Preparing for PIP QI
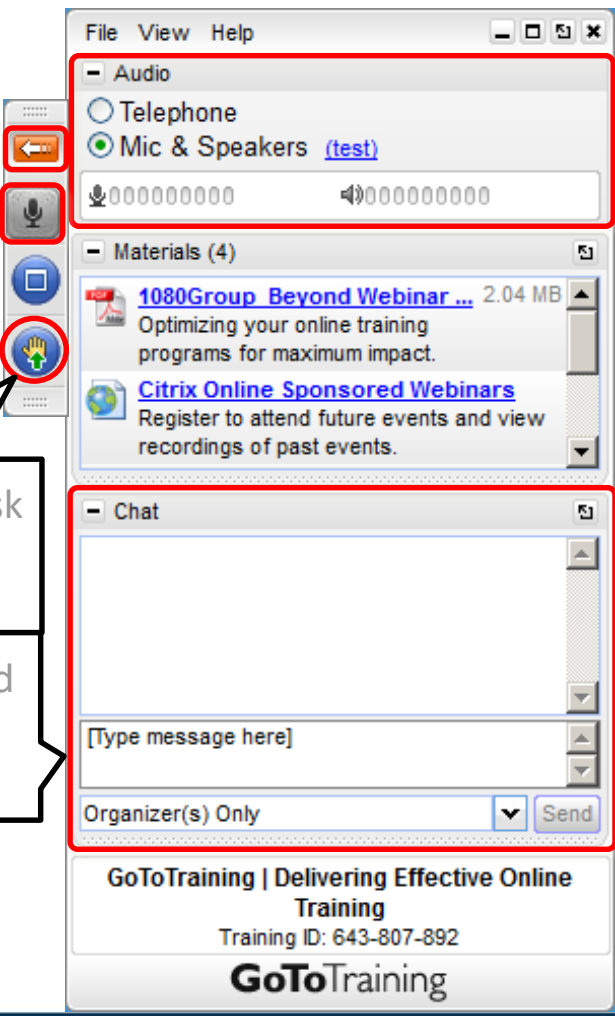
Topic: Planning for QI

Presenter: Cati Smith

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Learning Objectives

1. Explain the importance of interpreting data to identify a starting point (baseline)

2. Explain how to develop a simple Quality Improvement Action Plan (QIAP)

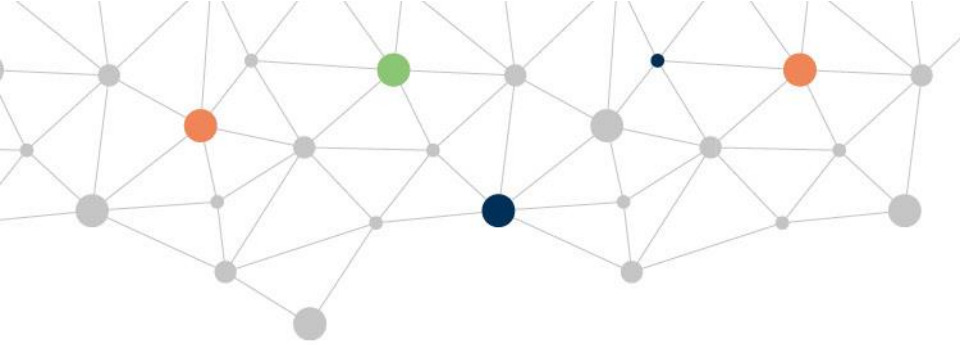3. Describe some strategies to engage my team in quality improvement
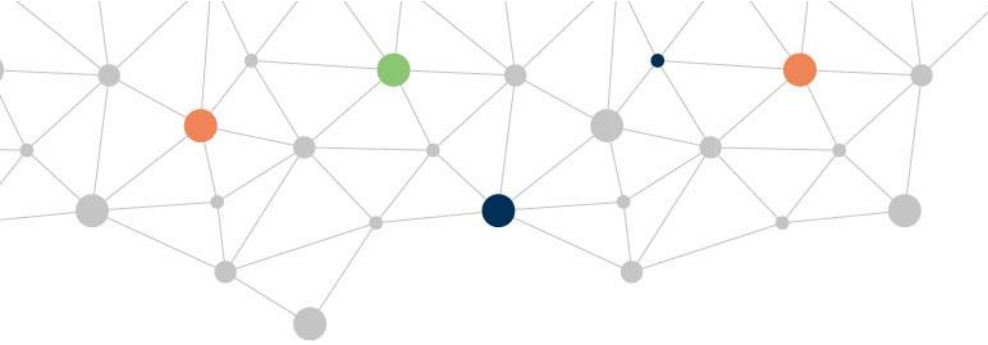
# But First...

