

Providence

QI²

Qualitative Inquiry for Quality Improvement

A Practical Toolkit for Engaging Clinical Stakeholders in
Healthcare Quality Improvement Initiatives



Acknowledgments

We express our gratitude for the clinical stakeholders at Providence who participated in the AFib NEXT and Precision Oncology with Equitable Reach (POWER) QI initiatives highlighted in this toolkit, our partners at the Providence Heart Institute and Providence Cancer Institute, and Pfizer for their sponsorship of both initiatives and their efforts to ensure the actionable insights generated through each initiative were shared with other health systems interested in assessing AFib and precision oncology care delivery.

Introduction

Our Philosophy

Driven by Providence's vision—Health for a Better World—the Institute for Clinical Innovation's Health Research Accelerator (HRA) focuses on discovering what works, for whom, and in what contexts, and translating those insights into real-world impact. Grounded in health equity and population health, we are committed to transparency and open sharing to expand access, accelerate impact, and create a better world—together.

Impact Statement

Providence aims to be the best place to give and receive care. Creating a healthy, caring culture shaped by Providence employees and improving their workplace experiences are key to achieving this goal. At the HRA, we designed a clinical stakeholder engagement process, Providence Qualitative Inquiry for Quality Improvement (QI²), to conduct systematic, qualitative explorations of healthcare delivery and care gaps to drive QI efforts that are responsive to our employees' experiences and perspectives. We created this toolkit to provide practical, methodological guidance and highlight successful applications of QI² to support other health systems seeking to meaningfully engage their clinical stakeholders in pursuit of high-quality healthcare delivery and improved patient outcomes and workplace experiences.

Table of Contents

5	Toolkit Background
6	Toolkit Design
7	Methodology
	▼ Rationale
	▼ Overview
	▼ Iterative Qualitative Process
	▼ Multi-Phase Stakeholder Engagement
14	Case Studies
	▼ Overview
	▼ AFib Care
	▼ Precision Oncology
21	Keys to Success
24	References
25	Contact Information



Qualitative Inquiry
for Quality Improvement

Toolkit Background

Researchers at the Providence Health Research Accelerator (HRA) designed a novel stakeholder engagement process, Qualitative Inquiry for Quality Improvement (QI²), to conduct systematic, qualitative explorations of healthcare delivery and care gaps across our large, complex footprint. We designed this toolkit to provide practical, methodological guidance for other health systems that seek to build and sustain clinical stakeholder engagement in healthcare QI initiatives using a rigorous qualitative approach.

“ Why take a qualitative approach? ”

Qualitative inquiry can deepen our understanding of the complexities of healthcare delivery and care gaps by creating space for clinical stakeholders to share their perspectives, values, and lived experiences. It privileges multiple ways of knowing—**there’s no one universal truth because we all experience and ascribe meaning to our experience differently**. By using qualitative methods, we seek to understand how clinical stakeholders interpret and make meaning of their experiences and generate real-world insights to improve healthcare delivery, patient outcomes, and workplace experiences.

Kristi Roybal, PhD, Clinical Research Scientist
Providence Health Research Accelerator





Qualitative Inquiry
for Quality Improvement

Toolkit Design

This toolkit is for health system researchers, leaders, and clinical stakeholders who are working on healthcare QI initiatives and are interested in learning about and leveraging a systematic qualitative stakeholder engagement process that builds meaningful relationships with clinical stakeholders, values their experiences and perspectives, and generates actionable, human-centered insights to improve healthcare.

We cover the following content:

- ▼ Methodology
- ▼ Case Studies
- ▼ Keys to Success



Qualitative Inquiry
for Quality Improvement

Methodology Rationale

Taking a Bottom-Up Approach to QI

QI processes in healthcare often follow a top-down approach whereby agendas, decision-making, and implementation are driven by a small group of stakeholders.¹ However, building and sustaining purposeful engagement of healthcare professionals in QI initiatives is a key factor in successful implementation.^{2,3} Taking a bottom-up approach to QI, specifically centering and meaningfully engaging a broader and more diverse group of stakeholders, may yield more sustainable change and overcome “apathy and resistance” to top-down QI initiatives.^{1,3}

