



Quality Improvement Training

Scanning the field and developing resources

SUMMARY

Quality improvement—the formal approach to the analysis of performance and systematic efforts to improve it—has been part of the U.S. health care landscape since the early 1980s. However, evidence suggests that training in quality improvement has still to be universally adopted or uniformly implemented in health care systems.

From 2007 through 2011, researchers at the [Boston University School of Management Health Policy Institute](#) supported efforts by the Robert Wood Johnson Foundation's (RWJF) Human Capital Team to increase the number of health care workers who are highly proficient in quality improvement methods and tools. To achieve this, researchers:

- Surveyed the field of quality improvement training to ascertain its present scope and availability, as well as to determine factors hindering or encouraging the use of training
- Developed online resources and programmatic options in quality improvement training for future deployment by the Human Capital Team

Key Findings and Results

Sally K. Holmes, MBA, the project director, reported the following findings and results to RWJF:

- Though numerous training options exist, learners are not well connected to them.
- Training in quality improvement methods and tools does not necessarily assure long-term adoption by staff being trained. Effective incentives are needed to foster widespread adoption of quality improvement in health care.
- The project team developed a prototype of an interactive website that would enable health care professionals interested in quality improvement research and training to connect with programs, informational resources, and colleagues in the field.

Support for a New RWJF Program

The project team helped RWJF develop *Evidence for Improvement: Evaluating Quality Improvement Training Programs* (2008–2012). This \$2 million program aims to increase the understanding of what works in quality improvement training programs to increase the likelihood that more organizations will adopt best practices and more health providers will acquire quality improvement training.

Funding

RWJF supported this project through two grants¹ totaling \$146,317.

CONTEXT

Quality improvement—the formal approach to the analysis of performance and systematic efforts to improve it—has been part of the U.S. health care landscape since the early 1980s. However, two Institute of Medicine publications, *To Err is Human* (2000) and *Crossing the Quality Chasm* (2001), provided stark evidence of continuing gaps between performance and the level of quality envisioned by leading health care experts. *Crossing the Quality Chasm* also called for a dramatically restructured health care system dedicated to quality improvement.

Despite this attention, training in quality improvement has not been universally adopted or uniformly implemented in health care systems. If quality improvement is to be firmly embedded in the health care system, many more health care organizations will need to increase efforts to enhance staff proficiency in quality improvement methods.

RWJF's Interest in This Area

RWJF's Human Capital Team wanted to explore options for helping to build widespread proficiency in quality improvement theory and methods among health and health care workers. The Foundation believed that the development of quality improvement competencies would bring about broad adoption of improvement methods resulting in dramatic gains in quality and patient safety.

THE PROJECT

From 2007 through 2011, researchers at the Boston University School of Management Health Policy Institute provided research and technical assistance to support efforts by RWJF's Human Capital team to increase the number of health care workers who are highly proficient in quality improvement.

¹ ID#s 65102 and 60944.

To achieve this goal, they:

- Completed a comprehensive scan of quality improvement literature published since 1990
- Conducted some 40 interviews with industry and opinion leaders to learn about:
 - The availability of quality improvement training programs
 - Factors that influence the adoption and use of quality improvement training programs
 - Critical gaps that need to be addressed to build widespread quality improvement proficiency in health care
- Reviewed some 50 existing quality improvement training programs. The team reviewed the programs' websites—in particular their training options, links, and resource references—to determine their training focus and comprehensiveness.
- Conducted six focus groups with 34 participants (physicians, nurses, other clinicians, public health workers, and quality improvement managers) to learn about existing levels of staff training and engagement with quality improvement initiatives as well as barriers to continued involvement. The focus groups were held in Chicago, Atlanta, and Boston (two in each city).
- Developed a prototype of an interactive website that would enable health care professionals interested in quality improvement research and training to connect with programs, information resources, and colleagues in the field.

The New RWJF Program

The project team helped RWJF develop *Evidence for Improvement: Evaluating Quality Improvement Training Programs* (2008–2012). This \$2 million program aims to increase the understanding of what works in quality improvement training programs to increase the likelihood that more organizations will adopt best practices and more health providers will acquire quality improvement training.

