



# Using Narratives for Quality Improvement

Ingrid Nembhard, PhD, MS  
Fishman Family President's Distinguished  
Associate Professor of Health Care Management

# Disclosures

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## **Quality – Classic Definition:**

the ability of a product or service to consistently meet or exceed customer expectations

## **Health Care Quality:**

"the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge" – National Academy of Medicine

## **Quality Improvement (QI):**

process-based, data-driven approach to systematically improve the ways care is delivered to patients\*

# Model for Improvement

What are we trying to accomplish?

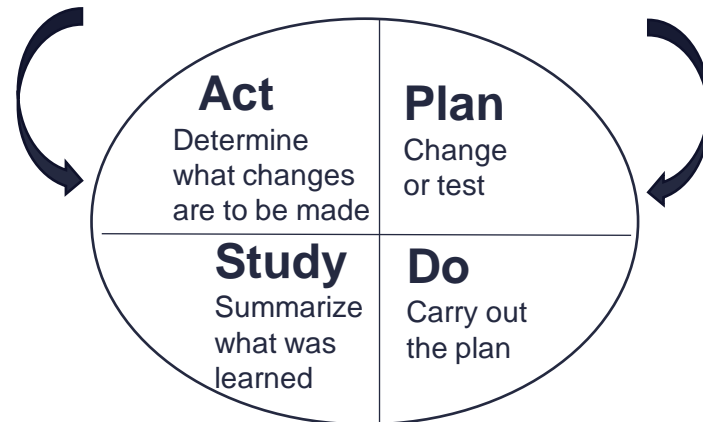
Aims

How will we know that a change is an improvement?

Measures

What change can we make that will result in an improvement?