Leveraging Qualitative Inquiry to Deepen QI Insights

QI processes also tend to rely on quantitative data.¹ Consequently, QI processes may overlook care improvement opportunities that cannot be captured with quantitative tools alone.¹ Qualitative inquiry can deepen insight into the complexities of healthcare delivery by creating space for stakeholders to share their perspectives, experiences, and feelings.^{1,4}

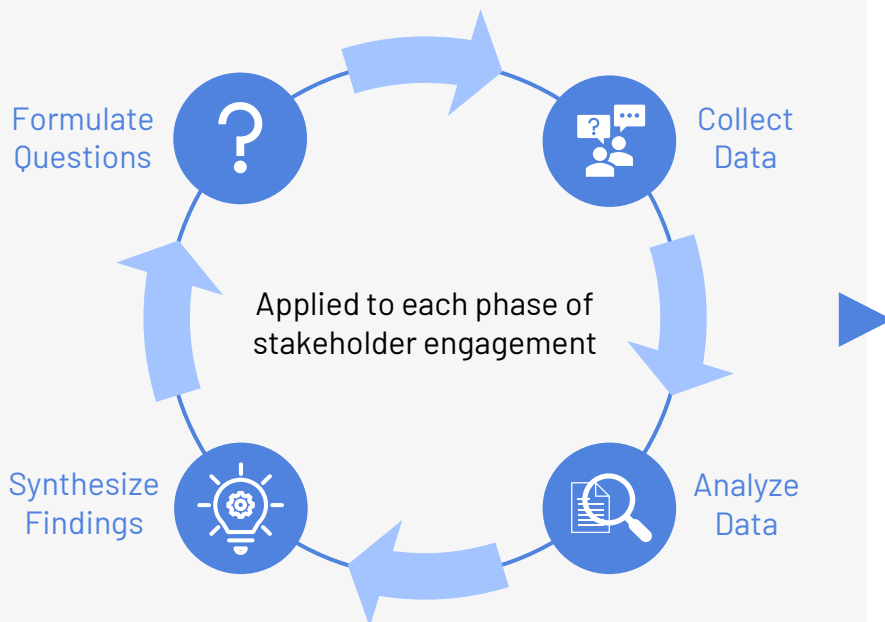
QI²

Qualitative Inquiry
for Quality Improvement

Methodology Overview

QI² is an iterative, multi-phase qualitative stakeholder engagement process that supports systematic and thorough exploration of healthcare delivery and care gaps. In the following pages, we provide a more detailed explanation of the two core elements of the methodology—the Iterative Qualitative Process and Multi-Phase Stakeholder Engagement—and provide tips, resources, and guidance for applying this framework to your QI work.

Iterative Qualitative Process



Multi-Phase Stakeholder Engagement

Prior to beginning your project, your QI team will plan phases of engagement. These phases may include interviews, focus groups, and document reviews. As you move through your initial phases of engagement, you may identify a need for additional ad hoc phases to address gaps in understanding. The final phase includes the formation of an advisory group, with two primary goals: 1) to facilitate deeper exploration and refinement of QI recommendations generated in earlier project phases to move them into action; and 2) to build a base of clinical stakeholders for sustainable engagement in ongoing QI initiatives.



Qualitative Inquiry
for Quality Improvement

Methodology

Iterative Qualitative Process

Formulate Questions

For every phase of engagement, you'll need to formulate questions to structure your discussions with clinical stakeholders. Your questions should be:



- ▼ Directly tied to your QI initiative objective(s)
- ▼ Crafted with the input of health system and clinical leaders
- ▼ Open-ended to generate deep and nuanced insights
- ▼ Tailored for different stakeholder groups, when appropriate
- ▼ Funneled from broad exploratory questions to increasingly specific questions as phases of engagement progress



Quick Tip

Maintain an inventory of discussion questions used at all phases of engagement to track domains of focus and support the formulation of questions that elicit in-depth and increasingly specific stakeholder input.



