Developing Capacity to Do Improvement Science Work

Irene McGhee, MD, FRCP[a,*], Yehoshua Gleicher, MSc, MD, FRCP[b]

KEYWORDS

• Capacity building • Co-learning • Behavior change • Influence
• Stakeholder engagement • Perioperative care transitions

KEY POINTS

- Quality improvement efforts require the collaboration of patients, providers, and leadership.
- Creating co-learning opportunities that are interprofessional translates to more effective improvement capacity at the bedside.
- Behavior change is complex. Anticipating and planning strategies based on motivation, opportunity, and capability can be useful.

INTRODUCTION

An important feature of learning health care systems is that they measure performance and strive to attain and maintain high-quality care using quality improvement (QI) principles. Hardwiring QI into health care systems to make them learn requires at least 4 factors. First, visionary leadership is needed to provide direction aligned with organizational objectives and to provide resources to support QI efforts. Second, adequate training in QI and related disciplines is needed at all levels of health care organizations, from leadership to frontline staff to support services. Third, those engaged in QI must possess understanding of the factors that drive behavior change as well as each setting's unique needs and work environment. Finally, patients and families should be brought into the QI team as much as possible, and opportunities for learning with and from patients should be sought.

In this article, these factors and challenges are discussed as part of the process of developing capacity to do health system–based improvement work.

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[a] Anesthesiology, Sunnybrook Health Sciences Centre, University of Toronto, 2075 Bayview Avenue, Toronto, Ontario M4N 3M5, Canada; [b] Anesthesiology, Mount Sinai Health Centre, University of Toronto, 600 University Avenue, Toronto, Ontario M5G 1X5, Canada
* Corresponding author.
E-mail address: Irene.mcghee@sunnybrook.ca

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DEFINITION

In this article, *developing capacity* is defined as the development of processes that facilitate the conduct of health care improvement work at a health system level. The scope of developing capacity is explained by Batalden and Davidoff in their definition of QI work: "...the combined and unceasing efforts of everyone—healthcare professionals, patients and their families, researchers, payers, planners and educators—to make changes that will lead to better patient outcomes (health), better system performance (care) and better professional development."[1] It follows that developing capacity is an active process involving many—from individuals to organizations to systems. In summary, developing capacity building starts with raising awareness and understanding of the scope and complexity of QI and addressing the enablers and barriers to the integration of QI into health care systems: leadership, training, applying QI principles, and partnering with patients and families to do improvement work.

LEADERSHIP: LEADING CHANGE

> *Leadership is not about making clever decisions or doing bigger deals, it is about helping release the positive energy that exists naturally within people…*
>
> *—Henry Mintzberg*

The sobering reality is that concepts do not just transform into practice. Understanding the importance of QI and believing in the ability of health systems to change is insufficient to create and sustain a mature, productive, and impactful QI program. That said, leadership is a necessary first step to supporting an organizational culture that embraces QI. Leaders also control the resources necessary to execute QI efforts. Leading change is the enabling competency necessary to build capacity.

John Kotter has written several books about organizational change management, books acknowledging that change is anathema to the human condition. His and Rathgeber's lighthearted book, *Our Iceberg is Melting*,[2] demonstrates the principles behind leading change by telling the story of a group of penguins dealing with a changing world. Specifically, he deals with the complexities of managing teams with diverse interests, all of whom seem hardwired to resist change.

Beyond Kotter and Rathgeber's book, there are important theories that provide insight into the ways that change occurs and the processes through which change diffuses through groups and organizations. A detailed treatment of these theories is beyond the scope of this article, but interested readers are referred to Prochaskas and DiClemente's[3] Transtheoretical Model of Change (which includes precontemplation, contemplation, preparation, action, and maintenance) and Rogers'[4] *Diffusion of Innovations*.

From the authors' perspective, capacity building—getting people on board—starts with fostering connections through meaningful conversations with stakeholders, which helps develop relationships that form the foundation for influence and leadership. Grenny[5] describes the importance of organizational influence and sets out a framework defining the various opportunities necessary, partnered with ability and motivation factors, to lead change successfully.

The authors offer the following example to illustrate key leadership principles that apply to creating change in organizations, which include understanding motivation:

- You notice "x" (and you think "x" is a problem).
- You show interest in "x" — why is "x" a problem, and for whom is it a problem?