Quality Improvement for Primary Care: An Introduction

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Welcome and Introductions

Presentation Team

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Learning Objectives

By the end of this session, participants will:

• Understand the fundamentals of the Model for Improvement

• Understand the importance of the Model for Improvement and the Quality Improvement Framework

• Understand who should be engaged in quality improvement planning in your organization
Agenda

• Who should be involved in quality improvement?
• Ways to select organizational improvement priorities
• Overview of the Model for Improvement
• Plan-Do-Study-Act (PDSA) Cycles
• The link between the Model for Improvement and Quality Improvement Plans (QIPs)
How to Participate

• The control panel, which allows you to participate in the conversation and control your sound, can be opened by clicking the orange arrow (pictured right)

• Please type any questions you may have into the question pane at the bottom of the control panel. If you ask a question and it is not answered, or if you would like more information following the webinar, please contact us at: QIP@hqontario.ca

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Quick Poll

Before we get started, please rate your experience with the fundamentals of quality improvement.

1. I am a QI expert. I could be leading this webinar.
2. I know a little bit about QI and have seen some of the tools
3. I know what QI stands for.
4. Q what?
The Model for Improvement

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What change can we make that will result in improvement?

Act | Plan
--- | ---
Study | Do
The Model for Improvement

Model for Improvement

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What change can we make that will result in improvement?

Model:

Act
Study
Plan
Do

- Relevant
- Practical
- Evidence-based
- Knowledge-based
- Inclusive
The QIP Template (Excel)

<table>
<thead>
<tr>
<th>AIM</th>
<th>MEASURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality dimension</td>
<td>Objective</td>
</tr>
<tr>
<td></td>
<td>Measure/Indicator</td>
</tr>
<tr>
<td></td>
<td>Current performance</td>
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<td></td>
<td>Target for 2013/14</td>
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<tr>
<td></td>
<td>Target justification</td>
</tr>
</tbody>
</table>

Each column to be filled in...

<table>
<thead>
<tr>
<th>CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planned improvement initiatives (Change Ideas)</td>
</tr>
<tr>
<td>Methods and process measures</td>
</tr>
<tr>
<td>Goal for change ideas (2013/14)</td>
</tr>
<tr>
<td>Comments</td>
</tr>
</tbody>
</table>

Each column to be filled in – multiple rows (change ideas) per measure is ideal

### AIM
| Quality dimension | Objective |

| Measure/Indicator | Current performance | Target for 2013/14 | Target justification |

### CHANGE
| Planned improvement initiatives (Change Ideas) | Methods and process measures | Goal for change ideas (2013/14) | Comments |

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**Model for Improvement**

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What change can we make that will result in improvement?
HQO’s Quality Improvement Framework

MODEL FOR IMPROVEMENT

AIM
What are we trying to accomplish?

MEASURE
How will we know that a change is an improvement?

CHANGE
What change can we make that will result in an improvement?

GETTING STARTED
DEFINING THE PROBLEM
UNDERSTANDING YOUR SYSTEM
DESIGNING AND TESTING SOLUTIONS
IMPLEMENTING AND SUSTAINING CHANGES
SPREADING CHANGE

ACT
PLAN
STUDY
DO
Types of Change

Reactive Change
• Knee-jerk reactions
• Short term, quick fixes

Fundamental Change
• System focus
• Long-term sustainable change
Quick Poll

Of the changes you have made or tried to make in your organization, how many do you think have been fundamental? How many do you think have been reactive?

• 100% fundamental
• 75% fundamental/ 25% reactive
• 50/50
• 25% fundamental/ 75% reactive
• 100% reactive
Where do these change ideas come from anyways?

- Logical thinking about the current system
- Learning from others
- Using technology
- Creative thinking
- Using change concepts
Quality Improvement

All health care professionals have two jobs:

1. Providing care
2. Improving care.

Participation Across the Organization

- Board
- Quality Committee
- Executive Director
- Lead Clinician
- Other clinicians and staff
- Patients/Clients and caregivers
Using Change Concepts

Thought, belief or perception: “I wonder if”

Change Concept

Specific Idea # 1

Specific Idea # 2

IMPROVEMENT
Using Change Concept - Access

Too much demand for provider supply

Change Concept
Reduce Demand

Specific Idea # 1
What ideas do we have?

Specific Idea # 3

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Model for Improvement

Act

Plan

Study

Do
The PDSA Cycle for Learning and Improvement

**Plan**
- Objective
- Questions to answer
- Predictions re answers
- Plan test(who, what, where, when)
- Plan for data collection to answer each Q and measure predictions

**Do**
- Do the plan including data collection
- Document observations – good and bad
- Begin analysis of data

**Study**
- Complete analysis of data
- Compare data analysis to predictions
- Summarize what was learned.

**Act**
- Act on what you learned
- What changes will you make?
- What will the next cycle be?
- Plan the next cycle
Plan

• What are we testing? Why?
• Questions to answer
• Predictions for each question
• Plan for data collection to answer each question
• Create the plan to carry out the cycle
Plan to Measure

• What questions do you want to answer?
  ✓ Useful
  ✓ Low-tech
  ✓ Qualitative
  ✓ Quantitative

|---------------------------|------------|--------------|---------------|---------------|------|
Plan the test

• What do you need to administer the test?
• Ensure that everyone knows their role

List tasks required to set-up this test: Who, What, When, Where?

