It is unclear which approach of continuous quality improvement is most effective in health and social care


What is the context of this review?

• Continuous quality improvement (CQI) is a progressive and incremental improvement of processes, safety, and patient care.
• The goal of CQI may include improvement of operations, outcomes, system processes, improved work environment, or regulatory compliance.
• Currently, there are a number of different approaches for CQI, this review aims to understand which ones are most effective.

What question is being addressed?

• What is known about the effectiveness of CQI across different healthcare settings, and the importance of different components of CQI?

How was the review done?

• Several online databases were searched to find studies that evaluated the effectiveness of CQI in healthcare settings.
• The authors were supported by funding from the National Institute for Health Research (NIHR) Applied Research Collaboration North West Coast (ARC NWC).

How up to date is this review?

• The authors searched for studies published up to 23 February 2019.

What are the main results of the review?

• The authors found a total of 6,998 studies, 28 of which were deemed relevant.
The findings of this review were grouped into the following categories:

- **Effectiveness of CQI vs. no CQI**
  - Over half of the studies found that CQI did not make any significant improvements in the clinical processes or patient outcomes

- **Healthcare settings**
  - CQI appeared to be more effective in primary-care settings than in secondary care

- **CQI models (types of CQI approaches)**
  - Plan-Do-Study-Act (PDSA) that helps team members test out different changes in their practice was a common model used to improve clinical processes
  - Model for Improvement (MoI) where professionals outline the improvement they want to make, and what change will achieve that was a common model used and helped improve patient outcomes

- **Training type and duration**
  - In-person training for CQI was most effective in making improvements in practices
  - Shorter training durations (1 to 3 h, and 4 to 8 h) were more effective in making improvements

- **Meeting type and frequency**
  - Meetings where the implementation of CQI was discussed were more effective in improving clinical processes
  - Weekly and monthly meetings amongst the healthcare team to discuss CQI were found to be most effective in improving clinical processes
  - Communication amongst professionals was deemed to be important in the CQI process

**How confident are we in the results?**

- This is a recent and moderate-quality systematic review with an AMSTAR score of 6/9.