Understanding Sustainability of Quality Improvement Initiatives within the United States Healthcare System

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To *Err is Human: Building a Safer Health System* was the first in a series produced by the Institute of Medicine (IOM) in 1998 with a call to action to improve the quality of healthcare in United States. This publication estimated the number of deaths secondary to medical errors was upwards of 98,000 per year. Quality improvement (QI) initiatives in healthcare focus on a variety of areas, but ultimately seek to decrease medical errors, increase efficiency of the healthcare team, decrease healthcare costs, and improve patient outcomes. Recently, there has been a growing body of literature regarding the critical factors for successful implementation of QI initiatives, but there has been far less literature on how these same factors translate to sustainability of QI initiatives.

I conducted a qualitative case study of health care teams who had successfully implemented a QI initiative within two hospital systems. I conducted 30 interviews and three observations across 27 QI initiatives. Interviews were semi-structured. NVIVO was used for transcription and qualitative coding. I used open coding to identify concepts, categories, and themes; from which, I created matrices to identify trends and code co-occurrences. I conducted a classical content analysis to understand which factors were most commonly related to successful sustainability.

Within this study, 8 out of 27 QI initiatives were sustained two years following implementation. I identified five critical factors for QI sustainability, including outcome data, project champion(s), time dedicated to the QI initiative, involvement of frontline staff, and supportive organizational culture. In parallel with micro-level institutional change theory, I also found positional tools, engagement tactics, and social accountability were used by project champions to support sustainability, as they allowed ongoing buy-in from frontline staff, executive stakeholders, and decreased resistance to the change initiative. Though only 30% of individual QI initiatives were sustained two years following implementation, a culture of quality at the organizational level with a focus on safety was prevalent across all healthcare teams at these organizations.