



An Australian Government Initiative

Eastern Melbourne PHN Quality Improvement in General Practice

Implementation Workbook

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Implementation Overview

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QI Workbook

Implementation Overview

The Eastern Melbourne PHN (EMPHN) Quality Improvement (QI) in general practice implementation workbook will support your general practice through a step by step process to identify areas for improvement, implement change and develop a quality improvement plan that addresses a priority area specific to your general practice.

QI Implementation Activities

There are 5 keys steps that you will undertake to successfully implement quality improvement within your general practice.

The following is an overview of the QI implementation activities, more detail is provided later in this workbook.

QI Implementation Activities	
1. Foundation QI training	Undertake foundation quality improvement training by viewing the EMPHN suite of QI training videos located on the EMPHN website. www.emphn.org.au/quality-improvement
2. Quality Improvement plan	<ul style="list-style-type: none">• Outline your quality improvement goals – what do you want to achieve and when?• Identify your data quality measures – how will you track your improvement journey with data?• Identify your team – who will be involved and how will you communicate with your practice team? What protected time will your team have to complete activities?• Identify training needs – what training and support do you require to implement change?• Develop quality improvement ideas – what activities/practical steps do you plan to undertake?
3. Activity Period	<ul style="list-style-type: none">• Undertake activities to test and implement change through the Model for Improvement and PDSAs.<ul style="list-style-type: none">- Building Teams.- Data Quality.- QI activities specific to your general practice needs.
4. Reflect and Review	<ul style="list-style-type: none">• Complete a reflection report to review the success and/or challenges of activities undertaken.
5. Embedding continuous quality improvement	<ul style="list-style-type: none">• Use the outcomes of your reflection report to identify your next improvement activity to imbed a culture of continuous quality improvement in your general practice.

Foundation Quality Improvement Training

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Quality Improvement Learning Module

To support your practice team to implement quality improvement, EMPHN have developed a QI learning module that aims to provide a useful starting point for general practice to implement continuous quality improvement. The EMPHN QI learning module contains online training videos that are supported with practical guides, checklists and resources to assist with implementing QI activities. You will be guided to use these tools throughout the workbook.

To access these training videos, please go to: www.emphn.org.au/quality-improvement

QI Team training 1: Introduction to Quality Improvement

Review the training video: Introduction to quality improvement available via the EMPHN website: www.emphn.org.au/quality-improvement

Model for Improvement

Making improvements to systems or services requires change. Although change can seem threatening or overwhelming for busy people, it can be successfully managed if well planned. The Model for Improvement (MFI) provides a framework for developing, testing and implementing changes. It helps to break down the change into small, manageable chunks which are then tested to ensure what you are testing is improving. It is always worth remembering that while every improvement is certainly a change, every change is not an improvement.

Why use the Model for Improvement?

The MFI is a tried and tested approach to achieving successful change. It offers a number of benefits, including:

- A simple approach to making change that anyone can apply.
- A method to plan, develop and implement change.
- Reducing risk by testing small changes before wider implementation.
- Less resistance to change by starting small.
- Team unity around common goals.
- Maximising individual creativity and ideas from team members.
- An opportunity to celebrate successes.

QI team training 2: Model for Improvement and PDSAs

To support you in the application of the Model for Improvement (MFI) and developing PDSAs, please review the training video: Model for Improvement and PDSAs via the EMPHN website www.emphn.org.au/quality-improvement

TIP: [Refer to Appendix A](#) for a MFI/PDSA template to record your activities. This resource can also be located via the EMPHN website www.emphn.org.au/quality-improvement

Model for Improvement (MFI) Cheat Sheet

Below is a summary of what information should be included in each area of the MFI