PIP QI Incentive: Two Key Components

1. Electronic submission of the PIP eligible data set on a quarterly basis

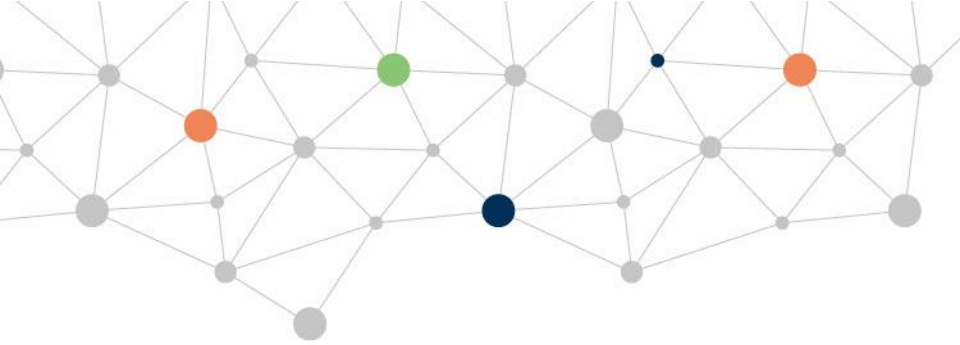2. Participation in QI activities in partnership with Gippsland PHN

A successful quality improvement program will always incorporate the following :

QI work as systems and processes -

- Focus on patients
- Focus on team work
- **Focus on use of the data**
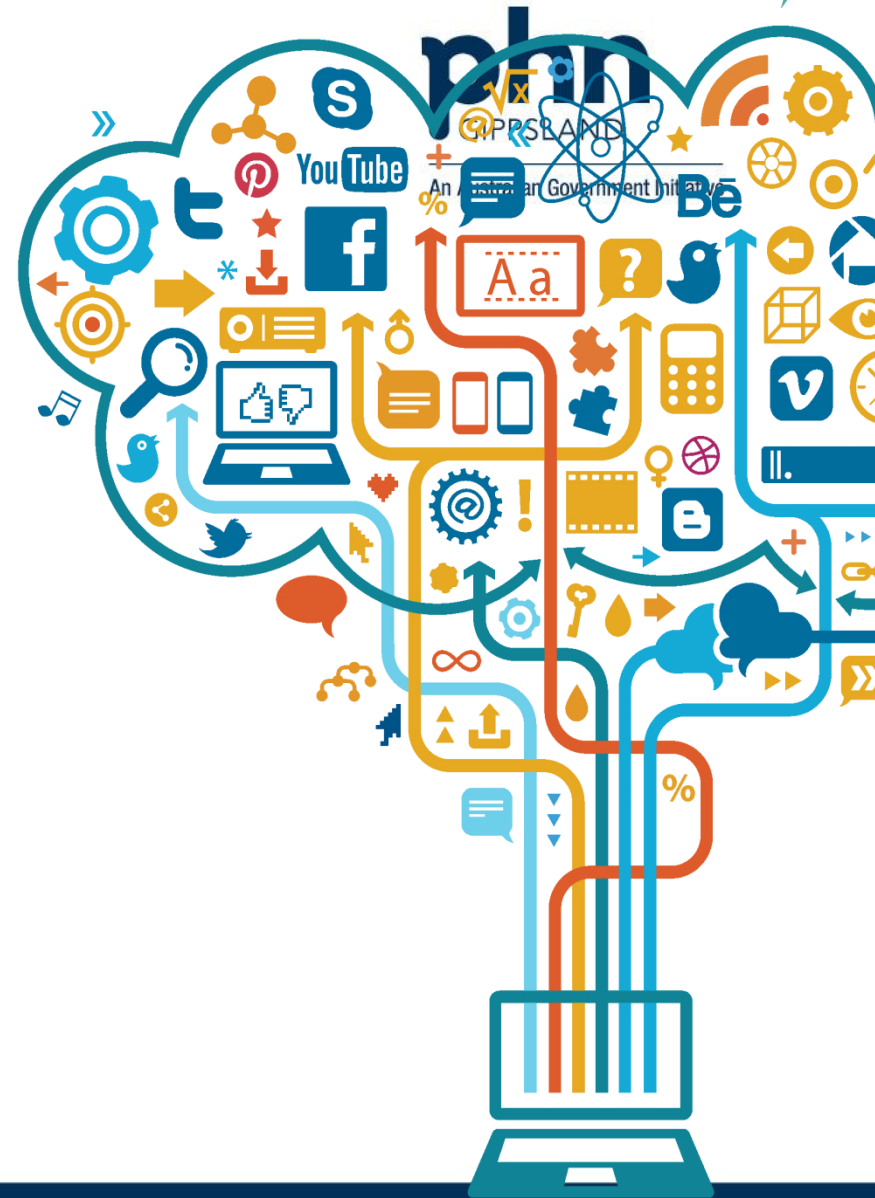
What are data?

