

## FROM THE EDITOR

## The Evolving World of Quality Improvement

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In this issue of *Forum*, we present multiple perspectives on quality improvement (QI) projects. The experienced clinician looks back at a project to improve immunization rates in his practice and asks, “Is this all there is? Was this a productive use of my time and resources?” A medical student learns about barriers to engaging others in QI when multiple competing priorities exist in the workplace. A resident partners with medical informatics researchers to identify patients for a targeted intervention, and an interdisciplinary team performs a root cause analysis to address a delay in diagnosis.

As physicians, the willingness to question, dissect, ponder, and advocate for change in the things we do is not new—it is the essence of professionalism, inherent in the concept and core values of the

“good doctor,” a construct that some bemoan as having been lost in the current era of the physician as technologist. On the contrary, what QI has given us is the terminology, taxonomy, and processes for addressing challenges in patient care in a systematic, productive, and measurable way.

What is clear is that our experience with QI is evolving and our expectations are becoming more sophisticated. We are not satisfied with short-term fixes for systemic problems that may not be sustainable. We must factor efficiency and time management into everything we do. Some projects are more suited to the microcosm of our individual practice sites or group of practitioners while others are better suited to the macro-environment of the hospital, accountable care organization, or health care system in

which we practice. It is also clear that QI is a team sport—that through the collaboration of an interdisciplinary team, much can be accomplished to the benefit of patients and providers alike.

As we train the next generation of professionals in QI theory and methodology, we should expect increased sophistication in our approach to QI, including improved collaboration, generalizability of projects with maximal impact, and increased acceptance and adoption of new initiatives by those resistant to change. Performance measures should differ for individual providers, teams, and health care systems. To be meaningful, they must address outcomes that are meaningful for patients and within the capability of providers, teams, or systems to enact.