

QUALITY IMPROVEMENT TOOLKIT FOR GENERAL PRACTICE

Introduction

Version 3

August 2021



Introduction





Purpose

This toolkit is designed to help your practice complete Quality Improvement (QI) activities and improve patient information in medical records. This toolkit focuses on priority populations and health conditions identified through Brisbane South PHN’s comprehensive needs assessment. Ultimately, QI activities will benefit not only your practice but the health outcomes of your patients and the community as a whole.

Brisbane South PHN Needs Assessment

In 2018, Brisbane South PHN conducted a Needs Assessment on the health of people and services available within the Brisbane south region. Based on this understanding of our regional needs, we engage and work within the health care system and with local communities to improve health and wellbeing for everyone. Brisbane South PHN also publishes information that provides insights into population health profiles and priorities in smaller areas within our region (Statistical Area 3 level) that may be useful.

OUR 14 PRIORITY AREAS

 <h3>People</h3> <p>Priority population groups identified are:</p> <ul style="list-style-type: none"> • children and youth (0 – 17 years) • older adults (65+ years, and Aboriginal and Torres Strait Islander persons aged 50+ years) • vulnerable populations 	 <h3>Places</h3> <p>Priority locations identified are those with:</p> <ul style="list-style-type: none"> • higher health needs • growth challenges • access challenges
 <h3>Health</h3> <p>Priority health challenges identified are:</p> <ul style="list-style-type: none"> • chronic conditions • cancer • mental health, alcohol and other drugs, and suicide prevention • end-of-life care 	 <h3>System</h3> <p>Priority system issues identified are:</p> <ul style="list-style-type: none"> • access and navigation • health literacy • health workforce • technology and data

A case for change

Our region, like many other regions in Australia and around the world is facing numerous challenges associated with an ageing population, overall population growth, increasing prevalence of chronic conditions, and the ever-increasing cost of health care. ¹

Our current primary health care system works well for the majority of Australians, we are living longer, with less disability than ever before. Australia outranks most other highly developed economies in health outcomes². However, for the growing number of people with chronic and complex conditions, care can be fragmented and the system can be difficult to navigate. The Primary Health Care Advisory Group's 2016 ³ report to the Australian Government states that "Our current health system is not optimally set up to effectively manage long term conditions".

It also reveals that patients often experience:

- a fragmented system, with providers and services working in isolation from each other rather than as a team
- uncoordinated care
- difficulty finding services they need
- at times, service duplication; at other times, absent or delayed services
- a low uptake of digital health and other health technology by providers to overcome these barriers
- difficulty in accessing services due to lack of mobility and transport, plus language, financial and remoteness barriers
- feelings of disempowerment, frustration and disengagement

Transforming health care will require sustained effort at all levels of the health system, but what is clear is that there is significant long-term international evidence that the way in which primary care development takes place really does matter. Brisbane South PHN positions itself as a leader; an interpreter, influencer and coach in bridging the gap between policy, strategy and practical implementation of health care change in the community.

Why is everyone talking about QI and CQI?

A business or organisation will never realise their full potential until improvement becomes part of every worker's day job, rather than a temporary phenomenon¹

¹ Batalden P, Davidoff F. What is "quality improvement" and how can it transform healthcare? *Qual Saf Health Care* 2007;16:2-3

Quality improvement in general practice

Quality improvement is foundational to contemporary high performing primary care. It includes team-based approaches, peer review, reflective practice, best practice, and data analysis. It can improve uptake of evidence-based practices for better patient outcomes, better professional development, and better system performance. The Royal Australian College of General Practitioners (RACGP) defines continuous quality improvement as an ongoing activity undertaken within a general practice with the primary purpose to monitor, evaluate or improve the quality of healthcare delivered to practice patients

Quality Improvement generally follows these simple steps:

1. Utilise data extraction tool to conduct clinical audit
2. Record outcomes of clinical audit
3. Document proposed actions following clinical audit, including delegated responsibilities
4. Keep evidence of implementation
5. Document follow up plans

Quality Improvement models and practices used in this toolkit are based on those developed or endorsed by the following organisations:

- The Royal Australian College of General Practitioners (RACGP)
- The Institute of Healthcare Improvement (IHI)
- The Improvement Foundation

Using your practice data to drive quality improvement

Brisbane South PHN can provide a number of tools to help practices to analyse and improve their data. The PEN CS suite including CAT4 and Topbar are provided at no cost to the practice. The benefits of using these tools include:

- Enhance the quality of patient information in your practice to:
- Support more coordinated, comprehensive care.
- Increase quality and safety
- Meet accreditation standards
- Increase practice revenue
- Monthly benchmarking reports that your practice can use to reflect on and gain insights into opportunities for quality improvement
- Contributing to enhancing understanding of population health needs in the Brisbane South region

To find out more about CAT4 tools, please contact Brisbane South PHN's digital health team on:

support@bsphn.org.au.

