Qualitative study of the effect of a quality improvement collaborative for better management of sleep problems presenting to primary care

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Resources for Effective Sleep Treatment
Method

- data collected through regular meetings with practitioners and practice staff, some ad hoc others by arrangement
- audiotaped and transcribed verbatim
- thematic analysis was carried out supported by computer software, MAXQDA using a framework method.¹
- constant comparative analysis was undertaken iteratively as data were collected.

Learning points from qualitative data

- protocol driven techniques for improved sleep management can be adopted to primary care consultations while consolidating participants’ enthusiasm pre, during and post collaborative

- notwithstanding our collaborative’s focus on technique, emergent clinical consultations were invariably tailored to both patients’ and primary care providers’ circumstances
Learning points from qualitative data

- Constructions of prescriber-patient interactions changed at the point of care delivery.
- Adaptations made to standardised and advocated care were fundamental to quality improvement rather than irreconcilable with collaborative objectives and aims.
- Unintended consequences of quality improvement are pervasively present.
Ten emergent themes in change process

- engagement of staff
- educational component
- expressed needs of patients and staff
- practitioner views of different tools
- problems of lack of feedback from patients
Ten emergent themes in change process

- practitioner preconceptions
- GP and patient treatment expectations and constructions of care
- barriers to implementing tools and techniques
- changes already initiated or to be initiated by practices,
- techniques and the importance of a tailored approach
Discussion

Achieving improved sleep management involves:

- recognising that initial expressions of interest had to be sustained with methodical, coordinated and structured educational support even beyond time of collaborative

- none of the reported barriers to implementation were surprising nor were they insurmountable, e.g. low questionnaire return rates

- a complex dynamic of idiosyncratic experiences and new constructions of clinical processes
Discussion

Achieving improved sleep management involves:

- embracing an ecological perspective of change
- anticipating and addressing repercussions in interface with secondary tier services or other providers adhering to traditional modes of practice
Discussion

Achieving improved sleep management involves:

- valuing opportunistic experience based expertise developed by participants
- incorporating participants’ feedback e.g. in respect of questionnaire assessments
- developing a new clinical focus from symptoms of insomnia to one that incorporates a complementary perspective that recognise the association of adverse life circumstances in the generation of presenting complaints about problematic sleep management
- resolution of adverse life circumstance is central to improved quality in primary care management of sleep
Conclusion

Achieving improved sleep management involves:

- better assessment and improved sleep management achieved gradually, through progressive stages of plan-do-study act cycles
Thank you