

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

Hill JE, Stephani AM, Sapple P, Clegg AJ. [The effectiveness of continuous quality improvement for developing professional practice and improving health care outcomes: A systematic review](#). Implementation Science. 2020;15:23.

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.

Box 1: Coverage of OHT building blocks

This review addresses [building block #8](#):

- 1) defined patient population
- 2) in-scope services
- 3) patient partnership and community engagement
- 4) patient care and experience
- 5) digital health
- 6) leadership, accountability and governance
- 7) funding and incentive structure
- 8) performance measurement, quality improvement, and continuous learning (domain 53 - performance measurement across the quadruple aim and across sectors)**

- 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.

RISE prepares both its own resources (like this plain-language summary) that can support rapid learning and improvement, as well as provides a structured ‘way in’ to resources prepared by other partners and by the ministry ([access all resources here](#)). The plain-language summaries produced by RISE are funded through a grant from the Ontario SPOR SUPPORT Unit (OSSU) to the McMaster Health Forum. RISE is also supported by a grant from the Ontario Ministry of Health to the McMaster Health Forum. The opinions, results, and conclusions are those of RISE and are independent of those from its sponsors. No endorsement by the sponsors is intended or should be inferred.