Resource Corner

[Guidelines for Interviews and Focus Groups](#)

[How to Formulate Interview Questions](#)

[Developing Questions for Focus Group Interviews](#)

QI²

Qualitative Inquiry
for Quality Improvement

Methodology Iterative Qualitative Process

Collect Data

You may employ multiple data collection methods across your initiative like starting with subject matter expert interviews to assess the broad care landscape and structure subsequent phases of engagement, including in-depth interviews and focus groups.



	What	When	How	Where
Interviews	Guided conversations between researcher and participant	Project is issue-oriented and researcher aims to get deeper information or insights about a specific phenomenon	Through use of structured, semi-structured, or low-structured interview guide	Private spaces that are comfortable for the participant, including virtual spaces
Focus Groups	Dynamic, generative conversations between facilitator and participants	Project seeks to gain depth and breadth of understanding for a phenomenon of which little may be known	Through use of a structured or semi-structured discussion guide	Physical or virtual spaces; may be synchronous or asynchronous



Quick Tip

When conducting interviews and focus groups, consider using facilitators who have political and/or clinical distance from the QI project focus area to reduce power dynamics and create space where stakeholders feel comfortable sharing with you.



Resource Corner

[Guidelines for Interviews and Focus Groups](#)

[Conducting Qualitative Interviews and Focus Groups](#)

[Methods of Data Collection in Qualitative Research](#)

QI²

Qualitative Inquiry
for Quality Improvement

Methodology Iterative Qualitative Process

Analyze Data

QI initiatives often move fast. While there are many different types of qualitative data analysis methods, we use rapid qualitative analysis (RQA) to ensure both rigorous and efficient analyses that produce actionable insights.⁵ The key steps, to be repeated for each phase, include:



1

Creating a 2-3 page transcript summary for each interview and/or focus group organized by discussion guide domains/ areas, a process that condenses and creates an inventory of collected data

2

Creating a matrixed data display of transcript summary content in Excel, organized by discussion guide domains/ areas (columns) and interviews/focus groups (rows) to systematically analyze data, identify meaningful patterns, and generate themes



Quick Tip

Include data extracts or direct quotations when presenting synthesized findings. This will keep your findings grounded in the data and ensure that clinical stakeholders' voices are centered in the narrative you share to drive meaningful healthcare quality improvements.



Resource Corner

[Planning for and Assessing Rigor in RQA](#)

[Rapid Qualitative Analysis Workshop](#)

[PRC at UMass Chan Rapid Qualitative Analysis Training](#)

QI²

Qualitative Inquiry
for Quality Improvement

Methodology Iterative Qualitative Process

Synthesize Findings

Qualitative data analysis is a systematic, interpretative process that transforms raw data and typically generates thematic findings. Once you have completed analysis, you move to the synthesis of findings, an integrative process that makes meaning of the qualitative findings as a whole—to make connections across themes, compare findings across groups, generate higher-level insights, and draw conclusions. Approaches to synthesize findings include concept mapping, storyboarding, diagramming, infographics, user personas/empathy maps, and writing.



Qualitative analysis generates findings.
Qualitative synthesis generates understanding.



Quick Tip

Include data extracts or direct quotations when presenting synthesized findings. This will keep your findings grounded in the data and ensure that clinical stakeholders' voices are centered in the narrative you share to drive meaningful healthcare quality improvements.



Resource Corner

[Interpretation in Qualitative Research: What, Why, How](#)

[From Analysis to Interpretation in Qualitative Studies](#)

[Interpretation in Qualitative Research](#)



Qualitative Inquiry
for Quality Improvement

Methodology

Multi-Phase Stakeholder Engagement

The number of stakeholder engagement phases you include will depend on your project scope, timeline, and resources. We recommend three phases as a starting point:

- 1** A set of interviews to launch the project, completed with subject matter experts or a targeted group of clinical stakeholders who can help assess the care landscape
- 2** Additional interviews or focus groups to broaden engagement, deepen understanding, and begin to generate actionable QI recommendations
- 3** The formation of an advisory group that includes previously engaged and new stakeholders to facilitate deeper exploration and refinement of QI recommendations

Mapping and tapping into your existing clinical and administrative networks can help you identify clinical stakeholders to outreach for project participation and facilitate smooth recruitment processes.