MFI stage	Information to include
<p style="text-align: center; font-size: 2em; color: #0056b3;">Goal</p>	<p>What are we trying to accomplish?</p> <p>Have a <u>SMART</u> goal:</p> <ul style="list-style-type: none"> • Specific: <ul style="list-style-type: none"> ➤ Make it clear what you want to achieve. • Measurable: <ul style="list-style-type: none"> ➤ How will you know a change has occurred? • Achievable: <ul style="list-style-type: none"> ➤ Being ambitious is good, but what if the goals aren't completed and people lose motivation? • Relevant: <ul style="list-style-type: none"> ➤ Everybody will lose interest if they can't see the point. • Timely: <ul style="list-style-type: none"> ➤ Include a date or timeframe (e.g. by 31/05/17, next 3 months).
<p style="text-align: center; font-size: 2em; color: #0056b3;">Measure</p>	<p>How will we know that a change is an improvement?</p> <ul style="list-style-type: none"> • Use data that is easily obtained. • Use a combination of process and outcome measures. • Use both qualitative (descriptive) and quantitative (numerical) data. • Use only the data you need. • Use sampling to test on a small scale. • Plot data over time.
<p style="text-align: center; font-size: 2em; color: #0056b3;">Idea</p>	<p>What changes can we make that will result in improvement?</p> <ul style="list-style-type: none"> • Ideas you can test in order to achieve your goal. • Each idea is then tested in small tests using a PDSA cycle. • One idea may require numerous PDSAs (not successful) to determine if it will work in your practice.

MFI Example

MFI stage	Information to include
<p>Goal</p>	<p>To Improve the accuracy and completeness of the diabetes register by June 30th 2019.</p>
<p>Measure</p>	<p><u>Compare</u></p> <ul style="list-style-type: none"> • The number of people on the diabetes register at the start of the improvement activity (baseline). • The number of people on the diabetes register at the end of the improvement activity.
<p>Idea</p>	<ul style="list-style-type: none"> • Idea 1: Archive all patients that do not meet the practice’s definition of active patients. • Idea 2: Review the practices definition of diabetes and code Type 1 and Type 2. • Idea 3: Search for all patients on relevant medications that are not coded as having diabetes and code correctly. • Idea 4: Search for all patients that have had a relevant test performed but are not coded with diabetes and code correctly.

Plan Do Study Act (PDSA) Cheat Sheet

Below is a summary of what information should be included in PDSAs:

PDSA stage	Information to include
<p style="text-align: center; font-size: 2em; font-weight: bold;">Plan</p>	<p>What:</p> <ul style="list-style-type: none"> → What exactly will you do and who will be involved/responsible (e.g. PN to print out diabetes register, hold a practice meeting to discuss coding). → Include as much detail as necessary. <p>When:</p> <ul style="list-style-type: none"> → Include specific date (e.g. on the 21/05/19, by 21/05/19). <p>Where:</p> <ul style="list-style-type: none"> → Location (in the clinic, another location). <p>Prediction:</p> <ul style="list-style-type: none"> → Related to the “what”? → Include a measure, where possible (e.g. number of patients on the register). <p>Data to be collected:</p> <ul style="list-style-type: none"> → Related to the “what”? → Include a measure, where possible (e.g. number of patients on the register, number of staff attending meeting)? <p>If all these headings are included, the next parts of the cycle are easier to complete.</p>
<p style="text-align: center; font-size: 2em; font-weight: bold;">Do</p>	<p>Was the plan executed?</p> <ul style="list-style-type: none"> → Yes/No (e.g. Yes, on 21/05/19; Yes, but two days late; No, meeting cancelled). <p>Unexpected events/problems:</p> <ul style="list-style-type: none"> → Anything that may have occurred (e.g. two days late due to staff shortage, discovered chosen staff member didn’t have skills to use clinical audit tool and needs more training).
<p style="text-align: center; font-size: 2em; font-weight: bold;">Study</p>	<p>Review and reflect on results:</p> <ul style="list-style-type: none"> → Relate back to the predictions and data collected (e.g. number of patients on register less than expected due to incorrect coding, not enough notice for meeting, agenda not sufficiently detailed, staff need more training).
<p style="text-align: center; font-size: 2em; font-weight: bold;">Act</p>	<p>What will you take forward?</p> <ul style="list-style-type: none"> → The next PDSA cycle in the “chain” (e.g. diabetes coding requires clarification, PM to develop and circulate agenda one week prior to meeting, further clinical audit tool training for PN required).

