

Context in Quality of Care

Improving Teamwork and Resilience

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KEYWORDS

• Safety climate • Teamwork • Quality • Burnout • Resilience

KEY POINTS

- Wide variation in neonatal intensive care unit quality of care exists, with differences in part attributable to variation in care context.
- Teamwork is an important driver of health care quality, and can be improved with established team-training tools.
- Individual resilience is a key contextual factor that may affect health care quality directly and indirectly via teamwork, and it can be coached.
- Improvements in teamwork and resilience are expected to enhance health care quality improvement initiatives.

INTRODUCTION

Improving the quality of health care is a substantial and widespread effort throughout the United States and the world, but patients continue to experience preventable harm on a daily basis.¹ Despite the variability in estimates of preventable deaths (ranging

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from 25,000–250,000 per year in the United States alone), it is clear that mortality from medical error remains a serious problem.^{2–4} Furthermore, nonfatal medical errors have been found to occur millions of times yearly.¹ Adults and children receive recommended care only about half the time,^{5,6} with premature infants cared for in neonatal intensive care units (NICUs) experiencing similar variations in use, quality of health care, and in clinical outcomes.^{7–10} For example, health care–associated infection rates,^{11,12} growth velocity,¹³ and treatment of persistent pulmonary hypertension¹⁴ vary considerably. Up to 3-fold differences in mortality⁹ and up to 44-fold variation in antibiotic use have been observed among NICUs.¹⁵

This observed variation in care is not merely a function of discrete differences in patient risk factors and care process guidelines but is an expression of differences in care contexts, which includes the contribution of each individual as well as the team. High-quality health care delivery is inherently reliant on providers maintaining individual excellence and working together effectively as a team. Poor teamwork and communication have been implicated in up to 72% of perinatal deaths and injuries and up to 30% of voluntary error reports.¹⁶

CONTEXT-SENSITIVE QUALITY OF CARE

The current challenges inherent in health care need not serve as discouragement for achieving marked improvement in quality and safety, but emphasize the importance of thinking broadly about creating a context, or environment, that supports quality and safety at the sociopolitical, organizational, mesosystem, microsystem, and team levels as opposed to tackling 1 problem at a time.^{1,17,18} Numerous models and frameworks have been proposed to help policy makers, organizational leaders, and frontline staff create a context that supports quality and safety.

One framework designed to address the role of context in quality and safety is the Model for Understanding Success in Quality (MUSIQ), which describes 25 contextual factors across all levels of the health care system that are likely to influence the success of quality improvement (QI) endeavors, as shown in [Fig. 1](#).¹⁹ Although they are interconnected, most of the factors described are in the realm of microsystem (team members), macrosystem (organizational), or environment (community and society). MUSIQ suggests that the ability to achieve improvements in quality and safety is a result of the supporting context, including such factors as organizational and microsystem leadership, data infrastructure, QI culture, resource availability, workforce development, staff capability for QI, and team composition and effectiveness (both the QI team and microsystem team).

Another framework that highlights the important role of context in safety is the idea of the high-reliability organization (HRO) developed by Weick and Sutcliffe.¹⁸ The HRO concept was originally applied to highly complex and high-risk industries, including aviation and nuclear power, but the principles are insensitive to the specific field in which they are applied, including in health care. HROs share 5 core characteristics: sensitivity to operations, reluctance to simplify, preoccupation with failure, deference to expertise, and resilience, as shown in [Fig. 2](#).²⁰ Key contextual factors must be in place for an organization to develop as an HRO, including strong organizational leadership, a culture of safety and teamwork, and resilience.

Both of these models identify engagement of team members as a key aspect of context supporting quality and safety and the engagement of team members has been described as one of the significant factors predicting success in QI endeavors.²¹ Common to both models is an emphasis on seemingly intangible features of organizational life: the relentless pursuit of better care undergirded by a culture that prizes

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