QUALITY IMPROVEMENT GUIDE

Quality Improvement in Primary Care

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phn
NORTHERN SYDNEY
An Australian Government Initiative

SYDNEY NORTH
Health Network

CONTENTS

Disclaimer

Whilst every effort has been made to ensure that the information in this toolkit is accurate, health professionals must not rely solely on this information to make patient care decisions.

SECTION 1: INTRODUCTION TO QUALITY IMPROVEMENT

What is Quality Improvement?

The RACGP 5th Edition Standards for General Practice describes Quality Improvement as an activity undertaken within a general practice where the primary purpose is to monitor, evaluate or improve the quality of health care delivered by the practice. The Standards encourage quality improvement so that you can identify opportunities to make changes that will improve patient safety and care[1].

Quality improvement consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups.

Engaging in quality improvement activities is an opportunity for the practices' GPs and other staff members to come together as a team to consider quality improvement. Quality improvement can relate to many areas of a practice and achieving improvements will require the collaborative effort of the practice team as a whole.

THE PROCESS

The Quality Improvement process is divided into two manageable steps, the "thinking" part and the "doing" part. This process allows ideas to be broken down into management sections which can be tested and reviewed to determine whether improvement has been achieved prior to implementing changes on a larger scale.

THE THINKING PART

The thinking part consists of three fundamental questions that are essential for guiding improvement.

1. What are we trying to accomplish?
2. How will we know that a change is an improvement?
3. What changes can we make that will result in an improvement?

THE DOING PART

The doing part is made up of rapid, small Plan, Do, Study, Act (PDSA) cycles to test and implement change in real work settings.

> Not every change is an improvement, but by making small changes you can test the change on a small scale and learn about the risks and benefits before implementing change more widely. Several PDSA cycles may be required to achieve your improvement goal.

[1] RACGP Accreditation 5th Edition Standards

What is Quality Improvement? (continued)

HELPFUL TIPS

- Practices need to engage in quality improvement activities to improve quality and safety for patients in areas such as practice structures, systems and clinical care.
- Decisions on changes should be based on practice data (CAT4 and clinical database audits, near misses and patient and or staff feedback).
- Achieving improvements requires the collaborative effort of the practice team and all members of the team should feel empowered to contribute.
- Quality Improvement can be applied to any aspect of enhancing patient care including but not limited to:
  - Data quality and cleansing
  - Increasing cancer screening rates
  - Improving immunisation rates
  - Chronic disease management
  - Lifestyle modification
  - Preventive health.

The "Thinking" Part

THREE FUNDAMENTAL QUESTIONS WHEN UNDERTAKING QUALITY IMPROVEMENT

QUESTION 1
WHAT ARE WE TRYING TO ACCOMPLISH?

By answering this question you will develop your goal

QUESTION 2
HOW WILL WE KNOW THAT A CHANGE IS AN IMPROVEMENT?

By answering this question you will develop measures for tracking your goal

QUESTION 3
WHAT CHANGES CAN WE MAKE THAT WILL RESULT IN IMPROVEMENT?

By answering this question you will develop ideas for change

The "Thinking" Part (continued)

THREE FUNDAMENTAL QUESTIONS

QUESTION 1
What are we trying to accomplish?

Consider exactly what it is you are seeking to change.

◆ Define the problem. Success comes through preparation. Understanding what the problem actually is and thinking about why there is a problem helps in developing your goal.

◆ Set realistic goals that are specific and have a defined time-frame (SMART goals). Use plain language and avoid jargon so that the meaning is clear to everyone.

◆ Include information that will help keep the team focused.

QUESTION 2
How will we know that a change is an improvement?

Without measuring, it is impossible to know whether the change you are testing is an improvement.

◆ Communicate to the team what you are measuring, how, when and who is responsible. (See Measuring Success).

◆ Make the measurement as simple as possible.

◆ Only collect the data that is required.

QUESTION 3
What changes can we make that will result in improvement?

Encourage the whole team to contribute ideas. Be creative. Think outside the box.

◆ You know your General Practice and your patients best. Keep this in mind and use your knowledge and experiences to guide your ideas.

◆ Adapt from others.

◆ Think small and test. Think about testing a change with one GP or a select group of patients. This will assist in determining if the change resulted in the desired effect and is suitable for wider implementation.