Quality Improvement (QI) activities using the Model For Improvement (MFI) and PDSA

The QI toolkits are made up of modules that are designed to support your practice to make easy, measurable and sustainable improvements to provide best practice care for your patients. The toolkits will help your practice complete QI activities using the MFI.

Brisbane South have a number of [QI modules](#) within this suite of toolkits. Throughout modules of the toolkit you will be guided to explore your data to understand more about your patient population and the pathways of care

being provided in your practice. Reflections from the module activities and the related data will inform improvement ideas for you to action using the MFI.

The MFI uses the Plan-Do-Study-Act (PDSA) cycle, a tried and tested approach to achieving successful change. It offers the following benefits:

- It is a method to plan, develop and implement change that anyone can apply.
- It reduces risk by testing small changes before wider implementation.
- By starting small, there is less resistance to change.
- You can achieve team unity on common goals.
- It encourages individual creativity and ideas from team members.

After completing any of the workbook activities, you may identify areas for improvement in the management of patients. Follow these steps to conduct a QI activity using the MFI and PDSA.

The model consists of two parts that are of equal importance.

Step 1: The **'thinking'** part consists of three fundamental questions that are essential for guiding improvement work:

- What are we trying to accomplish?
- How will we know that the proposed change will be an improvement?
- What changes can we make that will lead to an improvement?

Step 2: The **'doing'** part is made up of Plan, Do, Study, Act (PDSA) cycles that will help to bring about rapid change. This includes:

- Helping you test the ideas
- Helping you assess whether you are achieving your desired objectives
- Enabling you to confirm which changes you want to adopt permanently.

The PDSA cycle is a useful tool for documenting a test of change. Running a PDSA cycle is another way of saying testing a change —you develop a plan to test the change (Plan), carry out the test (Do), observe, analyze, and learn from the test (Study), and determine what modifications, if any, to make for the next cycle (Act).

Fill out one PDSA worksheet (at the end of this document) for each change you test. In most improvement projects, teams will test several different changes, and each change may go through several PDSA cycles as you continue to learn. Keep a file (either electronic or hard copy) of all PDSA cycles for all the changes your team tests.

Plan

Plan the test, including a plan for collecting data.

- State the question you want to answer and make a prediction about what you think will happen.
- Develop a plan to test the change. (Who? What? When? Where?)
- Identify what data you will need to collect.

Do

Run the test on a small scale.

- Carry out the test.
- Document problems and unexpected observations.
- Collect and begin to analyze the data.

Study

Analyse the results and compare them to your predictions.

- Complete, as a team, if possible, your analysis of the data.
- Compare the data to your prediction.
- Summarize and reflect on what you learned.

Act

Based on what you learned from the test, make a plan for your next step.




- Adapt (make modifications and run another test), adopt (test the change on a larger scale), or abandon (don't do another test on this change idea).
- Prepare a plan for the next PDSA.




Planning your QI activity



The aim of this activity is to work through the suggested steps to support the successful implementation of QI in general practice.

Stage	Steps	Details	Completed
<i>Before you begin</i>	To ensure your practice database is as accurate as possible it is suggested that you review your database to identify if you need to complete any quality patient record activities.	Identify and archive patient medical records - before completing a bulk archive of patients, it is important to follow practice policy on the agreed timeframe for the last visit of the patient to the practice. The following instructions outline the process to bulk archive inactive patients within the clinical software Best Practice , MedicalDirector , PractiX and Genie .	<input type="checkbox"/>
		Identify, merge and/or archive duplicate patients - follow the duplicate patients report instructions . This search will look for matches on surname, first name initial, gender and date of birth; and produce a report.	<input type="checkbox"/>
		Identify patient's records missing a date of birth - follow the instructions to identify patient records missing date of birth.	<input type="checkbox"/>

Stage	Steps	Details	Completed
Plan your activity	Arrange a practice meeting for practice team members to discuss a potential focus group of patients for your QI focus.	<p>QI activity could be added as a standing agenda item on your usual team meetings;</p> <p style="text-align: center;">OR</p> <p>Form a QI team within your practice and schedule meetings to discuss options and strategies. Which area of your practice would benefit from a QI activity – clinical or administrative?</p> <p> <i>TIP: To meet PIP QI requirements, you must undertake QI as a team.</i></p>	<input type="checkbox"/>
	Identify and establish key practice team members to implement the QI activity.	<p>Suggested team members include:</p> <ol style="list-style-type: none"> 1. General practitioner (GP) 2. Practice manager 3. Practice nurse 4. Receptionist <p> <i>TIP: Specify roles and delegate responsibilities for each team member and ensure these are documented in the PDSA.</i></p>	<input type="checkbox"/>
	Identify who will be the QI Lead at your practice.	<p>Who is this person? _____</p> <p>Do they understand their role?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> <i>TIP: The QI Lead provides day to day leadership to support ongoing activity, maintain progress, delegate tasks and ensure QI processes are embedded into routine over time.</i></p>	<input type="checkbox"/>
	How long will the activity need?	Set timeframes to achieve your goal.	<input type="checkbox"/>
	How will your practice measure success?	<p>Decide and document what a successful outcome will look like for your practice.</p> <p>How will you measure your success? <i>This may be seeing improvements with data measures, or it may be a change in practice processes.</i></p>	<input type="checkbox"/>