<table>
<thead>
<tr>
<th>What – Tasks</th>
<th>Who</th>
<th>When</th>
<th>Where</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
Plan Phase

Area of Focus: To increase supply

Purpose of cycle: To test having the RN see hypertension patients in follow-up to increase provider supply

Questions:
1. How long will appointment be to cover all required tasks?
2. What is the feedback from the patient?

Predictions:
1. The RN predicts it will take 30 minutes for this first test.
2. The RN predicts that the patient will be fine with meeting her for the BP appointment. The medical receptionist predicts that the patient may be concerned about not seeing the provider.
## RN BP Appointment

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>How much time to conduct the appt?</td>
<td>Number of minutes</td>
<td>RN</td>
<td>During appt</td>
<td>Exam room</td>
<td>Stopwatch on phone</td>
</tr>
<tr>
<td><strong>Prediction:</strong> 30 minutes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is patient feedback?</td>
<td>Patient feedback</td>
<td>RN</td>
<td>After appt</td>
<td>Exam room</td>
<td>Interview questions</td>
</tr>
<tr>
<td><strong>Predictions:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Patient will like the appt with RN</td>
<td></td>
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</tr>
<tr>
<td>2. Patient will want to see provider</td>
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</tbody>
</table>
## BP appointment done by RN

**List tasks required to set-up this test: Who, What, When, Where?**

<table>
<thead>
<tr>
<th>What - tasks</th>
<th>Who</th>
<th>When</th>
<th>Where</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone patient to ask if he will participate in appt with RN</td>
<td>Receptionist</td>
<td>Tuesday</td>
<td></td>
</tr>
<tr>
<td>Develop questions to collect patient feedback</td>
<td>RN</td>
<td>Tuesday</td>
<td></td>
</tr>
<tr>
<td>Book extra time in RN schedule after appt to collect feedback</td>
<td>Receptionist</td>
<td>Today</td>
<td>RN template</td>
</tr>
</tbody>
</table>
Do

- Conduct the plan and collect data
- What did you observe when the test was carried out?
- Were there any unexpected observations?
Study

• Analyze your data and describe the results.

• How do the results compare with your predictions?

• What did you learn from this cycle?
Based on what was learned a change may be:

- Dropped
- Modified
- Increased in scope
- Tested under other conditions.
- Implemented
Quick Poll

So, what does PDSA stand for?

1. Plan Do Study Act
2. Please Do Something, Anything
3. Post demand supply activity
An Iterative Process

Hunches
Theories
Ideas

Very Small Scale Test

Follow-up Tests

Wide-Scale Tests of Change

Implementation of Change

Data

Learning and improvement

Improvement

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An Iterative Process

Cycle 1: RN tests BP appointment with one patient

Cycle 2: RN tests BP appointment with next 5 patients requiring BP follow-up

Cycle 3: RN sees all identified patients for BP follow-up

Cycle 4: Written protocol for patients who are to see RN for BP follow-up

Data and Learning

RN sees patient for BP follow-up

APSD

Cycle 1: RN tests BP appointment with one patient

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Increase Supply

Standardize Exam Rooms

RN providing BP follow-up

Email follow-up

Group visits for patients with chronic disease

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Hints for Planning Useful Cycles

Scale down size
– think “oneness”

Scale down the time
– think “drop two”

Test under many conditions

Think about next cycle
How to Participate

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Resources for Capacity Building

- HQO QIP Specialists (QIP@hqontario.ca)
- Live web-based learning opportunities from HQO
- Institute for Healthcare Improvement Open School
- 2012/13 Quality Improvement Plan analysis report
- HQO Quality Compass (Available Feb 28th, 2013)
- Signing up for bestPATH, Advanced Access & Efficiency & CDM, or other locally based initiatives
- Evidence Development and Standards Branch
- Health System Performance Branch
Documents to support the development of your QIP

- Guidance document
- Narrative
- QIP template
- Appendices

Quality Compass

Leadership Process:
- Board
- Leadership
- Quality Improvement Plans

Safety:
- Infection Prevention & Control
- Hand Hygiene
- Ventilator-Associated Pneumonia
- Central Line-Associated Bloodstream Infections
- Pressure Ulcers
- Falls
- Surgical Safety
- Restraints

Effectiveness:
- Hospital Standardized Mortality Ratio
- Sepsis
- Venous Thromboembolism

Access:
- ED Wait Times

Patient Centred:
- Positive Patient Experience

Integrated:
- Readmissions
- ALC
Advanced Access, Efficiency & Chronic Disease Management for Primary Care Wave 6 Learning Community

• Application deadline is March 1, 2013 (rolling application process)
• Wave 6 begins March 20, 2013
  – Six months of AA&E & three months of Chronic Disease Management (as well as three months of data collection for sustainability)
• Supports available to primary care practices:
  – QI Coaches
  – Resources such as: road map, workbook, tools, new & improved user-friendly Gateway, webinars
• For more information or to apply, visit: www.hqolc.ca
• Questions? Contact: learningcommunityinfo@hqontario.ca
Primary Care QIP Webinar Series

Next webinar in series:
Webinar 3 - Thursday Feb 14 at 7:30am and 12:10pm:
  Understanding Measurement – Using Data in Primary Care QIPs

Webinar 1 - Tuesday Feb 26 at 7:30am and 12:10pm:
  Completing Your QIP – Understanding Each Step

Webinar 2 - Wednesday Feb 27 at 7:30am and 12:10pm:
  Quality Improvement for Primary Care – An Introduction

Webinar 3 - Thursday Feb 28 at 7:30am and 12:10pm:
  Understanding Measurement – Using Data in Primary Care QIPs
Thanks for joining us!

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