The "Doing" Part

PLAN, DO, STUDY, ACT

STEP 1

PLAN
- Describe the idea
- What, who, when, where
- Make predictions
- Define data to be collected

STEP 2

DO
- Carry out the plan
- Record the data

STEP 3

STUDY
- Analyse data
- Compare data to predictions
- Summarise and reflect on lessons

STEP 4

ACT
- What next?
- Implement change or try something new
- What idea will you test next
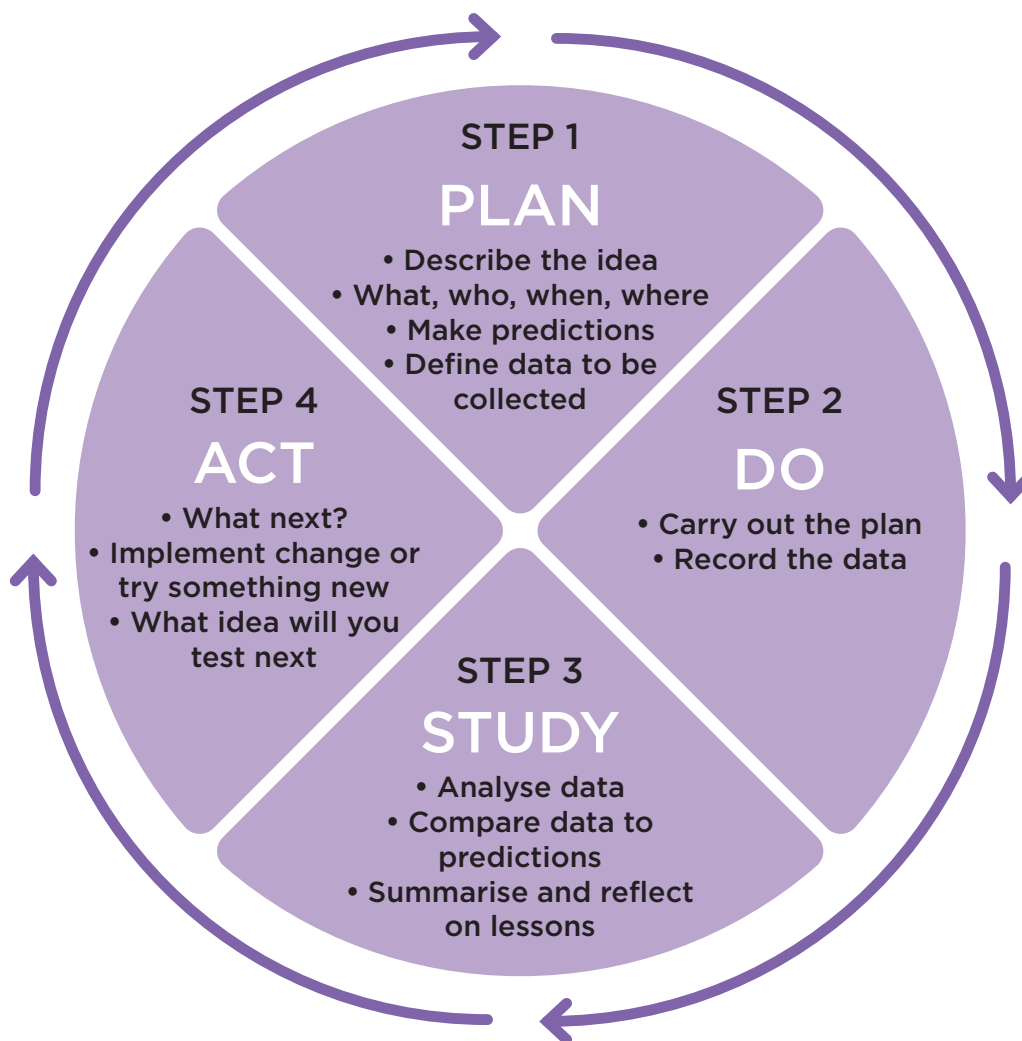
You will find through PDSA cycles that some changes lead to improvements. If so, these improvements can be implemented on a wider scale. You may also find that some improvement ideas are not successful. Analyse why they didn't work and learn from this. By carrying out small tests in PDSA cycles, you have avoided implementing unsuccessful change on a wider scale.

The "Doing" Part (continued)
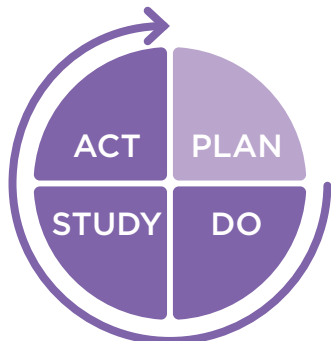
PLAN:
A well-developed plan includes what, who, when, where, your predictions and what data is to be collected.

