



Making it easy to do the right thing in healthcare: Advancing improvement science education through accredited pan European higher education modules



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ABSTRACT

Background: Numerous international policy drivers espouse the need to improve healthcare. The application of Improvement Science has the potential to restore the balance of healthcare and transform it to a more person-centred and quality improvement focussed system. However there is currently no accredited Improvement Science education offered routinely to healthcare students. This means that there are a huge number of healthcare professionals who do not have the conceptual or experiential skills to apply Improvement Science in everyday practise.

Methods: This article describes how seven European Higher Education Institutions (HEIs) worked together to develop four evidence informed accredited inter-professional Improvement Science modules for under and post-graduate healthcare students. It outlines the way in which a Policy Delphi, a narrative literature review, and a review of the competency and capability requirements for healthcare professionals to practise Improvement Science, and a mapping of current Improvement Science education informed the content of the modules.

Results: A contemporary consensus definition of Healthcare Improvement Science was developed. The four Improvement Science modules that have been designed are outlined. A framework to evaluate the impact modules have in practise has been developed and piloted.

Conclusion: The authors argue that there is a clear need to advance healthcare Improvement Science education through incorporating evidence based accredited modules into healthcare professional education. They suggest that if Improvement Science education, that incorporates work based learning, becomes a staple part of the curricula in inter-professional education then it has real promise to improve the delivery, quality and design of healthcare.

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1. Introduction

The urgent need to improve patient care and address the challenges of quality care and unintended harm in complex healthcare systems is well documented. A 2013 UK report on serious failings in the Mid Staffordshire NHS Trust pointed to a culture of fear, a prioritisation of targets, an acceptance of poor standards and a lack of transparency (Francis, 2013). Moreover, healthcare systems globally are facing a

series of challenges related to the need to respond efficiently and effectively to an increasing ageing population, multiple complex morbidities and chronic diseases. There are health, moral and economic reasons for spending less time, energy and money on technological advances and more on improving systems for delivering care. Healthcare Improvement Science is one such vehicle for achieving this. Having a healthcare workforce skilled in improvement tools and techniques in everyday practise will help prevent failings and contribute to the delivery of safe, effective and person-centred care and high quality education must underpin this ambition. This paper discusses the development of evidence-based accredited inter-professional education in Healthcare Improvement Science for healthcare students at both undergraduate and postgraduate levels by Higher Education Institutions (HEIs) across Europe.

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2. Background

The Improvement Science Training for European Healthcare Workers or ISTEWE project was informed by a raft of evidence from practise, research and policy outlining the need to improve the quality of care delivered internationally. Ever since the landmark publications on the quality of healthcare systems (Institute of Medicine, 2001; Kohn et al., 1999; The World Health Organisation, 2000), healthcare providers have endeavoured to improve so that healthcare is safe, effective and person-centred (Chochinov, 2007; Firth-Cozens and Cornwell, 2009; Maben et al., 2010; The Parliamentary and Health Service Ombudsman, 2011). Responding to this demand, a number of quality improvement campaigns have been launched in the last decade (Olsson et al., 2007). However it has been suggested that these efforts have produced mostly inconsistent and variable results demonstrating significant room for improvement (De Vries et al., 2008; Shekelle et al., 2011). Insufficient knowledge or application of clinical-care standards and protocols, lack of guidelines and inadequate supervision were all identified by Chisholm and Evans (2010). One study reports that patient safety structures, activities and outputs are less well developed in Europe than they are in the United States (Suñol et al., 2009).

Improvement Science education has the potential to equip healthcare professionals with the tools and techniques they need to improve systems for delivering care. Improvement Science is a rapidly developing field and many healthcare professionals are not yet skilled in the application of improvement strategies. Thus, the aim of the ISTEWE project was to address a gap in the provision of accredited Improvement Science education across Europe. By accredited we mean education that is validated by a UK HEI which has degree awarding powers recognised by the UK authorities. The qualification is then recognised in the UK and credits can be transferred between learning courses, educational institutions and occupations. Much of the literature and discourse about Healthcare Improvement Science (HIS) comes from the United States of America (USA) and preliminary discussions with the European project partners from Italy, Spain, Romania, England, Poland, Slovenia and Scotland highlighted that HIS was at very different stages of development within these countries compared to the USA. HIS has been a feature of American healthcare since the late 1980's whereas HIS appeared to be in its infancy in most of the participating European countries. In terms of current HIS education, it appeared to be fragmented and only beginning to be included in the education of healthcare professionals in the participating countries. Anecdotal information suggested that HIS education was an optional extra, a non-essential part of professional education or if improvement techniques were being used they tended to be applied from the 'top down' by specialists in practise settings. All of this anecdotal information indicated that the theory, tools and techniques of Improvement Science were far from being a staple part of healthcare education in much of Europe.