Quantitative data

Qualitative data

Types of Data

Customer feedback

Staff feedback

Clinical software

- Data quality
- Data completeness
- Patient outcome data

Practice Management Software
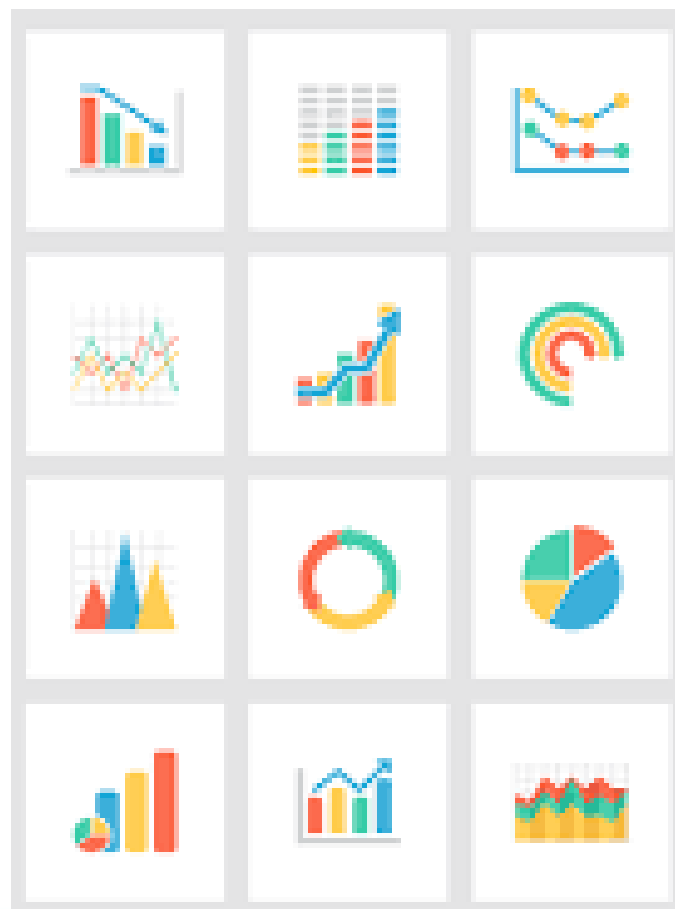
- Billing
- Appointments
- SMS Reminders

Check sheets

Evaluations

Population Health data

Interviews

Focus Groups

Data to improve vs. data to judge

Judgement-based approaches ask:
- Who?

