



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

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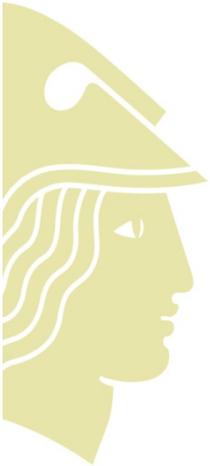
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Method

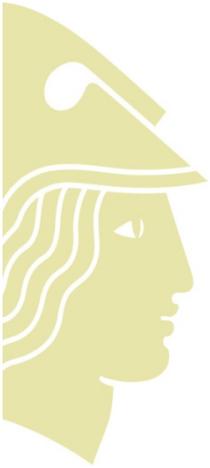
- ❑ data collected through regular meetings with practitioners and practice staff, some ad hoc others by arrangement
- ❑ audiotaped and transcribed verbatim
- ❑ thematic analysis was carried out supported by computer software, MAXQDA using a framework method.¹
- ❑ constant comparative analysis was undertaken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

1. MAXQDA. <http://www.maxqda.com>. Udo Kuckartz, Berlin . 2007.



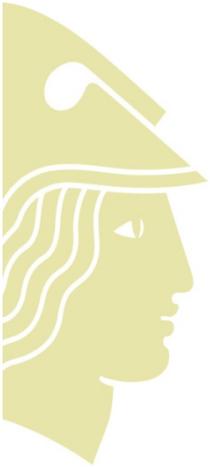
Learning points from qualitative data

- ❑ 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



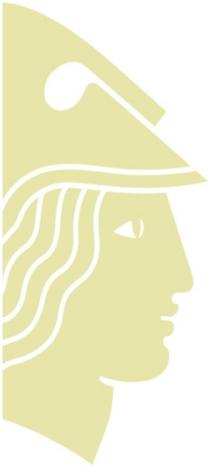
Learning points from qualitative data

- ❑ 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:

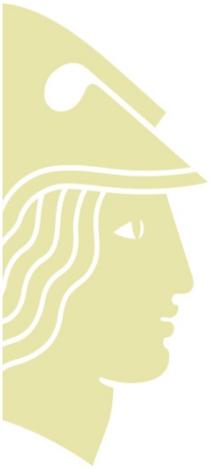
- recognising that initial expressions of interest had to be sustained with methodical, coordinated and structured educational support even beyond time of collaborative
- none of the reported barriers to implementation were surprising nor were they insurmountable, e.g. low questionnaire return rates
- a complex dynamic of idiosyncratic experiences and new constructions of clinical processes



Discussion

Achieving improved sleep management involves:

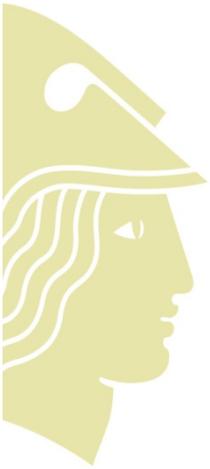
- ❑ embracing an ecological perspective of change
- ❑ anticipating and addressing repercussions in interface with secondary tier services or other providers adhering to traditional modes of practice



Discussion

Achieving improved sleep management involves:

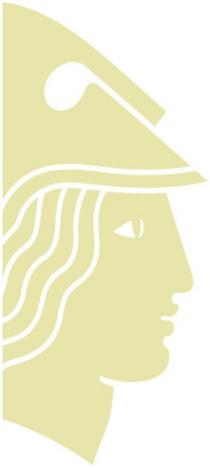
- ❑ valuing opportunistic experience based expertise developed by participants
- ❑ incorporating participants' feedback e.g. in respect of questionnaire assessments
- ❑ developing a new clinical focus from symptoms of insomnia to one that incorporates a complementary perspective that recognise the association 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

Lincolnshire **NHS**
Teaching Primary Care Trust



The University of
Nottingham