PDSA Example

Idea 1: Archive all patients that do not meet the practice’s definition of active patients

PDSA stage	Information to include
<p style="text-align: center; font-size: 24pt; font-weight: bold;">Plan</p>	<p>What: Add agenda item to clinical team meeting to discuss data cleansing policy.</p> <p>Who: All clinical team.</p> <p>When: 28 May 2019.</p> <p>Where: Staff tea room.</p> <p>Prediction: That the team will determine a definition of active patients.</p> <p>Data to be collected: Use EMPHN practice report to review practice active patients and RACGP active patients.</p>
<p style="text-align: center; font-size: 24pt; font-weight: bold;">Do</p>	<p>Was the plan executed?</p> <p>Team meeting was conducted on 28 May 2019.</p> <p>Unexpected events/problems:</p> <p>Two team members were absent, meeting minutes captured by Mary and actions distributed to team.</p>
<p style="text-align: center; font-size: 24pt; font-weight: bold;">Study</p>	<p>Review and reflect on results:</p> <p>The clinical team reviewed the data from the EMPHN practice report and agreed that the clinic needed a data cleansing policy and agreed that the whole team needed to participate to clean up their clinical database. Bob was allocated to be data cleansing manager. Team confirmed definition of active patient for their practice and has all agreed that Bob will begin the cleansing process.</p>
<p style="text-align: center; font-size: 24pt; font-weight: bold;">Act</p>	<p>What will you take forward?</p> <p>Bob will now start data cleansing activities and will require to:</p> <ul style="list-style-type: none"> - Keep the team updated on his progress and activities they must undertake to embed data quality activities. - Add data cleansing to team meeting agenda for the next 3 months. - Allocate protected time to undertake this task.

Quality Improvement Tools

When starting a quality improvement activity, it is sometimes difficult to pin point where to begin. By using quality improvement tools, it can help your team understand the problem, think laterally and make decisions. By clearly defining the problem that you wish to improve, it can assist the team to identify an area of focus and ideas to implement.

QI team training 3: Quality Improvement Tools

To understand how to use problem solving tools, creative tools and decision making tools that are relevant to your general practice setting, please review the training video and resources: Quality Improvement Tools via the EMPHN website: www.emphn.org.au/quality-improvement

Building Teams

Having an effective team at your practice is a necessary foundation on which to begin any quality improvement work. You will be more successful in implementing change if your whole team is engaged and participates in the journey. Building an effective team is an ongoing process an evolving journey.

Points to consider:

- Attempting to implement change without building and engaging the whole team is unlikely to lead to substantial change.
- Providing continuous feedback on what the quality improvement team is currently working on will result in less resistance to change as the whole team will understand the reasons for change.
- By assigning small responsibilities to different staff members, they can take ownership of that task and become more involved and valued by the team.

The lead QI team will work together to:

- Share ideas.
- Test changes before implementing them within the whole practice.
- Monitor improvement.
- Celebrate successes.

QI Team training 4: Building Teams

For some useful tips and ideas for building a quality improvement team at your general practice, please review the training video and resources: Building teams via the EMPHN website: www.emphn.org.au/quality-improvement

Leading and Managing Change

Managers or change leaders have an important and unique role when initiating improvements, it is their responsibility to test change before implementing, provide a clear vision, and explain how the change will be implemented and why.

It is important that change leaders:

- Expect resistance to change.
- Demonstrate the need for change.
- Model enthusiasm for the process.
- Foster an environment of open communication.
- Offer support via training and additional resources.