Qualitative Inquiry
for Quality Improvement

Case Studies Overview

To show how QI² works in practice, we present two real-world applications at Providence—one focused on AFib care delivery and the other on precision oncology. These case studies highlight stakeholder experiences with a bottom-up QI approach and the actionable insights generated from each initiative. Each case study includes the following sections:

- ▼ Initiative Overview
- ▼ Multi-Phase Stakeholder Engagement Process
- ▼ Actionable Insights



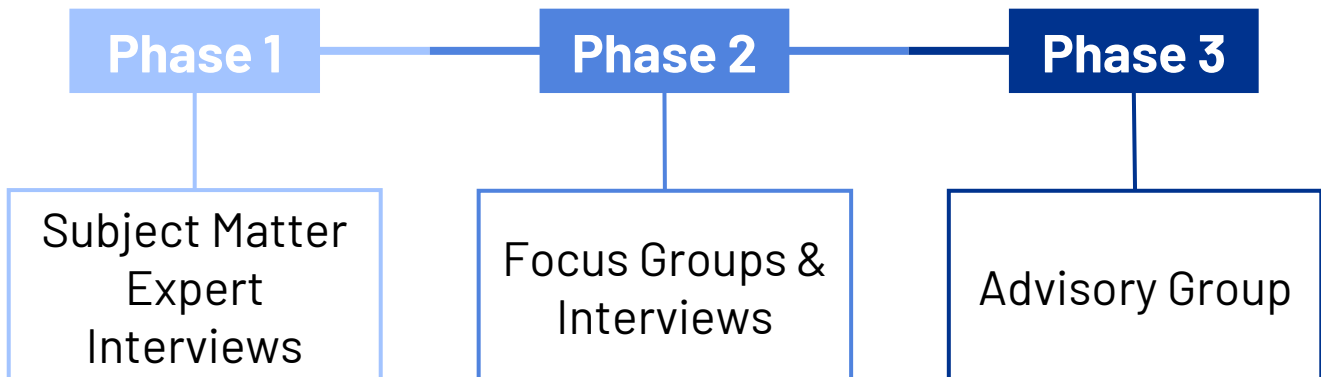
Qualitative Inquiry
for Quality Improvement

Case Study

AFib Care

Initiative Overview

In collaboration with the Providence Heart Institute, we implemented QI² with clinical stakeholders to assess the AFib care landscape and identify opportunities to improve patient outcomes and provider experience, culminating in developed and refined AFib care redesign recommendations.



“Sometimes, the changes that happen, it feels like it’s the same handful of physicians that are really involved...I think just getting a broader perspective on [AFib care redesign], maybe people that aren’t always involved who have busy clinics, heavy patient workloads, I think they have a different perspective.”



Providence AFib Care Redesign Stakeholder



Qualitative Inquiry
for Quality Improvement

Case Study

AFib Care

Multi-Phase Stakeholder Engagement Process

Phase 1

Our Phase 1 goal was to understand system-wide operational and clinical processes for the diagnosis and treatment of AFib, the inception and implementation of an automated stroke risk assessment tool, and gaps and opportunities in AFib care. Five subject matter experts (SME) were initially identified by the Providence Heart Institute. After analysis, we determined a need for additional SME interviews to better understand Epic/Informatics and Systems considerations in AFib care. Six additional SMEs were identified by the initial SMEs, who were asked to recommend stakeholders with the relevant expertise. Learnings from Phase 1 structured discussions in Phases 2 and 3.

Phase 2

In Phase 2, we sought to broaden our scope of engagement to capture the perspectives of a more diverse group of stakeholders working across the AFib care continuum. We conducted six focus groups (21 stakeholders total) and four one-to-one interviews with clinicians (electrophysiologists, pharmacists, primary care, nursing, general cardiology) and administrative leaders to understand:

- gaps and opportunities in AFib care
- opportunities for system-level enhancement and standardization of AFib care guidelines
- opportunities to harness data and technology to improve AFib care
- strategies to increase patient knowledge and enhance their capacity to self-manage AFib
- best practices for effective implementation of an AFib care redesign action plan

Learnings from Phase 2 were consolidated into a draft AFib care redesign action plan for discussion in Phase 3 with an Advisory Group.