Learning based approaches ask:
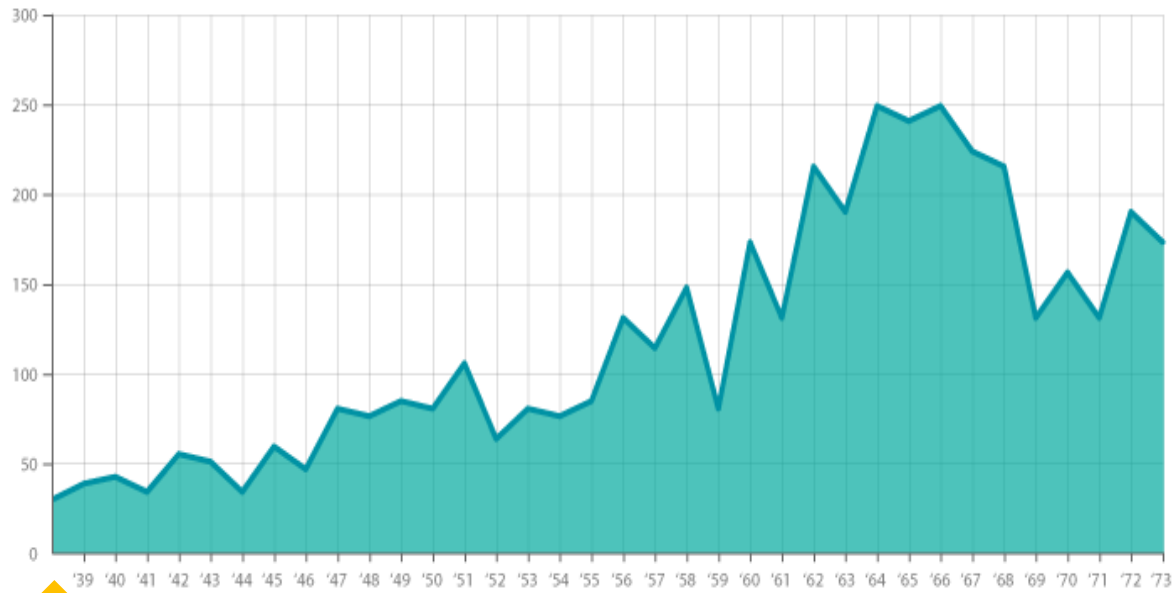- Why?
- How?
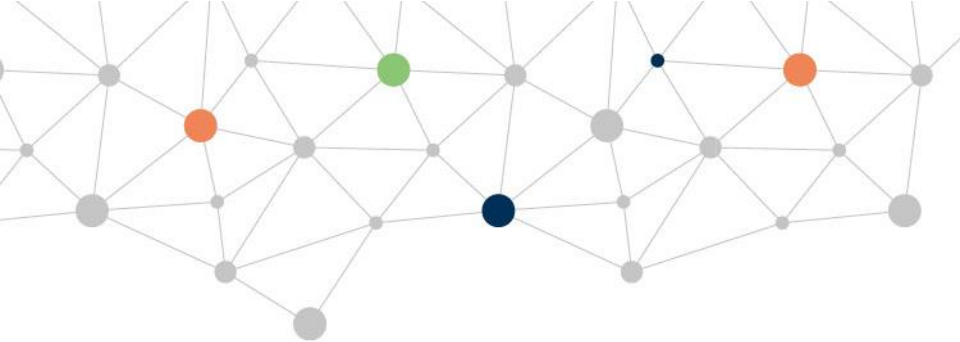- What?

How will you know if a change is an improvement?

Change and improvement are two different things

➢ Change is doing something different

➢ *Improvement is getting better at doing the same thing*

Baseline

Ten Improvement Measures

1. Patients with diabetes with a current HbA1c result

2. Patients with a smoking status

3. Patients with a weight classification

4. Patients aged 65 and over who were immunised against influenza

5. Patients with diabetes who were immunised against influenza

6. Patients with COPD who were immunised against influenza

7. Patients with an alcohol consumption status

8. Patients with the necessary risk factors assessed to enable CVD assessment

9. Female patients with an up-to-date cervical screening

10. Patients with diabetes with a blood pressure result

Data custodians

**Local Data Custodian: General practice**

Role: Ensure the accuracy and completeness of data contained in their clinical information systems and use it to improve the quality of patient care and outcomes.

Regional Data Custodian: Primary Health Network

Role: Extract and analyse the PIP Eligible Data Set to support participating general practices implement quality improvement activities.