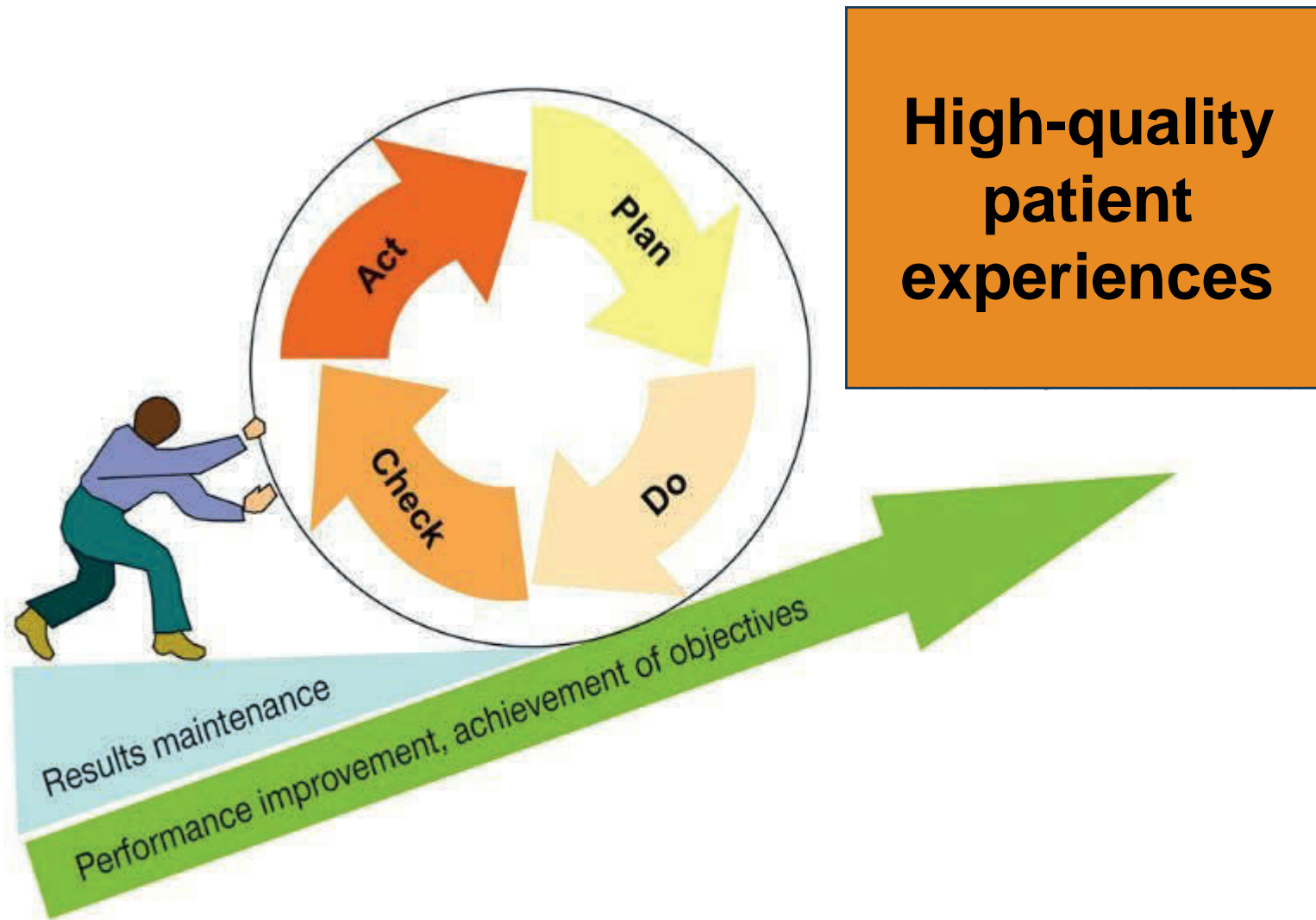
Changes



Test the Changes (PDSA Cycles)

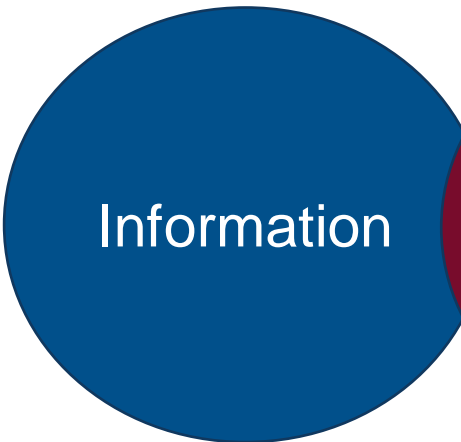
**Source:** Langley GL, Nolan KM, Nolan TW, et al. The improvement guide: a practical approach to enhancing organizational performance. San Francisco: Jossey-Bass; 1996. PDSA cycle was developed by W. Edwards Deming. [Deming WE. The new economics for industry, government, education. Cambridge: Massachusetts Institute of Technology; 1994.]

# The theory, expectation, hope

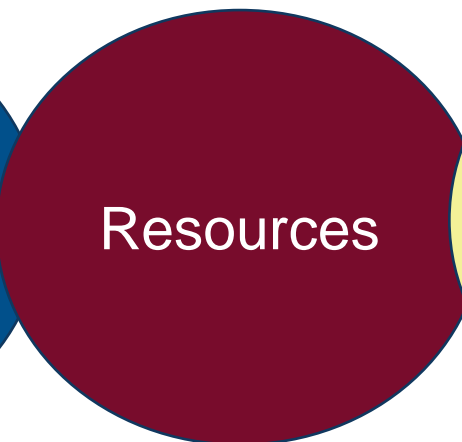


# Requirements for success

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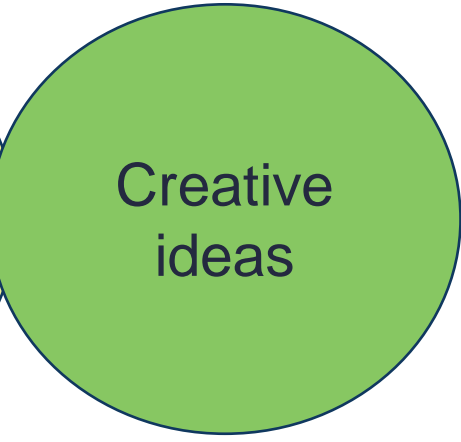
Problem identification  
Inclusive data:  
Problem capture for all groups



Elements needed to function well (e.g., information, sharing system, measurement system, time, personnel)



