Understanding the role of context in healthcare quality and safety initiatives: Adopting an institutional perspective

Clara Weisshaar, Simon Bailey, Adam Brisley, Tom Blakeman

Figure 1 Hospital Institutional Features in the context of Quality Improvement, using Scott's Institutional Framework (2008)

Pillars/ Carriers	HOSPITAL SETTING "X"			HOSPITAL SETTING "Y"		
	REGULATIVE	NORMATIVE	CULTURAL-COGNITIVE	REGULATIVE	NORMATIVE	CULTURAL-COGNITIVE
Symbolic systems	Locally agreed CQUIN criteria, worth 0.5million

NCEPOD report (2009) on 'poor management' of AKI in UK

Organisation Acronym as a standard and code-for practice for 'good AKI care'

Simultaneous cost-cutting initiative | Managerial value and norm of 'collaboration' and strong feedback loops

Managerial targets on strict financial and operational measures

Expectation on staff engagement 'AKI is everybody's business' | Organisation-wide established "Quality Improvement" culture | Trust involvement in NCEPOD report (2009-2014)

AKI Bundle, 10 point checklist | Managerial expectation of evidence base and pilot studies

Managerial norm and expectation of 'over-identification' with 110% AKI alert accuracy

Improvement Project as "empowerment" of doctors and medical teams

Achieve objective of providing 'equity of care' across the organisation | "zero mistake" tolerance/"fool-proof" system |
| Relational systems | Dedicated QI team to set priorities and monitor performance

Key Performance Indicators (KPI) | 'softly softly' managerial approach to gain commitment

Micro-management practice monitoring through audits | Organisation identity as 'unique' and 'distinct' in use of QI approaches | Board support and approval provided dedicated resource. AKI nurse walk-around to establish and maintain engagement and commitment

Newly Appointed Consultants Development & Leadership Programme | Hierarchical decision-making structure

Human resource enabled - alongside alert system

AKI nurses as monitoring tools for good practice

Ad-hoc and case-by-case education of staff | Organisation image as 'individual' and 'distinct' IT system approach |
| Routines | Regular learning and catch up sessions to monitor and feedback

Berwick review sessions to review local strategy against national guidelines | Collaborative and voluntary approach – buying hearts and minds

Safety-huddles – routine shift handover practice | Managerial vs. clinical working routines | Monthly and quarterly submission of AKI data to Trust and CQC

Newly Appointed Development & Leadership Programme (NACDP) | Routine morning and afternoon ward-rounds to visit AKI patients and monitor care

High value placed on job roles and expertise of AKI nurses | AKI nurse working routine Clinical working routines |
| Artefacts | Implemented national AKI alerts | Test of change – PDSA cycles. Electronic patient record with banners and decision prompts | Symbolic to good AKI care: stickers, Posters, badges. QI mythology | Locally devised AKI alert system | AKI Priority Care Checklist 'PCC' as self-monitoring tool and good practice checklist | AKI nurses as "face of AKI" |