent
- find strategies to each that fit locally and are contextually appropriate
- build them into your ongoing organizational and quality improvement processes.

How to use this QUASER guide

Stage 1: as a senior leadership team assess your own hospital against the eight common challenges by checking how close you think it is to meeting each. Reviewing your overall responses across the eight challenges can help identify current gaps and opportunities in

your overall approach and help facilitate discussions on the necessary direction of travel of the hospital's future quality improvement efforts.

Stage 2: then assess how well your hospital is doing in terms of the suggested strategies within each challenge (in terms of either 'there is a lot of work to do in this area', 'we have some areas of strength but there is still work to be done', or 'we already do this well'). For example, does your organization have 'a lot of work to do' on most or all of the structural strategies? Does it already 'do well' in terms of the majority of the political strategies? Once you have identified these gaps and opportunities the QUASER guide provides examples of how senior leadership teams in other hospitals in Europe have responded to each of the challenges.

Stage 3: importantly, senior leadership teams need to take into consideration the interactions between the challenges and the planned strategies. There will also be interactions between, for example, initiatives at the frontline and broader organisational initiatives, and between hospital activities and national policies. These interactions will have an important impact on the outcomes of any chosen quality improvement strategy. So after the initial questions listed above relating to eight challenges (stage 1) and consideration of the range of strategies available to meet these challenges (stage 2), the QUASER guide then poses further questions for senior leadership teams to consider (again using examples from other European hospitals to help illustrate how they might respond):

- how are the potential strategies you identified in response to each of the challenges best related or joined together?
- what are the processes by which these different combinations of strategies burst into life or not?
- what are likely to be the relationships and interactions between certain strategies in response to the common challenges (given your local context), and therefore different kinds of dynamics and outcomes?
- which resulting set of organisational processes are most likely to have the biggest impact in your particular hospital?

Scope

This guide can serve a number of useful purposes but it cannot give senior leadership teams the 'answer' - leaders still have to find these for themselves. Local contexts, whether cultural, structural or economic, are so unique and different across Europe that they will always require a properly tailored set of strategies. This means that quality has to be home-grown, not appropriated or imported from elsewhere. The guide does not offer any universal plug-in or off-the-shelf solutions; it cannot be used prescriptively to come up with the right solution. These necessary limitations apart, the guide can help senior leadership teams carry out an intelligent and reflective search for contextually appropriate strategies by:

- providing a checklist of the areas and topics any hospital effort will need to cover (a 'map')
- giving senior leadership teams a way of charting where they and their hospital are on their improvement journey, and a method for identifying any 'gaps' in their own activities that need to be addressed in the future (a self-administered diagnostic tool)
- allowing assumptions about the practice of how to organize hospitals for high quality care to be surfaced, and to be thought about, perhaps for the first time (a reflective model)
- providing senior leaders with a framework and language for talking about and debating the issues (a dialogical tool).

Further details

This guide is based on detailed analysis of research conducted in hospitals in five European Union countries during the period April 2011-March 2012 and takes into account the national healthcare context in each of the participating countries. In total, 387 interviews and 796 hours of observation (including of 176 meetings relating to quality improvement) have been undertaken. The research methods are set out in the published QUASER study protocol which is freely available at:

<http://www.biomedcentral.com/1472-6963/11/285>