QI team training 4: Leading and Managing Change

For some useful tips and ideas to successfully lead and manage change at your general practice, please review the training video: Leading and Managing Change via the EMPHN website: www.emphn.org.au/quality-improvement

Data Quality

Data, in the form of a clinical record, provides a view of your patient's health status. By having accurate and up to date patient information that is recorded correctly in the clinical software, you will have accurate, accessible and comprehensive data. This can be used to provide the most effective care to your patients, which may assist in the prevention and management of chronic disease.

Data can be used to:

- Diagnose a condition and determine appropriate treatment;
- Identify health related risks;
- Help manage a condition and minimise risk; and
- Ensure that care is based on best practice guidelines.

From a general practice perspective, data can be used to:

- Identify improvements in health service systems;
- Efficiently manage groups of people with similar health conditions; and
- Inform resource planning and reduce waste.

To get the most out of your clinical software, data needs to be accurately recorded in the right place and maintained over time. If not, patient care may be compromised and efficiency suffers. Good data quality is a powerful resource for general practices, but requires a consistent and coordinated approach from the whole of general practice team.

QI Team training 5: Data Quality

For some useful tips and ideas to successfully use data to drive change at your general practice, please review the training video: Data Quality via the EMPHN website: www.emphn.org.au/quality-improvement

Quality Improvement Plan



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Quality Improvement Plan

Developing a QI plan will provide a structure and timeline to guide your team through quality improvement activities. This plan can be added to and updated as you progress through your activities.

Quality Improvement Activity Topic

What is your identified area of improvement work and why are you doing this work?

Provide a background and the reason why you have chosen to undertake this work.

Example: Why have you chosen the priority area (e.g. diabetes management) and how will this work make an improvement to your practice or to your patients?

Tip: Refer to your EMPHN practice report to help identify areas for improvement and a priority area.

Quality Improvement Goal

What are you trying to accomplish?

Outline what you are planning to do by developing a **SMART** goal (Simple, Measureable, Achievable, Realistic and Timely).

Example: How good to you want to be and by when?

Quality Improvement Measures

How will you track your journey and know that a change is an improvement?

What data reports do you have access to and plan to use? How will they be used? Will you be using a data extraction tool? Consider how you will use the EMPHN practice report and POLAR to capture the data needed to measure your activities undertaken.

Tip: Refer to Appendix B to record your measures/data throughout your improvement journey. It is important to capture your baseline data before you start any improvement work.

Activities

What activities do you plan to undertake that will lead to an improvement? – small steps/ideas

Activity 1	Date To be completed
Activity 2	Date To be completed
Activity 3	Date To be completed
Activity 4	Date To be completed

Recording QI Activities

How will you record your QI activities such as PDSAs?

Example: Spreadsheet, paper records.

Tip Refer to Appendix A for a MFI/PDSA template to record your activities. This resource can also be located via the EMPHN website www.emphn.org.au/quality-improvement

Intended Outcomes

What outcomes do you expect as a result of this quality improvement activity?

Example: Improved team work, improved coding, improved processes.

1.	
2.	
3.	

Identify The Lead Team At Your Practice Who Will Be Responsible To Drive The Quality Improvement Work

Lead Name	Roles/Responsibilities
1.	
2.	
3.	

Budgeting And Staff Time

Identify budget required (if any) and staff time (protected time) needed to complete improvement activities

1.

2.

3.

Risk Management

Think about any potential risks or challenges that you may encounter undertaking this improvement activity. What is the likelihood of this occurring and how may you address this?

Example: Resistance from other team members, lack of time to undertake activities.

Communication Plan

How do you plan to communicate with the team what activities you plan to undertake?

Example: Via staff notice board, online communication, staff meetings.

Principal Sign Off

Once this plan is complete, ask your practice principal to approve this improvement activity.

Date:

Name:

Role:

Signature:

QI Activities



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Introduction to QI Activities

QI activities and ideas are key components of your QI journey. As part of your QI plan, you would have identified the activities that you are considering to undertake for your identified priority area. Before starting on any activity relating to your chosen topic, it is important to undertake/review the foundation QI activities, building teams and data quality. The following QI activities and ideas are the practical steps that participants may choose to make to achieve improvement within their general practice.