Phase 3

Our objective for Phase 3 was to systematically collect feedback on AFib care redesign recommendations generated from Phases 1 and 2 by engaging a multidisciplinary Advisory Group that included both previously engaged and new clinical stakeholders. Prior to convening the 26 Advisory Group members, our Providence Heart Institute partners were asked to priority rank the three identified AFib care redesign areas so we could encourage Advisory Group members to generate specific and concrete strategies to advance the QI process. We then hosted a kickoff session to orient the 26 Advisory Group members to the project and asked them to priority rank specific AFib care redesign strategies to limit the scope of and structure our two feedback sessions.



Qualitative Inquiry
for Quality Improvement

Case Study

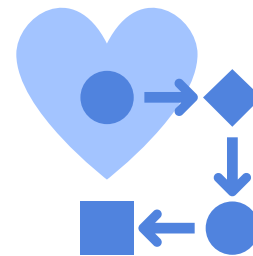
AFib Care

Actionable Insights

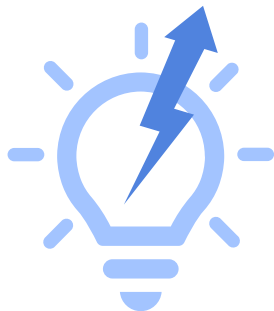
Our goal for the AFib care QI initiative was to create a space for clinical stakeholders across the AFib care continuum to reimagine how we care for patients with AFib at Providence. Through the design and implementation of QI², we were able to engage a diverse, multidisciplinary group of stakeholders to generate a bottom-up AFib care redesign action plan delivered to the Providence Heart Institute to guide system-level enhancements. Priority areas include:



Optimizing Integration of
Stroke Risk Assessment Tools



Enhancing AFib Workflows
Across the Care Continuum



Strengthening Patient and
Provider Education



Monitoring and Assessing
Impact of Care Redesign

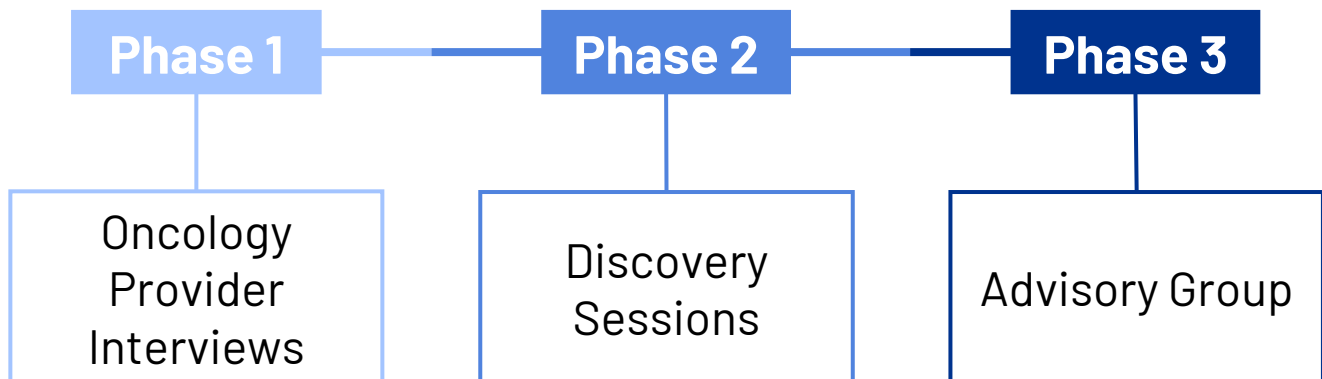


Qualitative Inquiry
for Quality Improvement

Case Study Precision Oncology

Initiative Overview

We collaborated with the Providence Cancer Institute to implement QI² as a part of a mixed methods QI initiative to explore providers' needs for delivering precision cancer care to their patients, including education and training materials, protocols, and clinical decision support tools.



"I just want to thank you...I know that it has to come out, the frustration, so that it elevates the temperature a little bit. So things get the leaders here."

