



Context research theme: identifying learning for the work-streams

Introduction

At the inception of the SISCC, one of the key themes was to understand the role of context within implementation - roll-out or up-scaling - of quality improvement interventions. The purpose of this research theme is to contribute state of the art knowledge on Context for inclusion in improvement programmes. In practice, this means synthesising current knowledge on context in improvement science, and making this knowledge available and accessible to the SISCC improvement programmes and more widely. The large-scale improvement programmes are being planned and delivered in a way which takes this latest evidence into account, mitigating for known contextual barriers in advance wherever possible, and in conjunction with local knowledge to enhance implementation/improvement strategies.

Progress

The planned review of 'evidence of context' was put on hold as the Health Foundation had already commissioned such a review around the time that SISCC commenced¹. It was agreed that SISCC would take account of the evidence from this review in its future work and indeed dissemination of this knowledge has been included in the Evidence into Practice activities within the Maternal and Child Health improvement programme. Evidence of context (research based evidence of contextual factors affecting implementation) has been utilised within the Evidence into Practice work, tying in with evidence of effectiveness from the review of evidence based interventions. This is apparent in three of its key stages so far:

- 1) Review of the evidence (interventions/initiatives) and the contextual evidence for these
- 2) A questionnaire based survey: scoping out knowledge among a wide and diverse group of stakeholders of what the most important actions are (in this case for improving infant feeding and maternal-infant attachment in neonatal units) which are likely to have most impact and which are most feasible in a real world setting. These include local readiness to change/engage, and exploration of contextual barriers and facilitators
- 3) Multi-disciplinary/multi-level workshops: using this contextual knowledge, alongside the 'evidence of context' and 'evidence of effective interventions' to identify priority areas for implementation and how to mitigate for context in developing their implementation plans.

¹ Fulop N, Robert G. Context for successful Quality Improvement: Evidence Review. Health Foundation: London, 2015. This review searched available literature up to September 2011. They also drew attention to some subsequent important papers published after the search dates:

Kaplan HC, LP Provost, Froehle CM and Margolis PA. The Model for Understanding Success in Quality (MUSIQ): building a theory of context in healthcare quality improvement. *BMJ Qual Saf* 2012, 21: 13-20

Kaplan HC, Froehle CM, Cassidy A, Provost LP and Margolis PA. An exploratory analysis of the Model for Understanding Success in Quality. *Health Care Management Review* 2013, 38: 325-338.

This allows for the inclusion of other approaches that local areas have found helpful or are currently starting/underway as part of existing initiatives.

The multi-disciplinary and multi-level nature of these activities ensures that many of the macro-, meso- and micro-level contextual barriers are identified by sites and discussed alongside the intervention options/priorities and the known contextual evidence associated with each intervention/initiative (as identified by the literature review). This approach ensures that current knowledge of contextual barriers can be taken into account in designing or planning for implementation and that 'common' or evidence based contextual problems are not repeated from the outset but are mitigated for in planning, including tailoring of local plans.

The ability to use the 'evidence of context' alongside locally identified contextual barriers and facilitators and locally driven choice of improvement priorities in pre-planning for implementation/improvement programmes is a unique element within SISCC. We are learning whether and how context can be mitigated for in pre-planning within the SISCC improvement programmes. This is a unique aspect of the SISCC improvement programmes and the contribution of the 'Context' theme to the learning from these improvement programmes. It addresses Bate's concern that 'we do not need a new model or framework to study the role of context in quality improvement; rather, we need to test and synthesise existing ones'². It also offers potential to take forward one of the conclusions of the recent Health Foundation review of the evidence for context which states: 'The evidence base for intervening to modify contextual factors in order to positively impact on the outcomes of quality improvement interventions is currently very weak.'³

Another unique aspect of SISCC is the study of 'improvement programmes' as vehicles of change and to develop an evidence base around improvement programmes: can improvement programmes work in all contexts? The Maternal and Child Health Evidence into Practice work has been derived from previous work in over 40 neonatal and maternity units in England, led by the SISCC Director (MJR)⁴. The aim within SISCC was to roll-out this tested Evidence into Practice improvement work as a vehicle for locally driven improvement in breastfeeding and maternal-infant attachment. Studying the role of context in impacting on the implementation of 'improvement methodologies' (as opposed to interventions) is also part of the learning. This overview study of the national context within which the improvement programme is implemented has already begun with meetings with the staff involved in delivering the improvement programme and a small number of key experts in national neonatal policy and service organisation, alongside an overview of current and imminent neonatal policies, national service and workforce reviews, and existing initiatives in neonatal units (such as the Unicef UK Baby

² Bate P. 'Context is everything' Briefing paper prepared for the Health Foundation (Context think piece 2): University College London, 2011.

³ Fulop N and Robert G. 2015 Context for successful quality improvement – evidence review. The Health Foundation.

⁴ Lowson K, Offer C, Watson J, McGuire W, Renfrew MJ. 2015 The economic benefits of increasing kangaroo skin-to-skin care and breastfeeding in neonatal units: analysis of a pragmatic intervention in clinical practice. *International Breastfeeding Journal* 10:11

Friendly Initiative and Family Integrated Care). Understanding this context is important for understanding barriers and facilitators to the implementation of the Evidence into Practice Improvement methodology overall. Our response to the changing context of this work is described in Section 2.1, Example 11.

Another way in which the Context theme is contributing to improvement science is via the development of 'contextually driven implementation solutions'. These 'implementation solutions' are derived from a variety of locally driven ways of addressing an implementation problem(s). The NIHR funded PROPEL study⁵ led by the SISCC Context lead (MM) is an example of such a study where the implementation problem is a lack of availability of specialist physiotherapists to deliver the safer and less invasive evidence based intervention (Pelvic Floor Muscle Training PFMT) for pelvic organ prolapse, which affects around 40% of women. Local sites will deliver a variety of difference service models (of staff and skill mixes, numbers of sessions etc.) as local resources allow. Improvement science methods (RE-AIM and NPT) are being used to evaluate the implementation and outcomes of these service models for improvement.

Next steps

To continue to link knowledge of context into the implementation of the Evidence into Practice improvement work, by using questionnaire findings in multi-level stakeholder workshops and scoping additional contextual barriers/facilitators, and working with neonatal units to plan for such known contextual barriers or enhancement of facilitators.

To continue gathering knowledge of the impact of context (national and local) on the implementation of 'evidence based' improvement programmes, bringing 'evidence of context' into alignment with 'evidence of effectiveness' and 'evidence of change' (See Example 6).

⁵ Implementation of an evidence based pelvic floor muscle training intervention for women with pelvic organ prolapse (PROlapse and PFMT: implementing Evidence Locally – PROPEL). This project is funded by the National Institute for Health Research Health Services and Delivery Programme (Project No.14/04/02)