Make your plan as clear and detailed as possible:
- What exactly will you do?
- Who will carry out the plan?
- When will it take place?
- Where will it take place?
- What do you predict will happen?
- What data/information will you collect to know whether there is an improvement?
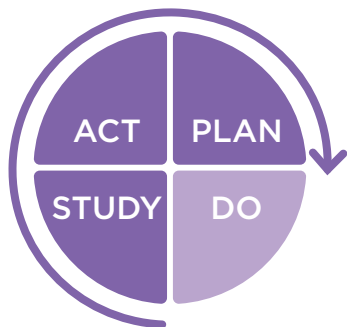
DO:
Write down what happens when the plan is implemented (both negative and positive) and other observations.

Collect any data you identified in the plan phase.

STUDY:
Reflect on what happened.

Think about and summarise what you have learnt. Analyse the data collected and compare with your initial predictions. If there is a difference in the data and predictions, consider what happened and why.
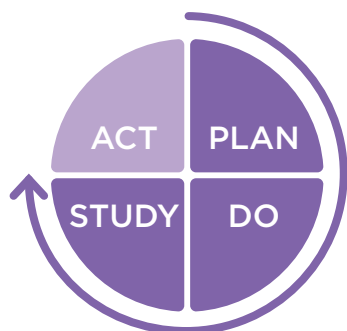
ACT:
Considering the results from your tests; will you implement the tested change or amend and test or try something else?

Write down the next idea you will test. Be sure to start planning the next cycle early to keep up the momentum of change.

SECTION 2: EXAMPLES

Example 1

YOUR GENERAL PRACTICE MAY DECIDE TO FOCUS ON BOWEL CANCER SCREENING

Thinking Part

What are we trying to accomplish?	To increase participation in FOBT screening for patients aged 50 - 74 who are eligible for screening every 2 years.
How will we know that a change is an improvement?	We will measure through CAT4: ◆ The number of eligible patients aged 50 – 74 in our practice. ◆ The number of patients who have participated in FOBT screening.
What changes can we make that will result in improvement?	◆ Use CAT4 to extract the number of patients aged 50 – 74 eligible for FOBT screening. ◆ Provide training to ensure both clinicians and non-clinicians are aware of the National Bowel Screening Guidelines and requirements. ◆ Review recall and reminder process in practice. ◆ Create screening prompts on eligible patient files. ◆ Send screening reminder/invitation letters to eligible patients. ◆ Liaise with pathology companies to ensure results are provided correctly.

Doing Part

IDEA: Use CAT4 to extract the number of patients aged 50-74 who are eligible for FOBT screening.

Plan	**What:** Use CAT4 to extract data **Who:** Practice Manager **When:** Wednesday 3 November 2018 **Where:** General Practice **Data to be collected:** Extract or record the number of patients 50 – 74 years who have not undertaken FOBT screening within 2 years **Prediction:** Expect 30% of eligible patients will have FOBT screening status recorded
Do	Practice Manager extracted data as planned using PEN CAT Recipe to ensure correct data was extracted.
Study	Percentage of patients with FOBT screening status was significantly lower than expected.
Act	Data presented to practice team to discuss current screening rates and how to make improvements to screening rates.

EXAMPLES (CONTINUED)

Example 2

IMPROVE CHILDHOOD IMMUNISATION RATES

Thinking Part

What are we trying to accomplish?	To improve rate of fully immunised 2 year old children from 30% to 35%, using CAT4 data, by June 2018.
How will we know that a change is an improvement?	We will measure through CAT4: ◆ The number of 2 year old children fully immunised in our practice. ◆ The number of 2 year old children who are overdue for a vaccination. We will use the AIR to update our clinical records.
What changes can we make that will result in improvement?	◆ Check AIR data quarterly to update clinical software. ◆ Encourage patients to utilise the "Save the Date to Vaccinate" reminder app. ◆ Add children to recall/reminder system in clinical software. ◆ Run immunisation status report using Cat4 tool on a monthly basis.

Doing Part

IDEA: Recall 2 year old children who are overdue for vaccinations according to the AIR.