QI Activity: Teams

The steps suggested in this section are examples only and can be used to assess current communication and feedback procedures at your practice. They can be used for assisting with implementing any other significant changes.

TIP: To support you with tips and ideas for building a quality improvement team at your general practice, please review the training video and resources: Building teams via the EMPHN website: www.emphn.org.au/quality-improvement before undertaking the following activities.

Building teams activity example

Goal		
What are you trying to accomplish?		
To create a lead team to drive quality improvement activities and embed continuous quality improvement processes by (insert date).		
Measure		
How will you know that a change is an improvement?		
Select the measure appropriate to your building teams activities:		
<ul style="list-style-type: none"> Number of times QI is added to the staff monthly meeting agenda. Number of hours allocated for protected time for lead team to implement QI activities now (at baseline) and the number after the improvement activity. Number of QI team meetings now (at baseline) and the number after the improvement activity. 		
Ideas		
What changes can we make that will lead to an improvement? – small steps/ideas		
Assign roles and responsibilities	Date Completed	Notes
<input type="checkbox"/> Identify the lead team to drive quality improvement (QI) work (e.g. one nurse, GP, admin, PM).		
<input type="checkbox"/> Allocate protected time for the QI team each month to perform required tasks.		

<input type="checkbox"/>	Assign roles and responsibilities according to staff skill, interest and position. Your practice may need to update or assign new roles and responsibilities across your team in order to participate in QI activities. When people are assigned to roles, it authorises them to carry out certain actions.		
<input type="checkbox"/>	Update all staff position descriptions to include these new roles and responsibilities. Ensure quality improvement roles and training are incorporated into new staff orientation processes.		
Communicate with the practice team			
<input type="checkbox"/>	Identify the method that will be used to inform and update the practice team on any changes as a result of QI activities that affect different staff at the clinic e.g. staff meetings, email, noticeboard.		
<input type="checkbox"/>	Ensure all staff are advised of the chosen communication method.		
Undertake regular staff meetings			
<input type="checkbox"/>	Create a monthly schedule of meetings and invite all staff.		
<input type="checkbox"/>	Create/review an agenda for each meeting including an update on quality improvement work.		
<input type="checkbox"/>	Allow for staff to contribute ideas on agenda items.		
<input type="checkbox"/>	Distribute minutes following meetings and ensure staff are aware of any follow up needed.		
<input type="checkbox"/>	Invite guest speakers to staff meetings on priority areas to build staff knowledge and awareness.		
Review and reflect			
<input type="checkbox"/>	Ensure regular review of changes are made to ensure a successful transition to new workflows: <ul style="list-style-type: none"> - What is working well and what is not? - What should we do more/less of? - Is there anything that we should stop doing? 		
<input type="checkbox"/>	Involve the team in developing and implementing ideas for change related to the QI activities.		
<input type="checkbox"/>	Allow opportunities for staff feedback.		

QI Activity: Data Cleansing

The following ideas are suggestions to assist with achieving good data quality at your general practice.

Data cleansing activity example

The ideas below are examples of practical steps that participants may choose to make to achieve improvement within their general practice.

TIP: To support you with tips and ideas to successfully use data to drive change at your general practice, please review the training video: Data Quality via the EMPHN website: www.emphn.org.au/quality-improvement before undertaking the following activities.