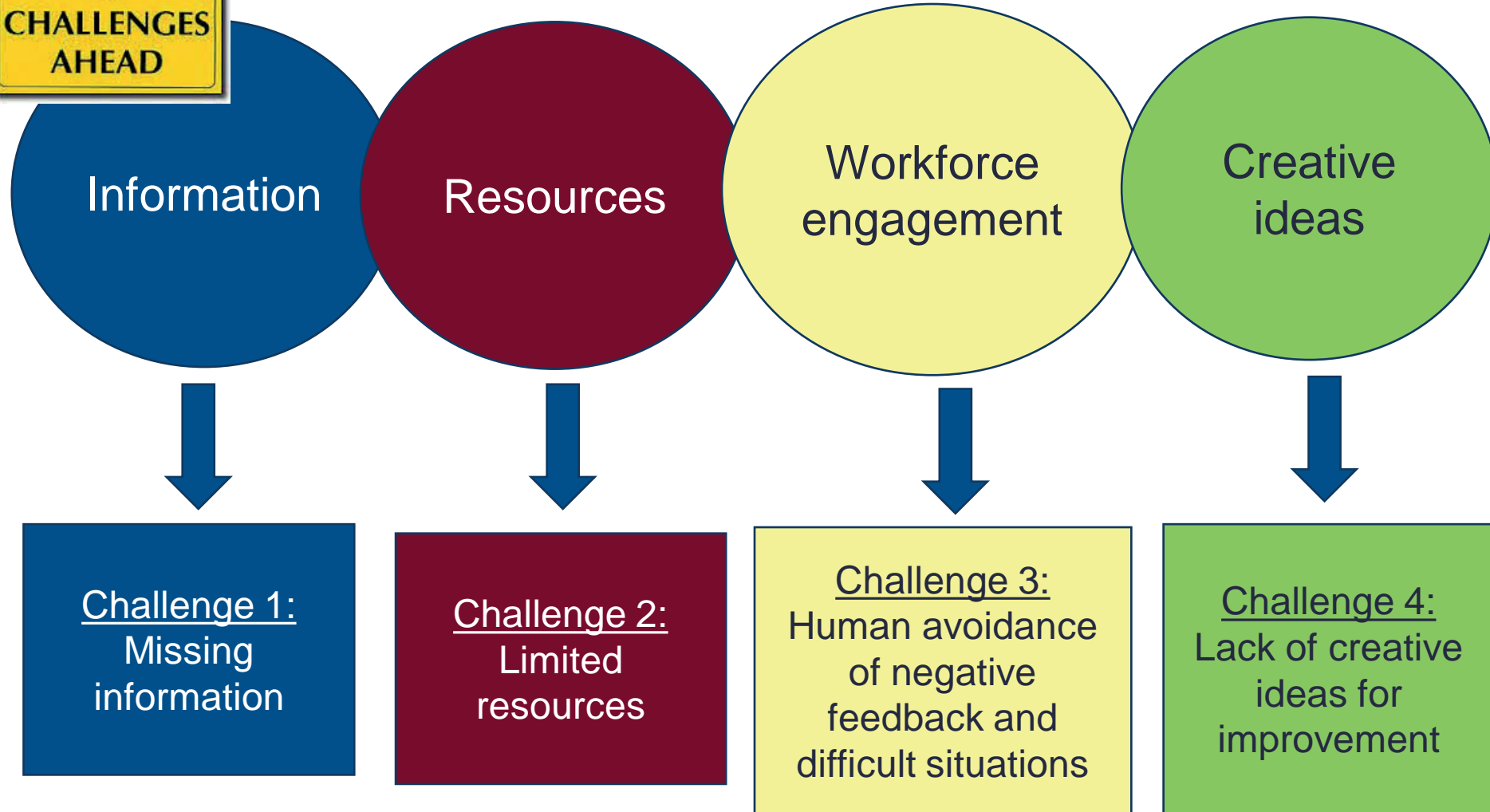
Willing to receive negative feedback  
Motivation to undertake QI  
Trust in others to use for good  
Teamwork and empowered teams



Eliciting novel and useful suggestions for improvement



# The challenges to requirements



## Poll Question

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Which two challenges to improving patient experience perturb your organization the most?