National Data Custodian: Australian Institute of Health and Welfare

Role: Analyse the PIP Eligible Data Set for population health planning, policy development, program management, disease burden analysis, and relevant trends.
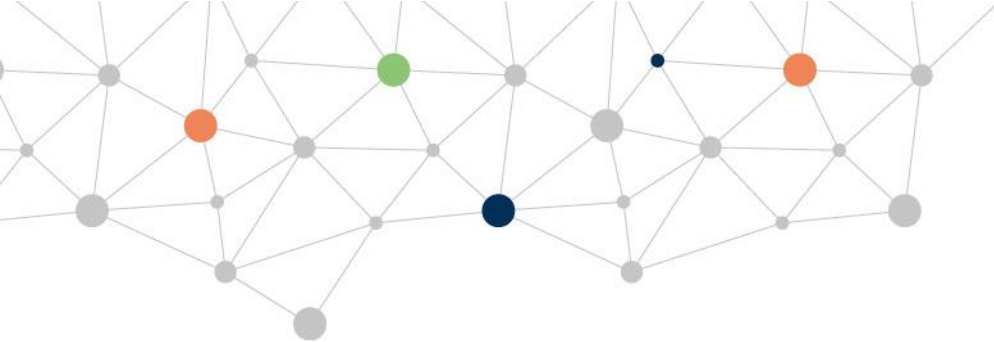
Quality Improvement Planning

Why is planning important?

To provide a formal ongoing process by which the organisation uses objective measures to monitor and evaluate the quality of services provided to patients.

To facilitate a systematic approach to identify opportunities to improve services and resolve identified problems.

A QI Action Plan can serve as a road map for all quality activities, both operational and clinical.

RACGP Standards 5th Edition

Criterion QI1.1 – Quality improvement activities

QI1.1 A Our practice has at least one team member who has the primary responsibility for leading our quality improvement systems and processes.

QI1.1 B **Our practice team internally shares information about quality improvement and patient safety.**

QI1.1 C Our practice seeks feedback from the team about our quality improvement systems and the performance of these systems.

QI1.1 D **Our practice team can describe areas of our practice that we have improved in the past three years**.

Planning →

- Vision
- Mission
- Strategy
- Measures
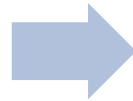
QI Plan →

- Goal(s)
- Measures
- Strategy
- Tactics
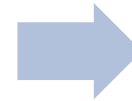
QI Strategy

- Tactics
- Measures
- MFIs
- PDSAs

A Simple QI Action Plan

1. Priority Area and Description

2. Team Participation

3. Goal

4. Measurement

5. Change Ideas

1.   Priority Area & Description

Priority Area	
Title:	
Description (include brief information and relevant data to support this choice)	

2.   Team Participation

| QIAP Team		
1. [insert name] 2. [insert name] 3. [insert name]		
Identify other team members/stakeholders impacted by this QIAP, and how you intend to communicate with them and gain their support.		
Name	**Level of engagement**	**Actions to communicate and/or gain support**

3. Goal

Goal
Remember that effective goals are SMART - Simple, Measurable, Achievable, Realistic and with a Timeframe

How do you draft a good goal?

Consider the following questions:

➢What exactly are you trying to accomplish?

➢Can you assess progress towards meeting your goal?

➢Will the team agree this is feasible?

➢What is your timeframe?

SMART

SPECIFIC   MEASURABLE   ATTAINABLE   RELEVANT   TIME-BOUND
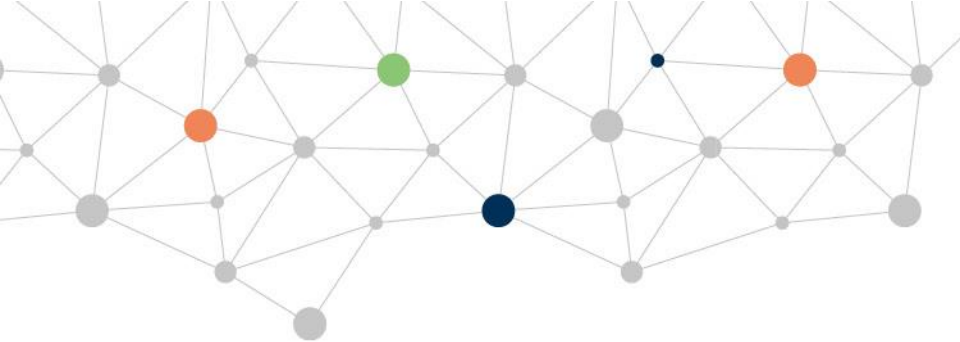
A good goal

