The RCQ Model: Conceptualizing Inter-Clinician Relationships, Communities of Practice and Quality Improvement in Healthcare

Michael S. Dohan, McMaster University, Canada
Ted Xenodemetropoulos, McMaster University, Canada
Joseph Tan, McMaster University, Canada

ABSTRACT

As society moves into the age of active knowledge management and sharing, inter-clinician relationships and communities of practice can be directed to support quality improvement efforts within healthcare organizations. It is argued that successful adoption of the processes that are critical to quality improvement is necessary for durable improvements in quality. Knowledge sharing is necessary for supporting the skills in performing activities associated with practice audit, change management and use of the associated technology. This paper introduces the Relationships, Communities, Quality (RCQ) model, which provides a framework for the purpose of conceptualizing how quality improvement in healthcare can be sustained. A variance model is proposed for the evaluation of communities of practice for their value in quality improvement in healthcare.

Keywords: Communities of Practice, Inter-Clinician Relationship, Practice Audit, Quality Improvement in Healthcare, Relationship-Centered Care

INTRODUCTION

Improving quality in healthcare remains an ongoing issue. Central to this concern is the need to increase patient safety by eliminating error-prone processes, coupled with the pressure to reduce cost, improve professional competency and increase workflow productivity. Various approaches to improving the quality of care intend to affect changes to clinical workflow, informed and validated by a mechanism for clinical performance measurement. One approach, referred to as Clinical Practice Audit, or simply Practice Audit (PA) (Godwin, 2001), entails the identification of quality issues in clinical processes, monitoring of key process variables and outcomes, so changes in workflow can be implemented and subsequently evaluated for effectiveness in improving quality. However, monitoring performance and outcomes is necessary, but not sufficient to result in quality improvement. Healthcare providers must have the desire, skills, support and resources necessary to successfully affect...
change within their organizational workplace and daily practices. Although the ability to change clinical processes is essential, change becomes a significant challenge within complex organizations as characteristic of healthcare, and precarious when dealing with human life.

Inter-clinician relationships have the ability to support PA efforts within healthcare organizations. In this context, relationships may be defined as a socio-cultural medium for the interchange of knowledge as well as fostering a heightened level of mutual understanding between clinicians. These relationships are connections that clinicians draw upon when knowledge is sought, or if new knowledge needs to be communicated. Communities of practice (COPs) offer a venue in which these relationships can be formed and maintained. It is argued that sustained adherence to such auditing processes is necessary for durable improvements in quality, and knowledge sharing is necessary for this prolonged adherence, as conducting PA requires many skills that clinicians do not necessarily possess. Chief among these skills is working with the required technology, change management and creation of an appropriate intervention to address quality issues.

This paper presents a framework for the evaluation of communities of practice as a facilitator of quality improvement in healthcare. The motivation for this paper is to foster the sharing of knowledge and facilitating relationships among healthcare practitioners, as well as others interested in quality improvement in healthcare, thereby encouraging practitioners to engage in improving the quality in healthcare. To accomplish this goal, quality improvement in healthcare will be characterized, and the factors that impact the participation in PA in healthcare will be presented. Accordingly, the importance of maintaining inter-clinician relationships for knowledge sharing with COPs will be discussed, and the determinants of participation and methods of evaluation will be presented. The issues with applying communities of practice for the purpose of quality improvement in healthcare are explored, including issues with the workplace, technology as well as clinical perspectives. The Relationships, Communities, Quality (RCQ) variance model will then be posited, which provides a framework for evaluating communities of practice in the domain of quality improvement in healthcare. Finally, opportunities for applying the framework in a research situation, and implications for practitioners will be discussed.

**BACKGROUND—QUALITY IMPROVEMENT IN HEALTHCARE**

In Canada, clinicians, managers and policy-makers are aware of quality deficiencies in the Canadian healthcare system, as it is a top priority of Health Canada (2004). Preventable adverse events (AEs), which are unintended injuries or complications resulting in harm of a patient, offer an example of this. It has been estimated that, of 185,000 acute care hospital admissions associated with AEs, 70,000 may have been preventable. Insufficient emergency room capacity and wait times for surgery have occasionally resulted in occasionally fatal consequences (“Ontario emergency room waits,” 2005; “Alta. MLA alleges hush-money,” 2011; Global Winnipeg, 2009). As well, factors including rapidly escalating medical costs and increasing demands for accountability and transparency in clinical practice, have mandated the development of metrics in performance assessment and mechanisms for promoting perpetual improvement in quality (Harrigan, 2000).

Various approaches have been implemented in healthcare to address quality issues. Common among each of these approaches are measurement of key indicators, inference causes of quality issues, creation of solutions for these problems, implementation of change and evaluation of performance post-change. PA in particular (Godwin, 2001), espouses physician-initiated refinement of clinical processes, so that they meet or exceed a target standard. Although some audits are merely descriptive, that is they describe a current state of performance, others are prescriptive, in the sense they report on im-

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