Please select two.

<b>A</b>	Missing <b>information</b>
<b>B</b>	Limited <b>resources</b>
<b>C</b>	Human <b>avoidance</b> of negative feedback and difficult situations
<b>D</b>	Lack of <b>creative ideas</b> for improvement
<b>E</b>	Other challenge(s)



## Challenge 1: Missing information



### Distinctive information

- Elaborates on existing domains in surveys
- Identifies additional important domains



### Actionable information

- Gives specific insight into experiences
- Offers creative ideas for improvement



### Equity in voicing of feedback

- Elicits the voice of less empowered racially and economically

(Grob, Schlesinger et al. What Words Convey, *Milbank Quarterly*, 2019)

# Ask the right questions



1. What are the **most important things that you look** for in a healthcare provider and the staff in his or her office?
2. When you think about the things that are most important to you, **how do your provider and the staff in his or her office measure up?**
3. Now we'd like to focus on **anything that has gone well** in your experiences in the last 3 months with your provider and the staff in his or her office. Please explain what happened, how it happened, and how it felt to you.
4. Next we'd like to focus on any experiences in the last 3 months with your provider and the staff in his or her office that **you wish had gone differently**. Please explain what happened, how it happened, and how it felt to you.
5. Please describe **how you and your provider relate** to and interact with each other.