Providence Precision Oncology Stakeholder



Qualitative Inquiry
for Quality Improvement

Case Study Precision Oncology

Multi-Phase Stakeholder Engagement Process

Phase 1

Our Phase 1 goal was to engage prostate and colorectal cancer care providers to understand their needs for precision oncology. We explored provider use of genomic testing and targeted therapies, barriers and facilitators to precision cancer care, and provider needs for clinical decision support. We also asked providers to share their perceptions of equity in precision oncology and opportunities to improve and scale precision oncology across our system. We interviewed 14 providers, including medical oncologists, colorectal surgeons, a medical geneticist, a urologist, a pathologist, a genetic counselor, and a physician assistant. We created three discussion guides. While most questions overlapped across interviews, we tailored questions for the pathologist and non-physician providers given the differences in scope of work and training.

Phase 2

In Phase 1, we identified a gap in our provider engagement activities, specifically learning about existing and/or emerging precision oncology initiatives across Providence. To fill this gap, we hosted three discovery sessions with genomics and clinical decision support leaders across our system to share preliminary insights from this project, learn about their efforts to strengthen and scale precision oncology, and ensure our recommendations for improving and scaling precision oncology aligned with existing efforts at Providence. We prepared a list of informal exploratory questions for each session. We integrated Phase 1 and 2 learnings in the Precision Oncology Compendium—a comprehensive report on the initiative and recommendations to scale precision oncology equitably across our health system.

Phase 3

Our objective for Phase 3 was to systematically collect feedback on the recommendations generated from this initiative by engaging a newly established Advisory Group that included both previously engaged and new clinical stakeholders. We hosted a kickoff session to orient the 20 Advisory Group members to the project and asked them to priority rank specific precision oncology interventions to limit the scope of and structure our two feedback sessions. We then developed and shared briefs for each session to provide an overview of the project, the topic of focus, and tailored discussion questions. This approach supported a rich discussion where we could dive deeper into provider pain points and ideas about how to address them.

