Quality Improvement in Practice

This session will cover:

• Current expectations and approach to Quality Improvement Activities in practice

• Key considerations surrounding Quality Improvement in light of upcoming changes to the RACGP Standards and to the Practice Incentive Program (PIP)

• The role practice Governance and Data Quality play in Continuous Quality Improvement

• Activities and strategies that may be implemented in practice to enhance capacity for Continuous Quality Improvement
What is Quality Improvement?

What comes to mind?

The RACGP defines Quality Improvement as:

“An activity used to monitor, evaluate or improve the quality of health care delivered by the practice.”
When to use a Quality Improvement approach?

• To **review** structures, systems and processes
• To identify changes that could be made to **improve the quality** of services being delivered or to **enhance patient safety**

**Examples of Quality Improvement activities:**

• Practice accreditation
• Clinical audits
• Plan, Do, Study, Act (PDSA) cycles
• Research activities
• Evidence-based medical journal clubs
• Small group learning
How to decide what needs improving?

Use both *patient* and *practice data* to determine where quality improvements can be made.

**Sample areas:**

- Patient access to practice services
- How the practice manages chronic disease
- The practice approach to preventive health, etc.
Triggers for Quality Improvement

Improvements can be made in response to:

- Feedback from patients
- Feedback from members of the practice team
- Audit of clinical databases
- Analysis of near misses and mistakes
Quality Improvement Activities may include:

Changes to the day-to-day operations of the practice:

- Scheduling of appointments,
- Opening hours
- Record-keeping practices
- How patient complaints are handled
- Systems and processes

Or activities designed to improve clinical care:

- Improve immunisation rates
- How the practice cares for patients with diabetes or hypertension
- Systems used to identify patients with risk factors
Engaging the practice team

Why is it important to come together and consider how the practice can improve?
Using a team approach to Quality Improvement

In order to ensure a team approach consider:

- Identifying a team member with the main responsibility for leading quality improvement activities in the practice
- Setting aside time during each team meeting to discuss possible improvements
- Maintaining a quality improvement plan
- Keeping agenda and minutes for planning meetings where quality improvement activities are discussed
Is it an easy and automatic process?

Quality Improvement requires an investment of time, effort and other practice resources.
Why should we bother? Any benefits?

Quality Improvement activities help practices to:

- Build a strong practice team where everyone feels their contribution is valid and appreciated
- Promote a culture of collaboration and continuing improvement
- Identify areas or processes which could be more efficient (cost savings and better use of staff time)
- Motivate staff to provide a high quality service
- Offer patients a safe and comprehensive healthcare service
- Optimise clinical care for better health outcomes
- Identify opportunities for new patient initiatives which may lead to better patient engagement or improved financial viability
The Role of Practice Governance

What do we mean by Governance?

The National Health Service (NHS) defines clinical governance as:

“A **framework** through which organisations are accountable for **continually improving** the quality of services and **safeguarding the high standards** of patient care by **creating an environment** in which **excellence** in clinical care will prevail.”
Key elements of clinical governance/quality-safety include:

- Emphasis on education and training
- Clinical audit systems – cyclic review of clinical performance against measurable standards
- Assessment of clinical effectiveness
- Research and development – to inform decisions about policy changes
- Openness – frank discussions about safety and quality
- Committees or processes to ensure that these elements occur
- Risk management components
The Role of Data Quality

Interventions will only ever be as good as the quality of the data we have to inform and measure them.

What do we mean by Data Quality?

- Adequate ‘Coding’ (e.g. Diagnoses & measurements entered the right way and in the right place)
- Results received in an ‘auditable’ format (e.g. HL7, etc.)
- Streamlined lists for recall/reminder reasons
- Results accurately marked (no action, discuss, & given to patient)
- Comprehensive records with no missing data (e.g. Health summaries, allergies, medical & family history, demographic information up to date, ATSI status, etc.)
How to identify areas for improvement?

Activity:

Make a list of areas in your practice that could run better, or more efficiently

* e.g. “How we handle requests for repeat referrals”

or areas your practice feels are important, but may have a knowledge gap around

* e.g. ‘As a practice, how well do we look after our patients with diabetes?’

For this activity it is good to simply write down things that immediately stand out (top of mind).

Then as a team you may decide an order of priority for these areas.
When to use a Quality Improvement approach?

To review structures, systems and processes

To identify changes that could be made to improve the quality services being delivered or to enhance patient safety

Examples of Quality Improvement activities:

- Accreditation
- Clinical audits
- Plan, Do, Study, Act (PDSA) cycles
- Research activities
- Evidence-based medical journal clubs
- Small group learning
Clinical Audits

Helps clinicians to systematically review their individual or team performance against best practice guidelines.

A clinical audit has two main components:

• An evaluation of the care that practitioners provide

• A quality improvement process.
Some examples of clinical audits

• Identify patients with Allergy or Smoking Status NOT recorded

• Identify patients with diabetes without HbA1c results recorded in the last 12 months

• Identify patients at risk for Influenza based on age, ethnicity or pregnancy

• Identify Patients at risk for influenza with predisposing conditions
Using the PEN Tool

Identify patients with Allergy or Smoking Status NOT recorded
Using the PEN Tool

Identify patients with Allergy or Smoking Status NOT recorded
Using the PEN Tool

Identify patients with Allergy or Smoking Status NOT recorded

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Using the PEN Tool

Identify patients with diabetes without HbA1c results recorded in the last 12 months

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[Clear Conditions]
Using the PEN Tool

Identify patients with diabetes without HbA1c results recorded in the last 12 months