Plan	To update clinical data using the AIR, and increase the immunisation rate for 2 year old children in our practice.
Do	Record baseline rate of fully immunised children who are 2 years old (21 – 27 months) using CAT4. Order 10A overdue reports from AIR on a monthly basis. Check AIR data against clinical software and update if necessary. Make appointments for the overdue children.
Study	Recalling children and updating the clinical software has been successful. There is no obvious change in the percentage of children fully immunised so far but we have only processed 2 months of reports. Percentage of fully immunised children, as calculated by CAT4, is low possibly due to hospital dose Hep B not being entered in the clinical software.
Act	Continue the process and encourage GPs and practice nurses to tick the reminder box at the time of vaccination. Look at Cat4 immunisation status report in another 2 months to see if the overdue rate has fallen. Start another PDSA to ensure hospital administered Hep B dose is added to patient record.

EXAMPLES (CONTINUED)

The PDSA cycles are used to test an idea may need refining as your team uncovers quality improved methods. Further examples of PDSA cycles:

◆ Archive inactive patients in clinical software
◆ Develop disease specific registers (e.g. diabetes)
◆ Review cold chain management procedures
◆ Implement a recall and reminder system for chronic disease management (CDM), screening and immunisation
◆ Identify patients eligible for a 45-49 years health assessment
◆ Create your own PDSA!

Did you know?
Out of date GP clinical software can cause recording errors when transmitting data to the Australian Immunisation Register

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HELPFUL TIPS

◆ Utilise the General Practice Quality Improvement Readiness Tool to assist in identifying ideas and areas for improvement.
◆ No PDSA cycle is too small; keep it simple.
◆ You may complete a series of PDSA cycles to achieve your goal. Results will be achieved through building on previous cycles.
◆ Set aside protected time to complete the agreed upon tasks.
◆ Document your PSDA cycles and present findings at team meetings.
◆ Improvement is a team effort.
◆ Other examples can be found via the CAT recipes.

SECTION 3: RESOURCES

General Practice Quality Improvement Readiness Tool

EXAMPLES/IDEAS

Area: General Practice Systems	Yes/No	Action/Comment (what, when and who)
1. Have you inactivated your inactive patients as per RACGP guidelines – 3 visits in 2 years?		
2. Does your practice request consent for de-identified patient information to be used for research purposes?		
3. Does the new patient form ask if the person identifies as Aboriginal or Torres Strait Islander?		
4. Regular data cleansing activities are undertaken to establish up to date lists (registers) of patients eligible for screening using CAT4 clinical software.		
5. Practice software is utilised for actions/prompts for the GP/Nurse to ask about routine screening, immunisation status or chronic illness.		
6. There are policies and procedures in place that include reminders and recalls.		
7. The practice sends targeted reminders to patients (e.g. letters, SMS, email or phone calls).		
8. Have you developed a work-flow to manage and monitor CDM and recalling patients for review?		
9. Does your practice have a formalised team approach to quality improvement?		
10. Clinicians access HealthPathways.		
Areas for Action (Here you can use the PDSA template:)		
1.		
2.		
3.		

Change Ideas to Consider

The following ideas are suggestions only, with the concept adaptable across all areas of quality improvement.

IDEA:
Encourage person centred care by encouraging women to discuss screening with their GP.
- Display BreastScreen promotional material in the waiting room.
- Have the reception team give eligible women a flyer asking them when they last screened - the women take the flyer into into the consultation, opening the door for a discussion with the doctor or nurse about screening.

IDEA:
Engaging the General Practice Team - Develop and maintain an effective recall and reminder system: staff education.
There is often a lot of work that needs to be done to improve how practices use software to maintain effective recall and reminder systems. Staff education is the first step towards improvement. Ask the PHN for information on how to improve your recall and reminder systems.

IDEA:
Appoint a staff member who is responsible for creating and maintaining Chronic Disease registers, add this role to their job description.
Providing professional development opportunities to this staff member will assist with rewarding and recognising this person's contribution to the team.

IDEA:
Encourage parents to use the 'Save the Date to Vaccinate' app.
Display brochures in the waiting room and/ or promote while a child is having a vaccination.

IDEA:
Have a team meeting to brainstorm how recall and reminder systems could improve income generation and patient care (e.g. by linking multiple recalls such as Cancer screening recall, Immunisations, GP Management Plans, Health Assessments, etc together).

Dedicate some time at a staff meeting to discuss how health assessments can include cancer screening prompts. Review health assessment templates to ensure that breast, bowel and cervical screening questions are included.

IDEA:
Draft a written procedure for recall and reminder systems.
If your Practice has a policy/procedure for recalls and reminders, check that there is a process for management of cancer screening. If there is not a current policy, contact QPA or AGPAL as a starting point to generate conversation and development of a policy.