<https://www.ahrq.gov/cahps/surveys-guidance/item-sets/elicitation/index.html>

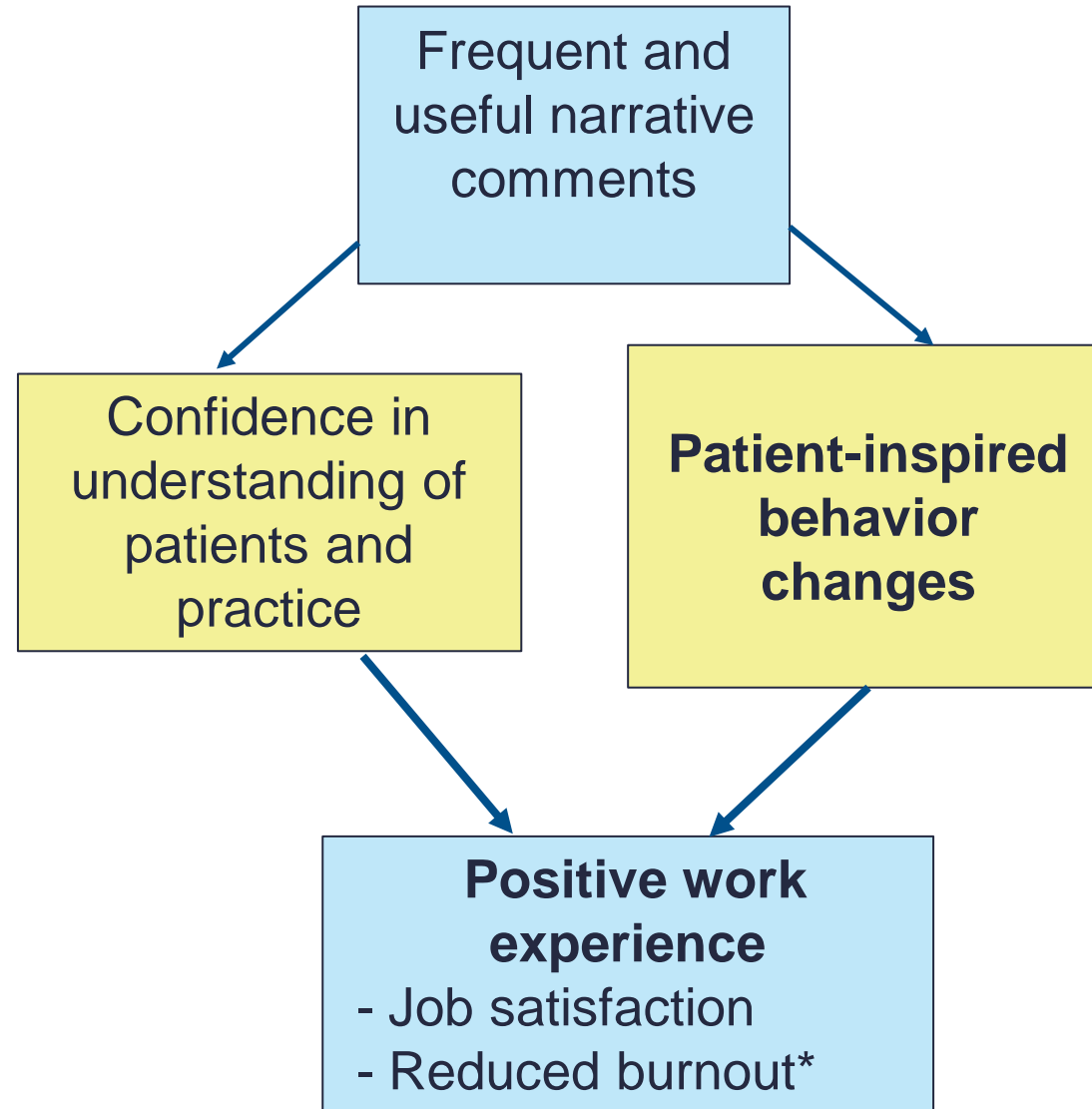
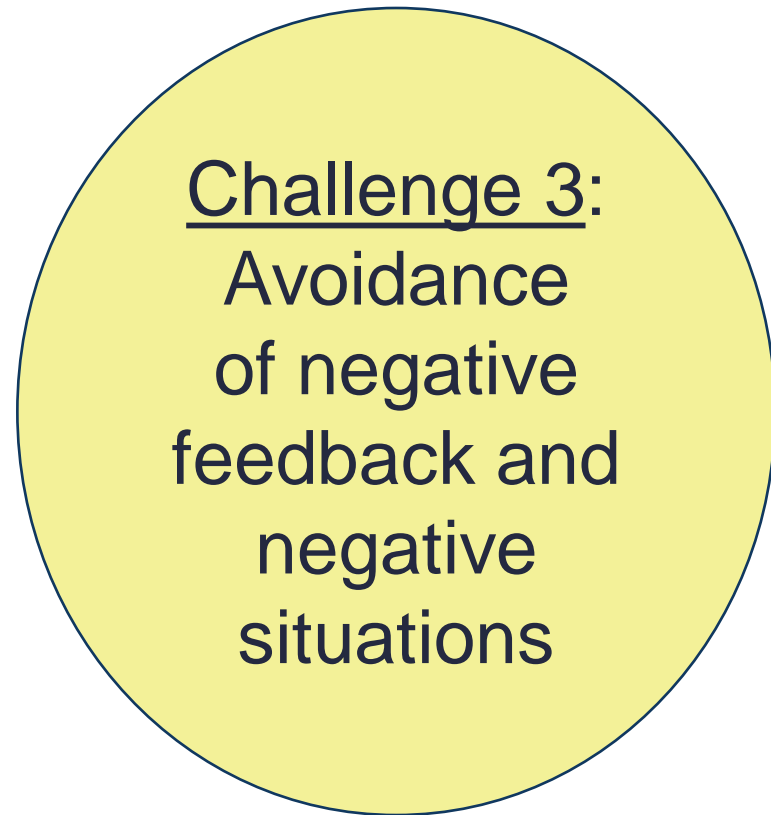
Challenge 2:  
Limited  
resources

More efficient use of  
personnel and systems

BUT ALSO

Potential change or  
increase in resources  
needed

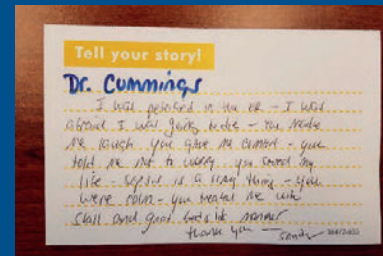
# Narratives address challenges



# Narratives address challenges

Challenge 4:  
Lack of creative  
ideas for  
improvement

Patients  
who are aware of  
problems  
(the dissatisfied)



Health care workers  
who are aware of  
problems  
(the dissatisfied)



More creative