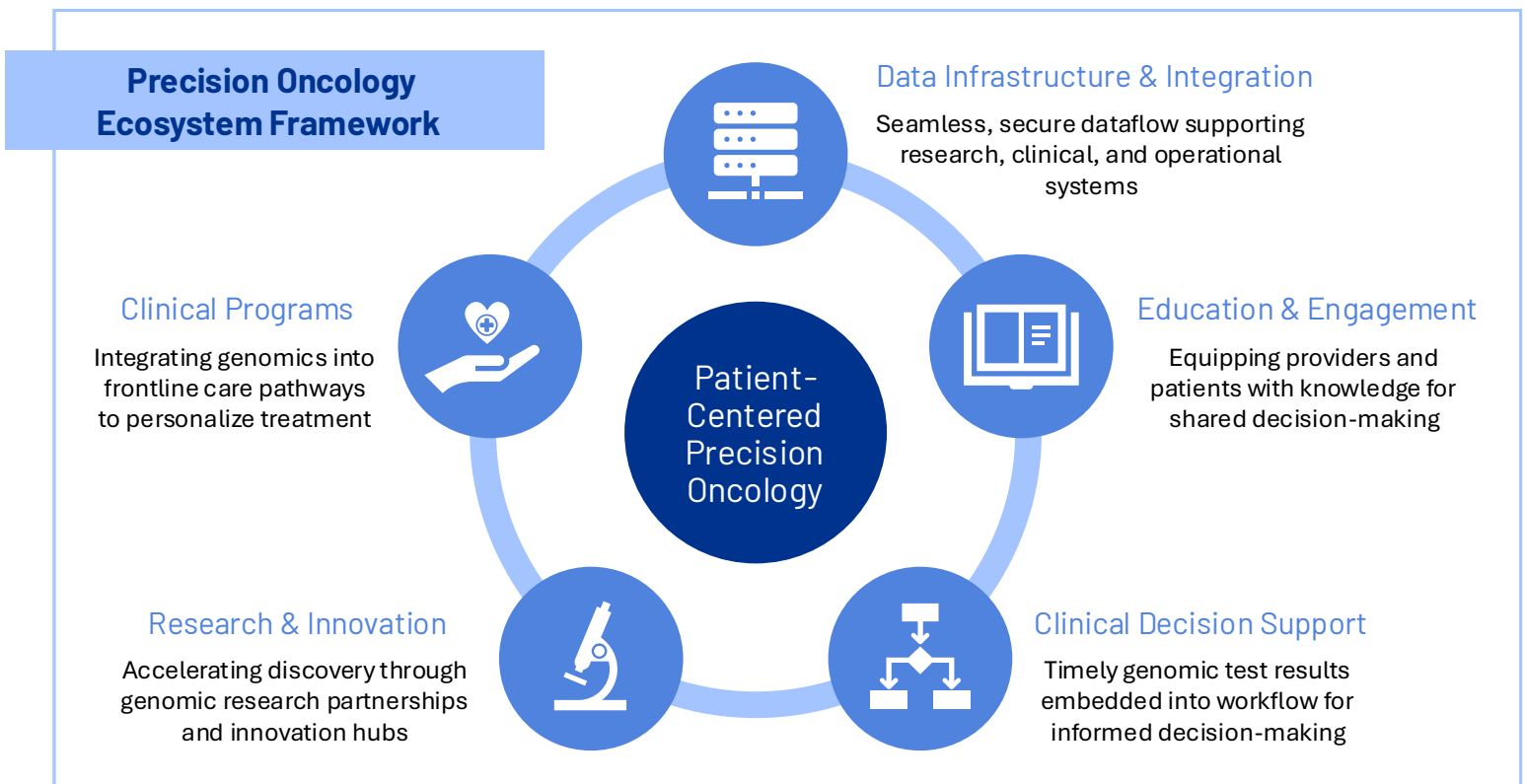


Qualitative Inquiry
for Quality Improvement

Case Study Precision Oncology

Actionable Insights

Our goal for the precision oncology QI initiative was to conduct a thorough evaluation of providers’ needs to improve delivery of precision cancer care. We adapted QI² from the AFib care initiative to engage cancer care stakeholders. We integrated qualitative insights with results from an environmental scan and analysis of precision oncology clinical metrics to guide system-level improvement efforts. Through this initiative, we developed the Precision Oncology Ecosystem Framework to highlight five interconnected domains that together can drive the scaling of equitable, patient-centered precision oncology.