IDEA:
Send BreastScreen reminder letter to eligible patients due for screening.
- Following the establishment of your breast screen patient register, identify patients due for screening.
- BreastScreen suggests two key times where Practice reminders can really value add:
    1. For women who have never screened.
    2. On a woman's actual re-screen due date.

Quality Improvement Goal Setting

Ask the three questions:

1. What are we trying to accomplish?
By answering this question, you will develop your goal for improvement.

2. How will we know that a change is an improvement?
By answering this question, you will develop measures to track the achievement of your goal.

3. What changes can we make that can lead to an improvement?
List your ideas for change
By answering this question, you will develop the ideas you would like to test towards achieving your goal.
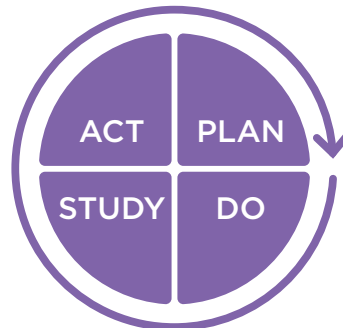
Idea 1	
Idea 2	
Idea 3	
Idea 4	
Idea 5	

Quality Improvement Action Worksheet

PLAN, DO, STUDY, ACT

Please complete a new Worksheet for each change idea you have documented on the previous page.

Where there are multiple change ideas to test, please number the corresponding worksheet(s).

Idea	Describe the idea you are testing.
Plan	Might include what, who, when, where, predictions & data to be collected.
Do	Was the plan executed? Document any unexpected events or problems.
Study	Record, analyse and reflect on the results.
Act	What will you take forward from this cycle (next step or next PDSA cycle)

Measuring Success

Choosing an activity/idea to explore will have its own measure of success. It is important to identify in each activity what you are wanting to change and how you will know WHEN the change has occurred. This is identified in Question 2.

Applying a SMART (Specific, Measurable, Achievable, Realistic and Time-framed) goal setting process will assist you.

S   **Specific:** Goals that are too vague and general are hard to achieve, for example 'be a better parent'. Goals that work include specifics such as 'who, where, when, why and what'.

M   **Measurable:** Ideally goals should include a quantity of 'how much' or 'how many' for example drinking 2 litres of water per day. This makes it easy to know when you have reached the goal.

A   **Achievable:** Goals should be challenging, but achievable. Goals work best when they are neither too easy or too difficult. In many cases setting harder goals can lead to better outcomes, but only as long as the person has the ability to achieve it. Setting goals which are too difficult can be discouraging and lead to giving up altogether.

R   **Relevant:** The goal should seem important and beneficial to the person who is assigned the goal.

T   **Time-framed:** 'You don't need more time, you just need a deadline'. Deadlines can motivate efforts and prioritise the task above other distractions.

Reflecting on the Bowel Cancer Screening Activity identified earlier, where you have undertaken a data analysis utilising CAT4. This has shown the percentage of active patients that have a bowel screening participation status (FOBT) recorded. This forms your baseline measure.

The next step is to decide on an activity and set a goal. For the example above, you may like to set a goal to increase recording of bowel screening status participation by 5%. When this has been implemented, within a set time frame, you can then repeat the data analysis to see if the goal has been achieved.

SECTION 4: USEFUL RESOURCE LINKS

RACGP Clinical Guidelines
https://www.racgp.org.au/your-practice/guidelines/redbook/

Breast Cancer Screening Clinical Guidelines
https://www.racgp.org.au/your-practice/guidelines/redbook/9-early-detection-of-cancers/93-breast-cancer/

Bowel Cancer Screening Clinical Guidelines
https://www.racgp.org.au/your-practice/guidelines/redbook/9-early-detection-of-cancers/92-colorectal-cancer/

Cervical Cancer Screening Clinical Guidelines
https://www.racgp.org.au/your-practice/guidelines/redbook/9-early-detection-of-cancers/95-cervical-cancer/

Cancer Australia Wiki Guidelines
https://wiki.cancer.org.au/australia/Guidelines:Cervical_cancer/Screening

RACGP Family History
https://www.racgp.org.au/your-practice/guidelines/redbook/appendices/appendix-2a-family-history-screening-questionnaire/

Immunise Australia
http://www.immunise.health.gov.au/

Immunisation Handbook
http://immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home

http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/7B28E87511E08905CA257D4D001DB1F8/$File/Aus-Imm-Handbook.pdf

CAT4 Recipes
http://help.pencs.com.au/display/CR/CAT+RECIPES