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- All
- <= 6 months
- <= 12 months
- <= 24 months

Date Range (from - to)

25/05/2022  
25/05/2022  

Clear Results
Using the PEN Tool

Identify patients with diabetes without HbA1c results recorded in the last 12 months
PDSA Cycles

Pland, Do, Study, Act or PDSA cycles

- Planned improvement by
- Breaking it down into small manageable stages and
- Testing each small change to make sure that things are improving

The idea is to start on a small scale and then reflect and build on learning that occurs during each stage.
PDSA Cycles

The first stage is to **Plan** the change

Here you will need to identify:

- What you want to achieve, what actions need to happen and in what order?
- Who will be responsible for each step and when will it be completed?
- What resources are required?
- Who else needs to be kept informed or consulted?
- How will you measure changes to practice?
- What would we expect to see as a result of this change?
- What data do we need to collect to check the outcome of the change?
- And how will we know whether the change has worked or not?
PDSA Cycles

The second stage is to **Do** the change

- Put the plan into practice and test the change by collecting the data.
- It is important that the ‘do’ stage is kept as short as possible.
- Record any unexpected events, problems and other observations.
The third stage is **Study**.

This is where we regroup and look at the results from the ‘Do’ stage.

**During this stage we reflect on the following:**

- Has there been an improvement?
- Did your expectations match what really happened?
- What could be done differently?
PDSA Cycles

The fourth stage is to **Act** on the results.

This is where we make any necessary adaptations or improvements, and where we acknowledge and celebrate successes so far.

The PDSA is a cycle because once we complete it, we start over by collecting data again after considering what worked and what did not.
PDSA Cycles

Tips when reviewing your progress:

• Check that your intended goals have been achieved
• Decide if the goals were realistic
• Was the result worth the effort?
• What helped or hindered the change?
• Are there any other strategies or measures needed to bring about the desired change?
Accreditation standards relating to Quality Improvement

The RACGP standards 5th edition (launching October 2017) include the following indicators in relation to Quality Improvement:

Practice governance and management

► A. Our practice has a strategy for planning and setting goals aimed at improving our services. (New)

► B. Our practice evaluates its progress towards achieving its goals. (New)

► C. Our practice has a business risk management system that identifies, monitors, and mitigates risks in the practice. (New)

► D. Our practice inducts new staff and familiarises them with our systems and processes.

► E. Our practice team discusses administrative matters with the principal practitioners, practice directors or owners when necessary.

► F. Our practice encourages involvement and input from all members of the practice team.
Accreditation standards relating to Quality Improvement

Quality improvement

► A. Our practice has a team member who has the primary responsibility for leading our quality improvement systems and processes.

► B. Our practice team internally shares information about quality improvement and patient safety.

► C. Our practice seeks feedback from the team about our quality improvement systems and the performance of these systems. (New)

► D. Our practice team can describe areas of our practice that we have improved in the past three years.
Accreditation standards relating to Quality Improvement

Patient feedback

► A. Our practice undertakes a formal process at least once every three years to seek and respond to feedback from patients in accordance with the RACGP’s Patient Feedback Guide.

► B. In addition to the formal feedback process, our practice seeks and responds to feedback collected from patients, carers and other relevant parties on an ongoing basis.

► C. Our practice can demonstrate how we have analysed and responded to feedback.

► D. Our practice promotes how we have responded to feedback.
Accreditation standards relating to Quality Improvement

Improving clinical care

A. Our practice team uses documented standardised clinical terminology. (Data quality)

B. Our practice team undertakes activities aimed at improving clinical practice. (New)
How changes to the PIP program will impact on Quality Improvement?

The new PIP QI Incentive will combine multiple incentives into a single QI Incentive.

The redesign will give practices increased flexibility to address:
- Aspects of care that are important to them, and
- The needs of the particular practice population, including vulnerable and high risk groups.

The PIP QI Incentive will support practices to use information to drive quality and encourage patient centred care.

Practices will be paid for focusing on quality. The quality will be determined by the information (i.e. data) about the care that has been provided.

With time, practices will be paid for demonstrating data driven quality improvement.
How changes to the PIP program will impact on Quality Improvement?

Incentive payments NOT affected by the redesign are:

• Rural Loading Incentive
• After Hours Incentive
• Teaching Payment
• eHealth Incentive
• Practice Nurse Incentive Program (PNIP)

When will these changes take effect?

An official start date has not been decided.

Initial changes were anticipated for 2017, however it may take some time to roll out fully.

Bringing it all together

Implementing Quality Improvement Activities

To get started, conduct a needs assessment:

- Ask your patients about their needs and priorities
- Use your practice team’s knowledge and your patient register to identify practice priorities
- Gather and use population health data (e.g. PEN tool)
- Use or adapt a set of priorities identified by a reputable source. (e.g. National peak body: RACGP, Cancer council, Heart Foundation, etc.)

Discuss with staff

- What do we want to improve?
- What is our goal?
- What changes do we need to make?
- What are the benefits to the patient, the team and the practice?
- What are the barriers to change?
- What are the consequences of not changing?
- What would facilitate change?
Bringing it all together

Implementing Quality Improvement Activities

_The key to success is to choose a few areas where change is relatively simple to achieve, and where there are likely to be clear and measurable benefits_

- Hold a team meeting: encourage members to identify priority issues, and decide which processes might be improved and to agree on where to start
- Appoint a coordinating group to drive the process and report back to the practice team on a regular basis
Additional resources

RACGP: Putting prevention into practice
(The Green Book)

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Thank you for participating!

Any questions?