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Collaborative Improvement

Collaborative improvement is a structured improvement approach that organizes a large number of teams or sites to work together for a 12- to 24-month period to achieve significant improvements in a specific area of care. The collaborative approach combines traditional quality improvement methods of team work, process analysis, introduction of standards, measurement of quality indicators, training, job aids, and coaching with techniques based on social learning and diffusion of innovation theories.

In a collaborative, teams of health care providers work independently to test out changes in how to improve the delivery of care. Teams use a common set of indicators to measure the quality of the care processes the collaborative is trying to improve and, where possible, the desired health outcomes. The collaborative organizes regular sharing of results among teams through learning sessions in which teams learn from each other about which changes have been successful and which were not. This results in a dynamic improvement strategy in which many teams working on related problem areas can learn from each other in a way that facilitates rapid dissemination of successful practices. In its emphasis on spread and scale-up of improvements, the improvement collaborative model offers a powerful tool in the arsenal of proven improvement methods.

Experience with the Improvement Collaborative Approach

The Institute for Healthcare Improvement [1] (IHI) pioneered the improvement collaborative approach in 1995 to address a common problem in the health care system in the United States: while evidence existed for a particular standard of care, it was not routinely practiced. IHI designed the collaborative model to overcome obstacles to the consistent application of evidence-based practices and at the same time increase the pace and efficiency of improvement in health care. Calling the approach the "Breakthrough Series" or BTS Improvement Collaborative [2], IHI has worked with over 1000 teams of providers to apply the method to diverse care processes and clinical content areas, with excellent results.

USAID has supported the widespread adaptation and application of the improvement collaborative approach [3] in assisted countries since 2003. Since then, USAID has funded over 75 improvement collaboratives in over 20 developing and middle-income countries [4], mainly involving teams of public sector health care providers. These efforts, begun under the Quality Assurance Project and continued under the USAID Health Care Improvement Project and USAID ASSIST, made a number of adaptations to the BTS Improvement Collaborative model to accommodate government health system structures, introduce more content on QI methods and measurement in learning sessions, and emphasize the role of coaches in guiding and motivating site teams. Like the collaboratives supported by IHI in the United States and other countries, USAID-supported collaboratives have achieved rapid and significant improvements in the quality of diverse health care services [5] and demonstrated that the gains made in quality of care through collaboratives could be maintained over time.

USAID-supported collaborative improvement applications have found that shared learning among teams engaged in collaborative improvement accelerates the adoption and spread of evidence-based approaches across sites. Reviewing the process of service delivery allows teams to see what barriers and bottlenecks exist and need to be addressed. Data are a vital part of collaborative improvement, showing whether changes being tested/implemented have yielded the desired outcome. While collaborative improvement has been extensively applied to clinical care processes (both preventive and curative), it has also been applied to non-clinical areas like human resources management [6], information systems, supply management, community-based care for vulnerable children [7], and social services.

Improvement Science [8]
Collaborative Improvement [9]

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