Goal		
What are you trying to accomplish?		
To create an accurate and up to date clinical system of active patients within 3 months.		
Measure		
How will you know that a change is an improvement?		
Compare: <u>Measure 1</u> <ul style="list-style-type: none"> Active patient numbers at baseline. Active patient numbers at completion of quality improvement activities. <u>Measure 2:</u> <ul style="list-style-type: none"> RACGP active patient numbers at baseline. RACGP active patient numbers at completion of quality improvement activities. 		
Ideas		
What changes can we make that will lead to an improvement – small steps/ideas?		
Assign data quality roles	Date Completed	Notes
<input type="checkbox"/> Allocate a person to be responsible for data quality (data quality manager) to oversee all data quality activities.		
<input type="checkbox"/> Provide protected time for the data quality manager to complete data cleansing tasks.		
<input type="checkbox"/> Include data cleansing as part of a job description and articulate expectations.		

Communicate with the practice team			
<input type="checkbox"/>	Include data cleansing topics as agenda items to team meetings.		
<input type="checkbox"/>	Support the team with required clinical software training and regular updates to ensure data collection and cleansing is a routine and consistent task.		
Data quality steps			
<input type="checkbox"/>	Does the clinic have a data cleansing policy on inactivating patients? If no, consider developing a policy.		
<input type="checkbox"/>	<p>Develop a procedure to archive inactive patients on a regular basis. You may consider different timeframes for different age groups</p> <ul style="list-style-type: none"> • All patients not seen for 3 years. • Patients with specific chronic disease not seen for 2 years. • Patients with interstate or rural postcodes not seen for 6 months. • New patients who book an appointment online but do not show up. 		
<input type="checkbox"/>	Agree on a definition of active patients for the practice		
<input type="checkbox"/>	<p>Archive inactive patients that do not fit within the practice's active patient definition. This may include:</p> <ul style="list-style-type: none"> • Archive deceased patients. • Merge duplicate patients. • Archive patients with a postcode not relevant to your areas/state. • Archive patients that have moved away or no longer attend the clinic. • Archive patients that have never attended the clinic e.g. those patients that have registered for an appointment but have never turned up (online bookings). 		
<input type="checkbox"/>	Develop procedure to archive inactive patients on a regular basis e.g. every 3 months.		

Practice topic specific QI activities

Use the following template to record your QI activities.

Goal		
What are you trying to accomplish (Goal)?		
Measure		
How will you know that a change is an improvement (Measures)?		
Ideas		
What changes can we make that will lead to an improvement (ideas/small steps)?		
Task	Date Completed	Notes
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

Reflect and Review



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Reflection report

As you complete quality improvement activities, it is important to take a moment to reflect on what your team has undertaken. A reflection report allows you to assess the successful/not successful changes you have made, the lessons learnt, and areas for further improvement. Completing this report will also provide an opportunity to consider activities you plan to undertake as a team to imbed continuous quality improvement within your general practice.

On reflection of the past QI activity period, what changes have you implemented and what have you learned as a result?

Provide an example of one innovative change/idea that did work well.

Provide an example of any roadblocks or ideas that did not work well.

What ideas for change will you consider implementing to continue your improvement journey?

Continuous Quality Improvement

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Continuous Quality Improvement

Once you have completed your reflection report, present the outcomes of the quality improvement activities you have undertaken with your practice team and provide an opportunity for staff feedback. You may consider including an overview of the data collected and the outcomes as a result of your achievements in your staff room or as a presentation at your next staff meeting. As a team, you may wish to discuss your next steps or identify a new priority area to start the implementation process again. This will support continuous quality improvement within your general practice.

What feedback did you receive from your team?

What will you do differently next time?

What will be your next steps?

TIP: Consider if you need to create a new QI plan for a new priority area or do you need to update your existing plan.

Appendix A:

MFI Template

Goal:

How good do you want to be and by when?

Measures:

How will you track your improvement activities?

Ideas:

What ideas will you test to achieve your goal?

PDSA Template

Idea:

PDSA Cycle:

Plan: What exactly will you do? Include what, who, when, where, prediction and date 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? (What is your next step/PDSA cycle?)

Appendix B

Sample: Monthly Data Report

Use this spreadsheet to capture your baseline and monthly data to track your improvement journey.

Measure	Month					
Total Patients						
Active Patients						
RACGP Patients						

Notes _____