That is not to say that there is no HIS education available. The Institute for Healthcare Improvement (IHI) has developed an extensive on-line curriculum in Quality Improvement and Patient Safety (The Institute for Healthcare Improvement Open School, n.d.).¹ The World Health Organisation (WHO) has developed a multidisciplinary patient safety curriculum designed to assist effective capacity building in patient safety education by healthcare academic institutions (The World Health Organisation, 2011).² NHS Scotland also has the Quality Improvement Hub with many education resources available.³ However, none of these online curricula are currently accredited by Higher Education Institutions. They offer online resources that healthcare professionals can choose to use as part of their continuous professional development. Although the content of these resources is of high quality and evidence informed, those who participate are not assessed, thus

completion cannot be shown to contribute to or translate into increased knowledge or skills or result in participants obtaining under- or post-graduate qualifications. In terms of HIS education delivered in Higher Education Institutions, the scope and type of provision were unknown, thus one of the objectives of the projects was to undertake a mapping exercise to ascertain the nature of provision in the seven participating countries. The aim of our project was to develop Higher Education modules that would be suitable for a range of healthcare professionals, to equip them with the HIS knowledge, skills, tools and techniques to deliver high quality healthcare.

2.1. The Role of Higher Education Institutions in Improvement Science Education

Higher Education Institutions (HEIs) are a major provider of education for health professionals internationally; they clearly have a key role in the provision of HIS education both currently and in the future. Three forms of support are needed to close the quality gap, one of which is 'systematic improvement support for providers' (The Health Foundation, 2014: 6). In order to provide such support there is a need to systematically build capacity and capability in HIS through education. Delivering the best care, constantly improving the care delivered and the experience for patients and families requires healthcare professionals to have knowledge and skills in improvement and change management. Healthcare environments are complex and face significant challenges such as a changing demography with an increasing ageing population many of whom are living with chronic diseases, coupled with increased public expectation as well as a challenging economic climate due to austerity measures (The Healthcare Quality Strategy for NHS Scotland, 2010). Individuals living with chronic or long-term illnesses require support from healthcare professionals to self-manage their conditions, they also require those healthcare professionals to communicate and collaborate with them and their colleagues effectively to a significant extent. Healthcare professionals need high levels of understanding about healthcare systems and the organisational culture they operate in if they are to respond to these challenges. This reinforces the imperative to commit to continuous quality improvement through applying what we know. There are health, economic, and moral reasons that make the case for spending less on technological advances such as a new drug or piece of equipment and more on improving systems for delivering care, such as the right patient getting the right drug at the right dose at the right time (Wolff and Johnstone, 2005).

2.2. Improvement Science

In 2015 the National Institute for Health Research in collaboration with improvement scientists from London universities and NHS Trusts came together to debate the nature of Improvement Science. These deliberations highlighted how Improvement Science is an emerging nascent field of science in the UK that is evolving to improve healthcare quality and safety. The Institute for Healthcare Improvement (IHI) was founded in 1991 and has become an influential leader in the science of improvement field. Yet the Improvement Science Research Network (ISRN), a National Institutes of Health supported improvement research network in the USA argues that Improvement Science is still an emerging field there too (Improvement Science Research Network, 2016).

Despite the emergent nature of the field, healthcare professionals need to be educated in the "how to" of Improvement Science, as it is they who are central to making continued improvements to the care provided to patients and families. If we are to learn from the experiences of patients and families, improve their care and understand what drives improvement then all healthcare professionals need to have the knowledge, skills and behaviours to apply the concepts, tools, and techniques of Improvement Science so that sustainable safe, effective and person-centred improvements can be achieved (Marshall et al., 2013). We know that when healthcare professionals apply best practise

¹ <http://www.ihl.org/education/ihlopenschool/course/pages/default.aspx>.

² <http://www.who.int/patientsafety/education/curriculum/en/>.

³ <http://www.qihub.scot.nhs.uk/default.aspx>.

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