- Is focused on the system-level of the problem presented

- Includes direction of change (increase or decrease)

- Includes at least one specific characteristic such as magnitude (% change) or time frame

"The more specific the aim, the more likely the improvement"
(Don Berwick)

4.   Measurement

Measures
Outline the measures that you will utilise to monitor improvements towards your goal
1.   [insert measure] 2.   [insert measure] 3.   [insert measure]

Selecting Measures

- Different types of measures

- Need to directly measure your goal

- Can be process, output or outcome measure

Effective measures

- Relevant to the goal

- Readily available so data can be analysed over time

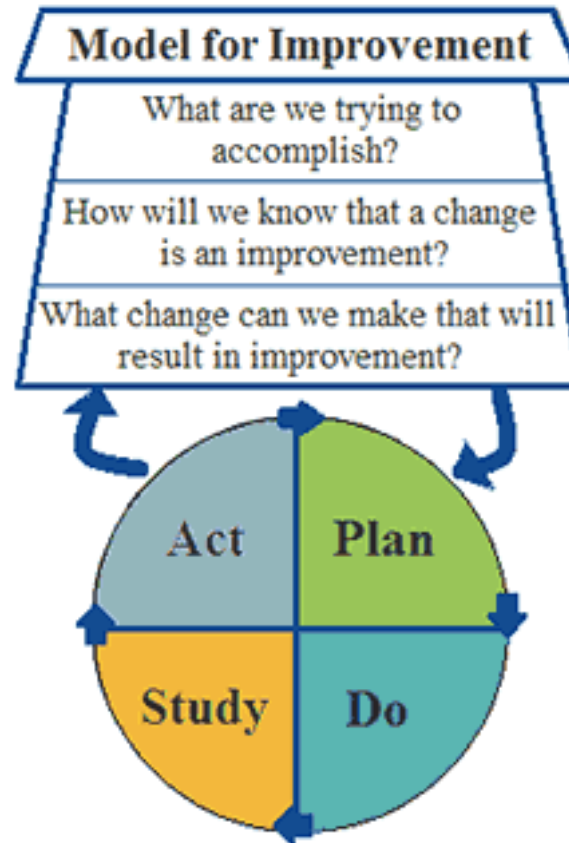- Capture a key process or outcome

5.   Change Ideas

Change Ideas
List and describe all the ideas that you will test to reach your goal
1.   [insert idea] 2.   [insert idea] 3.   [insert idea] 4.   [insert idea] 5.   [insert idea]

What's next?

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

Tips for success

- **Involve the whole practice team**
- Think in systems and embrace a solution focused mindset to system improvement
- Work with the willing. Start with at least 2 team members– a business, clinical and/or reception lead.
- Develop your QI Plan and/or QI Action Plan
- Choose activities that are easy to do that will lead to early wins, baby steps
- Communicate continuously e.g. include QI on the agenda of every staff meeting, pin up plans and track data/progress in staff room
- Celebrate your wins

Building the Team

Who is in the team?

Is anyone opposing changes?

Building the

- **Leadership and vision**

- **Communication**

- **Team involvement**

- **Staff recognition**

- **Use of skills and professional development**

- **Results and performance**

- **Management Actions**

Leadership and Vision

Lead from the front

- What do we want to achieve?

- Why?

- How will we get there?

- What do we expect to achieve?

Vision

- Is there one?

- Is it known by all?

- Do they value it?

- Have staff helped create the vision and/or strategies?

