

Confessions of a failed quality improver

C. Tufan¹, A. Curley².

1. Department of Neonatology, Children's Health Ireland at Temple Street, Temple St., Rotunda, Dublin 1, Ireland.
2. Department of Neonatology, National Maternity Hospital, Holles St., Dublin 2, Ireland.

Dear Editor,

Quality improvement projects (QIP) hold the potential to enhance patient care significantly; however, they are not always successful, with nearly one-third failing to achieve their goals¹. I would like to share my personal experiences as a quality improver, hoping that my journey, marked by challenges and setbacks, will serve as guidance for others, particularly my fellow members of Generation Z, who are often viewed as less resilient and prone to instant gratification. My aim is to prevent you from embarking on a similarly unprepared and frustrating journey.

Common reasons for QIP failures include a lack of time and support, poor teamwork, insufficient knowledge among junior doctors, and inadequate stakeholder involvement^{1,2}. Drawing from my own experience in attempting to reduce neonatal discharge delays from the postnatal ward, I would like to offer some insights.

First, careful navigation of project design is essential, especially when presented with the enticing 'gift' of a half-finished project. Engaging in the design phase provides significant advantages, but it can also lead to pitfalls if not approached thoughtfully. A critical component is the early involvement of stakeholders; neglecting their input can jeopardize the project's success. I learned this the hard way, as I initially underestimated the value of gathering feedback, relying instead on my background in medical protocols without considering parental perspectives.

Additionally, establishing a SMART aim is a fundamental aspect of effective project management. While it may seem straightforward, I later realized that simply stating a goal of "preventing delays in postnatal discharge" was inadequate. A more precise objective, such as "reducing delays by 10% over three months" with a clear definition of what constitutes a 'delay,' would have sharpened our focus and improved our results.

As the project progressed, I recognized the importance of prospective data collection. Our objectives were commendable: to educate parents pre-discharge using a new information

leaflet designed to facilitate earlier departures and prevent avoidable early readmissions. However, measuring discharge delays proved to be a complex challenge, particularly when the Electronic Health Record system lacked a code for situations like “Dad forgot the car seat.”

Moreover, even a polished design can falter under the weight of institutional communication guidelines. Despite reaching version 25 of our materials, I faced challenges from earlier, less refined versions. Consulting institutional standards early in the design process became crucial to avoid unnecessary setbacks.

Another reality I encountered was that my deadlines, such as the new job I was starting in July, did not align with other departments within the hospital. Their timelines often differed from mine, creating disparities that hindered progress.

Finally, the aspiration for sustainability can sometimes remain just that—an aspiration. We introduced a QR code in the ward to streamline access to the postnatal discharge leaflet, yet these codes frequently disappeared, forcing us back to traditional printing methods, much to my dismay. This experience taught me that effective project management is fraught with challenges, demanding vigilance, adaptability, and readiness for the unexpected.

In summary, before embarking on your next QIP, seek wisdom from those who have faced similar challenges, learn from their experiences, think SMART, collaborate with your communications department, genuinely involve your stakeholders, and embrace the resilience that quality improvement requires. Frankly, navigating quality improvement can make face-to-face interactions seem straightforward by comparison.

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None declared.

Corresponding Author:

Chané Tufan,
Department of Neonatology,
Children’s Health Ireland at Temple Street,
Temple St.,
Rotunda,
Dublin 1,
Ireland.

E-Mail: chane.tufan@gmail.com

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