Stage	Steps	Details	Completed
	Confirm sample group of patients.	<p>Identify your patients. It is suggested that you start with 100-150 patients initially.</p>  <p><i>TIP: You need to generate a list with individual names who are identified as most appropriate for the QI activity.</i></p>	□
	Discuss and document your practice approach, targets and expected outcomes as a result of completing your QI activity.	<p>Document agreed strategies, actions, baseline data, timeframes and targets in PDSA template.</p>  <p><i>TIP: Consider potential factors that may negatively impact the activity and factor these into timelines. (E.g. accreditation, staff leave, global pandemic, influenza vaccination season).</i></p> <p>Refer to the PDSA blank template.</p> <p>PDSA examples are available in each QI toolkit.</p>  <p><i>TIP: Completing a PDSA template will form part of the evidence that is required to ensure your practice meets the criteria and is eligible for the PIP QI payment.</i></p>	□
	Upskill practice team members (if required).	<p>Ensure all relevant team members understand their roles and responsibilities and any information relevant to the QI activity as required.</p>	□
	Identify and order any resources or publications required.	<p>Refer to the resources section in each toolkit.</p>	□

For more support

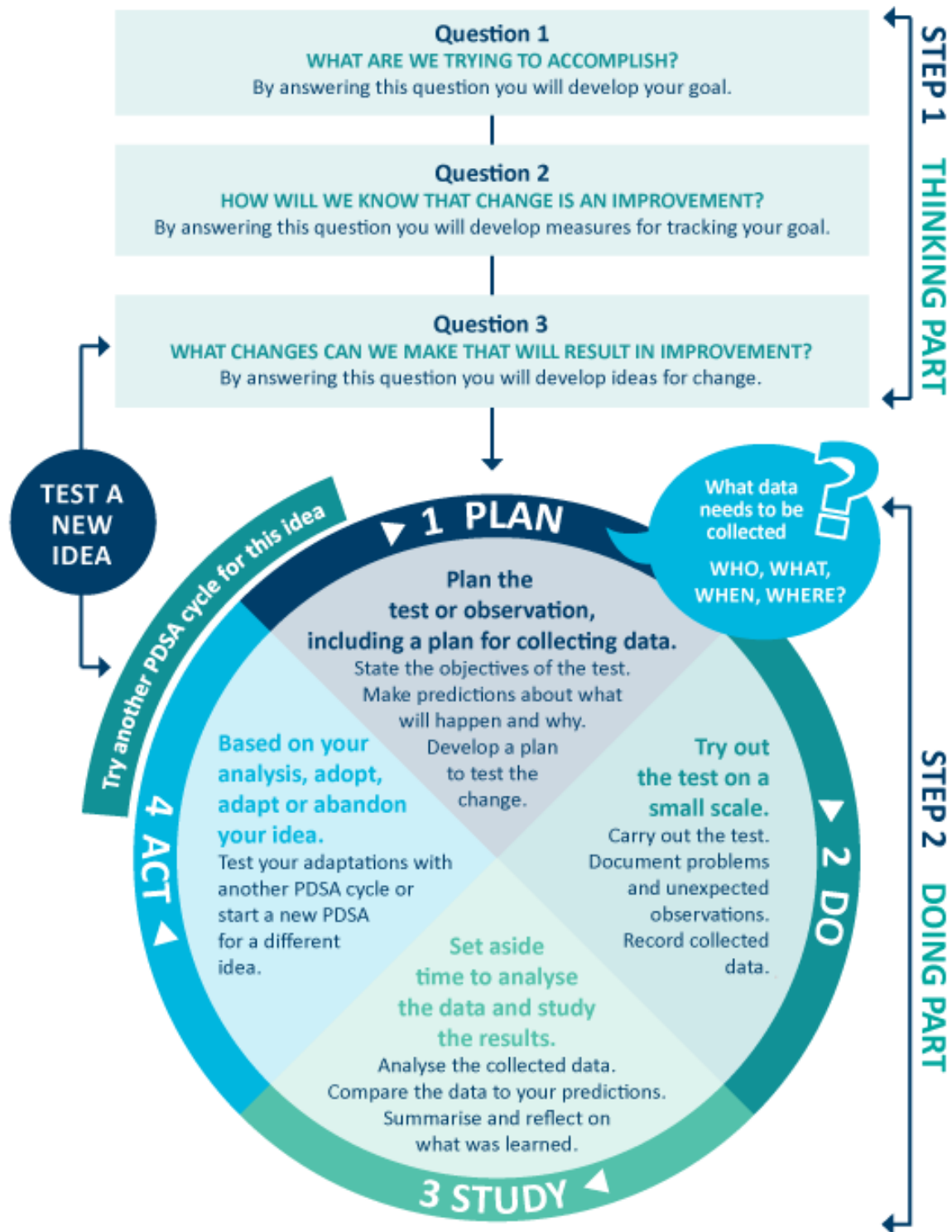


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Model for Improvement diagram



Source: <http://www.ihl.org/resources/Pages/HowtoImprove/ScienceofImprovementTestingChanges.aspx>

MFI and PDSA template EXAMPLE

Step 1: The thinking part - The 3 fundamental questions

Practice name:	Date:
Team members:	
Q1. What are we trying to accomplish? (Goal)	
By answering this question, you will develop your GOAL for improvement. Record this as a S.M.A.R.T. goal (S pecific, M easurable, A chievable, R elevant, T ime bound).	
<i>Our goal is to:</i> Increase the number of people who undertake bowel cancer screening. This is a good start, but how will you measure whether you have achieved this goal? The team will be more likely to embrace change if the goal is more specific and has a time limit. So, for this example, a better goal statement would be: <i>Our S.M.A.R.T. goal is to increase the proportion of our patients aged 50 (first timers) that participate in bowel cancer screening by 15% by 31 December.</i>	
Q2. How will I know that a change is an improvement? (Measure)	
By answering this question, you will determine what you need to MEASURE in order to monitor the achievement of your goal. Include how you will collect your data (e.g. CAT4 reports, patient surveys etc.). Record and track your baseline measurement to allow for later comparison.	