Communication

o Communication mechanisms should be specific to the team

o Multi-modal

A variety of approaches available:

- Whole of team/ discipline specific/ micro team meetings

- Huddles/Pow-wows

- 1:1 'check ins'

- Email/internal messaging

- Internal Noticeboards

- Suggestion boxes

Team Involvement

- In decision making, planning, implementation

- Seek input and expertise

- Assign appropriate roles and responsibilit

- Delegate problem solving tasks

- Use consensus

- Use QI Tools

- Culture that rewards creativity - fun

Staff Recognition

Acknowledge contributions and achievements:

- Small wins
- Improvements in data
- Acquiring a new skills
- Winning a friendly competition
- Working in line with core values

➢ Provide constructive feedback

➢ Rewards / incentives

➢ Celebrate birthdays

➢ Team building activities

Use of Skills & Professional Development

Maximise knowledge, skills and strengths of staff

- Discover hidden talents

- Identify champions – mentor staff

Identify opportunities for skills development

- Formal training

- Informal and/or internal approaches

  - Lunch time learning (TedEx)

  - Feedback, debriefs, tips, demos, training delivered by staff

Results and Performance

➢ Review data and monitor changes

➢ Interpret the data

➢ Feedback to the team

  – Maximise team learning

  – Reinforce direction

  – Build momentum

  – Keep it on the agenda

  – Determine steps

• Celebrate your success!

Management Actions

- Establish responsibility and accountability in position descriptions and performance reviews

- Hire for attitude

- Demonstrate enthusiasm for QI

- Foster an environment of open communication

- Team participation in decision-making

- Proactively listen

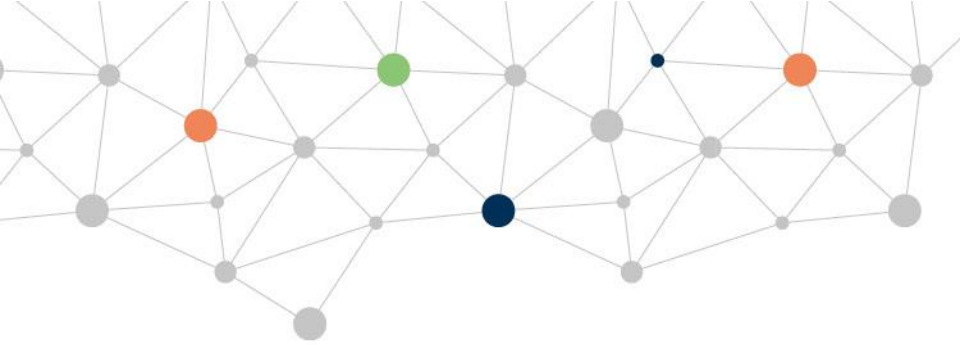- Protected time and resources

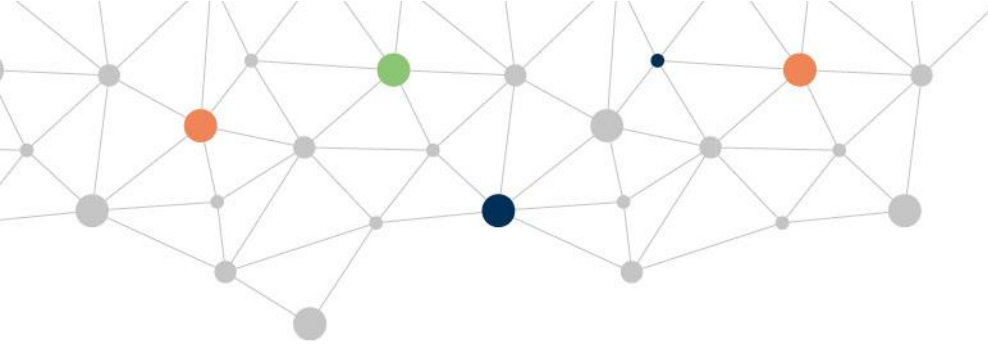- Embed 'quality' as a core value

Support Resources

Visit : https://www.gphn.org.au/programs/practice-support/practice-incentive-program/

➢PIP QI information, including FAQs, flowcharts, checklists and more

➢QI Action Plan Template

➢Webinar Recording

- For further support contact:

➢ Daniel Webster, daniel.webster@gphn.org.au

Next Steps

- Review your data and identify an improvement area

- Familiarise yourself with the QI Action Plan Template

- Continue to monitor the Friday Practice Support email for information updates

- Next webinar is 'Meaningful Use of Data for QI'
  - ➢ **Wed 4 Sept, 12:30 - 1:30pm** AEST
  - ➢ **Thurs 5 Sept, 5:30 - 6:30pm** AEST