The team helped RWJF solicit proposals, set up common measures for evaluating grantee proposals, and, later, establish shared expectations for grantees' work.

Five organizations received grants in fall 2008:

- Emory University (ID# 65496)
- University of North Carolina at Chapel Hill (ID# 65498)
- Rand Corporation (ID# 65495)
- Academy for Educational Development (ID# 65497)

- Cincinnati Children's Hospital Medical Center (ID# 65499)

An additional organization received a grant in fall 2011:

- Family Health International (FHI 360) (ID# 69490)

FINDINGS

The project director reported the following findings to RWJF in 2011:

- **The review of existing quality improvement training programs revealed that though numerous training options exist, learners are not well connected to them.** In addition, while some training resources are free, the cost of many others may be a barrier to widespread participation in such programs.
- **The literature review showed that though there are many publications that describe the use of quality improvement in health care and public health, very few of them focus specifically on quality improvement training.** Articles that do focus on training emphasize that:
 - Training must be experiential, engaging trainees through action, reflection, and support.
 - Training in quality improvement methods and tools does not necessarily assure long-term adoption by staff being trained. Factors such as organizational support and infrastructure for quality improvement tend to influence the extent to which skills acquired in training programs actually will be used actively and continuously.
- **Key informant interviews confirmed the above findings and added the following:**
 - Despite existing quality improvement resources, there remain critical gaps to be addressed in the areas of:
 - Faculty development
 - A quality improvement focus in clinical curricula
 - Adequate opportunities for interdisciplinary, applied learning
 - The dismantling of obstacles to ongoing deployment of quality improvement strategies within organizations (for example, the ongoing availability of coaches and/or mentors backed by sufficient support from leadership)
 - Additional emphasis on effective incentives is needed to foster widespread adoption of quality improvement in health care. Better licensing and certification requirements that target quality improvement should help create such incentives.

RESULTS

Holmes reported the following results to RWJF in 2011:

- **The project team developed a prototype of an interactive website focused on quality improvement training.** The prototype includes a blog, community bulletin boards, and opportunities to post and share project reports and tools. Also included is a directory of quality improvement training programs, which the team created using information from their review of these programs. The plan was that it would be located within RWJF's main website, but as of early December 2011, it is not operative.

LESSONS LEARNED

1. **Check with key RWJF staff at the beginning of project work.** Early on, Holmes, the project director, attended a meeting of the Human Capital Team to discuss, she stated, "Where they were going, what they knew, what they wanted to learn, and where I should look. If I had started this without the benefit of that meeting, it would have been very easy to miss important elements of the project."
2. **Establish the scope of the research early on.** The greatest challenge to the project was determining whether research should focus narrowly on quality improvement training, or more broadly to include the ability of health care workers to implement and integrate training into their day-to-day work. With input from the program officer and others on RWJF's Human Capital Team, Holmes eventually settled on the broader focus. (Project Director/Holmes)
3. **It can be challenging to understanding RWJF's internal decision-making process when project work requires this.** Delays occurred in developing the project's website as RWJF staff deliberated over where to locate it—on the Foundation's main site or on a separate site—and whether to hire outside contractors to build it. A project's timeline may not sync with RWJF's internal decision-making process. (Project Director/Holmes)

AFTERWARD

In November 2011, RWJF awarded the project team another grant (ID# 69444) to take the work accomplished under these two grants to the next level by:

- Hosting an online meeting of grantees from RWJF's Advancing the Science of Quality Improvement Research and Evaluation (ASQUIRE) community to hear presentations by and discuss the results of grantees of the Human Capital team's *Evaluating Quality Improvement Training Programs* initiative, most of whom will be completing their work in early 2012.
- Enhancing the ASQUIRE online community's [website](#), which is dedicated to furthering the science of quality improvement. The website is password protected.

- Supporting the solicitation and review of additional proposals to advance the science of quality improvement research.

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