We will measure the percentage of active patients aged 50 years that participate in bowel cancer screening. To do this we will: A) Identify the number of active patients aged 50 years. B) Identify the number of active patients aged 50 years with a FOBT result. B divided by A x 100 produces the percentage of patients aged 50 years who have a FOBT result recorded. <i>This is a good measure, however, please note that as you measure this over time, some people who were included in earlier results will have turned 51 and will not be included. In later measurements, people who have just turned 50 will be included.</i> BASELINE MEASUREMENT: 27% of active patients aged 50 years have a FOBT result DATE:	
Q3. What changes could we make that will lead to an improvement? (List your IDEAS)	
By answering this question, you will generate a list of IDEAS for possible changes you could implement to assist with achieving your S.M.A.R.T. goal. You will test these ideas using part 2 of this template, the 'Plan, Do, Study, Act (PDSA)' cycle. Your team could use brainstorming or a driver diagram to develop this list of change ideas.	
IDEA: Identify patients aged 49 by completing a search on CAT4. Contact these patients via letter, phone, SMS etc. to encourage participation in the bowel screening program.	
IDEA: Contact eligible patients aged 50 years and 6 months who have not had an FOBT recorded to discuss options for testing.	
IDEA: Add bowel cancer screening to templates for chronic disease management and 45-49 year old health assessments.	
IDEA: Clinical team develop a system for flagging eligible patients and addressing screening opportunistically.	
IDEA: Source and provide endorsed patient education resources (in waiting rooms, toilets etc.).	
IDEA: Run an awareness campaign for bowel cancer awareness month in June.	

Note: Each new GOAL (1st Fundamental Question) will require a new MFI plan.

Source: Langley, G., Nolan, K., Nolan, T., Norman, C. & Provost, L. 1996, *The Improvement Guide*, Jossey-Bass, San Francisco, USA.

ACT	Record what you will do next
Based on what you learned from the test, record what your next actions will be	Will you adopt, adapt or abandon this change idea? Record the details of your option under the relevant heading below. <i>ADOPT: record what you will do next to support making this change business as usual; ADAPT: record your changes and re-test with another PDSA cycle; or ABANDON: record which change idea you will test next and start a new PDSA.</i>
<p>ADOPT: The practice will regularly monitor FOBT rates via the monthly benchmark report supplied by Brisbane South PHN to ensure the rates are increasing. John will ensure a Topbar prompt has been created for all patients aged 50 years and 6 months who do not have a FOBT result recorded.</p> <p>ADAPT:</p> <p>ABANDON:</p>	

Repeat step 2 to re-test your adapted plan or to test a new change idea

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