

Why QI projects fail.

By Shyr Chui

It's frustrating when our QI projects fail to meet their goals or, if gains are made, fail to be sustained over time. It feels like we've poured our precious time and energy into something but somehow have little to show for it.

If this applies to you then you're in good company. It turns out that a large proportion of healthcare quality improvement projects fail, with studies reporting failure rates between 30-70% [1].

In fact, my very first two QI projects failed miserably back in 2003 and 2004. My first project was an attempt to reduce outpatient ultrasound patient wait times. I collaborated with our local Medical Imaging department manager and together we defined the problem with a simple demand, activity, and capacity analysis. We put in some simple changes to increase capacity and did see some initial gains with our patient wait times falling from 3 months down to 2 weeks over a period of 2 months. Unfortunately, this was not sustained and within a further 6 months, our wait times were back where we started. The reason? We had not fully engaged all the ultrasound staff and technologists in the process. We were simply driving them harder. After initially coping, fatigue set in, and they became disenfranchised thus reducing their output. The design of the project was flawed because all the stakeholders had not bought in early enough and the changes were imposed rather than co-designed.

My second QI project was worse. This time to reduce CT scan wait times we thought we had learned from our earlier mistake and brought the CT supervisor onto the project team from the beginning. However, our improvement ideas were not fully accepted by the supervisor leading to a stand-off and then a breakdown in team cohesion. Eventually, the change ideas were forced through by the manager and the supervisor went off on stress leave. She returned 3 months later to find the new changes in place but lasted only 4 more weeks before resigning. The department lost a valuable and highly skilled member of staff. Thankfully, there is a happy ending to this. The supervisor took a teaching role at the local technical college which re-energized her and she invited me to lecture regularly in her CT education module. I was forgiven but to this day, still feel guilty for my part in ending her hospital career in such a negative way.

At this point, one could have been forgiven for giving up the idea of improving quality, but I realized my problem was I didn't really know how to approach improving quality in a methodological and systematic way. Physician education in quality improvement wasn't readily available then as it is now and up to that point, I'd been "winging it" with raw optimism and a couple of improvement tools.

To remedy this, I set about gaining knowledge in how to improve quality. I took a Lean Six-Sigma Green Belt course and read voraciously around the topic. I was rewarded by success in subsequent QI projects and never looked back.

Dr. Amah Shah, The Chief Quality Officer for East London Hospitals NHS Trust, and healthcare QI guru, recently gave an excellent, evidence-based lecture at last year's IHI Forum, on why QI projects fail. The commonest contributing factors to QI project failure, according to Dr. Shah, are as follows:

- Lack of a culture of improvement
- Lack of appropriate data analysis and interpretation
- Lack of data accessibility
- Project teams lacking adequate time for improvement efforts.
- Insufficient senior leadership support for QI
- Misalignment of improvement with strategic institutional priorities
- Lack of relevant stakeholder group representation
- Lack of Improvement Expert support for improvement teams
- Lack of Improvement science and knowledge
- Insufficient data collection
- Lack of patient and/or caregiver involvement

In summary, if you want QI success, you need sound, rigorously applied, Quality Improvement methodology within a supportive environment. Through our Physician Quality Improvement initiative, these conditions are optimized, which means the chances of physician-led QI project success have never actually been better than they are now. But there's one catch, we still have to roll up our sleeves and do the work. We still have to put ourselves out there and begin.

So, if your first try at QI wasn't as successful as you had hoped, don't be disheartened. Chalk it up to experience, apply the QI science and have another go. The odds of success will shift in your favour.

This year, PQI has additional, ring-fenced funding to support its Alumni to take on new QI projects. There's no need for further formal education and expert support from our PQI coaches is still available to you. If you'd like to learn more and have a project idea, contact your local PQI coach or email us at physicianqi@northernhealth.ca.

Ref [1]. Noah M. Ivers, Jeremy M. Grimshaw, Gro Jamtvedt, Signe Flottorp, Mary Ann O'Brien, Simon D. French, Jane Young, Jan Odgaard-Jensen. **Growing Literature, Stagnant Science? Systematic Review, Meta-Regression and Cumulative Analysis of Audit and Feedback Interventions in Health Care.** *Journal of General Internal Medicine*, 2014; DOI: [10.1007/s11606-014-2913-y](https://doi.org/10.1007/s11606-014-2913-y)