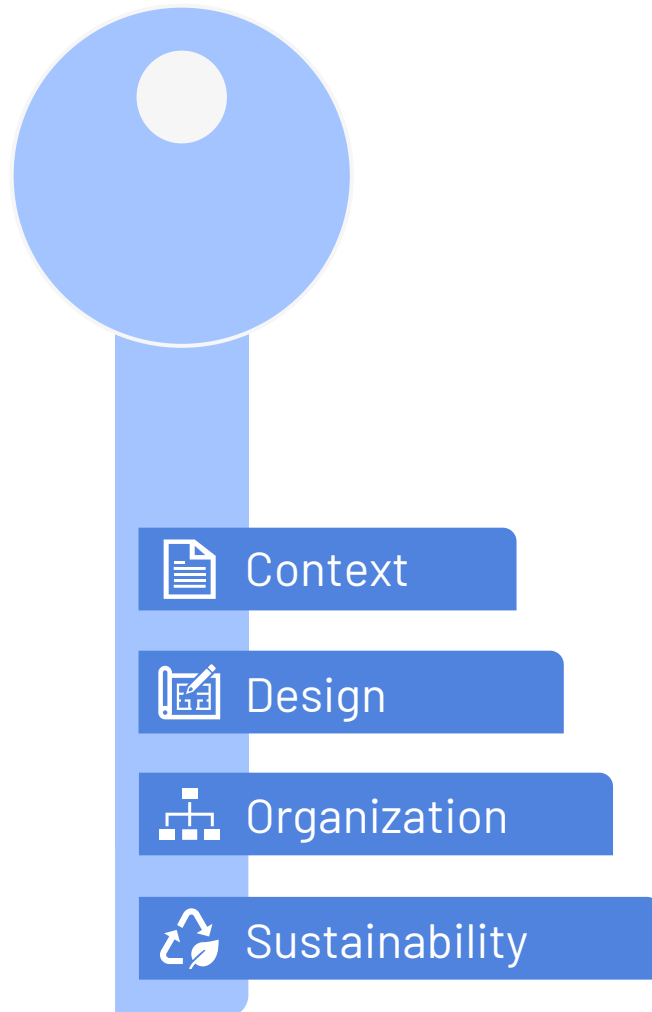




Qualitative Inquiry
for Quality Improvement

Keys to Success

Our experiences designing, adapting, and implementing QI² for AFib care and precision oncology QI initiatives at Providence allowed us to identify keys to success that can be leveraged by health systems that seek to build and sustain stakeholder engagement in their own healthcare QI initiatives.





Qualitative Inquiry
for Quality Improvement

Keys to Success



Context

- ▼ Present a clear data-driven “why” for clinical stakeholders, when possible, to contextualize your QI initiative in identified care gaps and increase buy-in.
- ▼ Collaborate with clinical leaders to ensure alignment with strategic priorities.



Design

- ▼ Use neutral facilitators who have political and/or clinical distance from the QI focus area to help create a space where stakeholders feel comfortable sharing their experiences and perspectives.
- ▼ Think about the multiple phases of data collection as a funnel that starts with the broad landscape of care delivery and ends with a level of depth and specificity that can drive change. We recommend maintaining an inventory of discussion questions to track domains of focus and support the formulation of questions that elicit in-depth and increasingly specific input.
- ▼ Pursue unanticipated conversations to enhance learning (e.g., multidisciplinary focus groups, discovery sessions to learn more about relevant departments and/or programs).



Qualitative Inquiry
for Quality Improvement

Keys to Success



Organization

- ▼ Create organizational tools to manage and monitor multiple phases of outreach, engagement, data collection, and analysis. These might include recruitment and participant trackers, a discussion question inventory, and an audit trail of design and analytic decisions. Ideally, these will be shared across your team for real-time tracking and collaboration to ensure a smooth, thorough, and efficient stakeholder engagement process.



Sustainability

- ▼ Meet clinical stakeholders where they are at. We recommend scheduling interviews and discussions at the times of day stakeholders, especially clinical providers, are more likely to be available—often early mornings or evenings.
- ▼ Create space for a diverse representation of stakeholders to share and imagine the path forward. A deep understanding of their experiences and perspectives will help you identify opportunities to improve their experiences, and ultimately, patient outcomes.
- ▼ Lean into and accept divergent perspectives and tensions in the experiences and perspectives stakeholders share. This may feel uncomfortable, but can help elicit the nuance necessary to drive QI forward.

References

1. Jones, P. P., & Tomkow, L. (2022). The value of qualitative data in quality improvement projects in the care of older adults: The case of frailty scores in the emergency department. *Age and Ageing*, 51(3), afac057. <https://doi.org/10.1093/ageing/afac057>
2. Carstensen, K., Goldman, J., Kjeldsen, A. M., Lou, S., & Nielsen, C. P. (2024). Engaging health care professionals in quality improvements: A qualitative study exploring the synergies between projects of professionalisation and institutionalisation in quality improvement collaborative implementation in Denmark. *Journal of Health Services Research & Policy*, 29(3), 163-172. <https://doi.org/10.1177/13558196241231169>
3. White, M., Butterworth, T., & Wells, J. S. G. (2017). Healthcare quality improvement and 'work engagement'; Concluding results from a national, longitudinal, cross-sectional study of the 'Productive Ward-Releasing Time to Care' Programme. *BMC Health Services Research*, 17, 510. <https://doi.org/10.1186/s12913-017-2446-2>
4. Shah, A. (2019). Using data for improvement. *BMJ*, 364, l 189. <https://doi.org/10.1136/bmj.l189>
5. Hamilton, A. (2025, September 10). *Rapid qualitative analysis* [Seminar]. Penn CFAR Implementation Science Core. <https://www.youtube.com/watch?v=fid-rP8Nb34&t=1s>

Providence

QI²

Qualitative Inquiry for Quality Improvement

If you have questions or feedback about QI², or would like additional consultation, please contact the HRA:

HRA@Providence.org

