HotDoc

Planning and Running Effective Quality Improvement (QI) Activities during COVID-19

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Planning and Running Effective Quality Improvement (QI) Activities during COVID-19

This session will cover:

- Overview of key quality improvement (QI) principles and activity types
- Adjusting and focusing our QI approach during times of transition, rapid change and uncertainty
- Engaging the entire practice team and making best use of under-utilised skills
- Q&A

What is Quality Improvement (QI) ?

The RACGP defines Quality Improvement as:

"An activity used to **monitor**, **evaluate** or **improve** the quality of health care delivered by the practice."

Source: HNECC PHN: Quality Improvement

https://www.hneccphn.com.au/programs-resources/quality-improvement/

Doubling of the PIP QI Payment

The PIP Quality Improvement (QI) Incentive is a ***payment to general practices that participate in quality improvement activities*** to improve patient outcomes and deliver best practice care.

PIP QI *replaces* the following incentives which *have now ceased*:

- Asthma Incentive
- Quality Prescribing Incentive
- Cervical Screening Incentive
- Diabetes Incentive

Source: Australian Government Department of Health

https://www1.health.gov.au/internet/main/publishing.nsf/Content/PIP-QI_Incentive_guidance

Doubling of Quality Improvement PIP (PIP QI) for clinics that stay open for face to face consults at least 50% of usual capacity

- The **Quality Improvement PIP (PIP QI)**, will be **doubled for the next 2 quarters** for practices that continue to keep **doors open at least 50% of their usual capacity**
- These payments will be made on **1 May 2020 & 1 August 2020**
- **Full time clinics** would need to keep doors open for at least **4hrs per day** and **Part time clinics for at least 50% of usual opening hours**

Source: https://www.health.gov.au/sites/default/files/documents/2020/03/coronavirus-covid-19-primary-care-package-practice-incentive-payments.pdf - retrieved 02/4/20

Quality Improvement Measures

The Improvement Measures are ***not designed to assess*** individual practice or GP ***performance***. They ***support a regional and national understanding of chronic disease management*** in areas of high need.

The Improvement Measures are:

1. **Proportion of patients with diabetes with a current HbA1c result**
2. **Proportion of patients** with a **smoking status**
3. **Proportion of patients** with a **weight classification**
4. **Proportion of patients aged 65 and over** who were **immunised against influenza**
5. **Proportion of patients with diabetes** who were **immunised against influenza**
6. **Proportion of patients with COPD** who were **immunised against influenza**
7. **Proportion of patients** with an **alcohol consumption status**
8. **Proportion of patients** with the **necessary risk factors assessed to enable CVD assessment**
9. **Proportion of female patients with an up-to-date cervical screening**
10. **Proportion of patients with diabetes** with a **blood pressure result**.

Source: Australian Government Department of Health
https://www1.health.gov.au/internet/main/publishing.nsf/Content/D4FE6997059769B8CA258426000794AF/$File/Practice%20Incentives%20Program%20Quality%20Improvement%20Measures.pdf

Some clarification on PIP QI

- Practices ***may* focus** their quality improvement activities on specified **Improvement Measures**.
- **There are *no set targets* for the Improvement Measures.**
- **Alternatively**, practices **can choose to focus their activities on other areas.** These areas must be **informed by their clinical information system data** and **meet the needs of their practice population.**
- General practices ***must* submit to their local PHN on a quarterly basis the (de-identified) PIP Eligible Data Set from their general practice clinical information system.**
- **PHNs will use the de-identified data to provide feedback to general practices.** This will help the practices **identify key priority areas** and **quality improvement activities.**

Source: Australian Government Department of Health

https://www1.health.gov.au/internet/main/publishing.nsf/Content/PIP-QI_Incentive_guidance

Accreditation standards on Quality Improvement

Quality improvement *module!*

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.

Source: RACGP Standards for general practices, 5th edition

https://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed

Accreditation standards

Criterion QI1.3 – Improving clinical care

QI1.3 A Our practice team uses a ***nationally recognised medical vocabulary for coding***

QI1.3 > B Our practice uses relevant patient and practice data to improve clinical practice (eg chronic disease management, preventive health)

Criterion QI2.1 – Health summaries

QI2.1 > A Our active patient health records contain a record of each **patient's known allergies.**

QI2.1 > B Each active patient health record has the **patient's current health summary that includes**, where relevant:

- adverse drug reactions
- current medicines list
- **current health problems**
- **past health history**
- **immunisations**
- family history
- health risk factors (eg **smoking**, nutrition, **alcohol**, physical activity)
- social history, including cultural background.

Source: RACGP Standards for general practices, 5th edition

https://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed

Focus of QI activities

When planning areas for Quality Improvement consider:

Are we after **Individual** improvement or **Practice** improvement, or **both**?

Are we after **Short**, **Medium** and/or **Long term** improvement?

Will you focus on **business** financials, **team** performance, **clinical** outcomes, something else?

Are you aiming to improve the **quality** or **quantity** of something, or **both**?

What improvements will you **realistically have the resources to stay on top of**?

Start small and evolve your plans as you get more comfortable with the process!

Individual improvements

Clinicians should reflect on learning needs and plan/seek CPD and learning activities that help meet those needs

Administrative staff would **also benefit** from a similar approach

Individual learning needs could be around:

Clinical areas: Specialty areas (Immunisation, Wound Care, Iron Infusions), caring for patients with particular **conditions** e.g. Diabetes, Asthma, Heart Disease, etc.

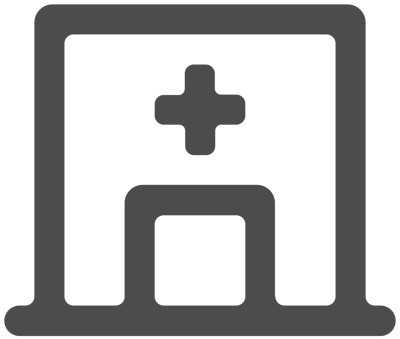
Skills gap: Skills that would help with current or future role e.g. Staff **management** skills, performing or **assisting with surgical procedures**, **workplace training** skills, etc.

Personal development: Time management, **conflict resolution**, **communication** skills, **customer service, stress management** techniques, etc.

Practice Improvements

Practice improvements affect the entire team and may be around:

- Improving business processes and financial performance
- Improving team performance
- Improving clinical outcomes for your patients



Model for Improvement

Model for Improvement is a **framework from the Institute for Healthcare Improvement** with 2 key components:

- **Three fundamental questions**
  - **What are we trying to accomplish?**
  - **How will we know that change is an improvement?**
  - **What changes can we make that will lead to an improvement?**

and

- **PDSA (Plan, Do, Study, Act) Cycle**
  - Develop a **plan to test the change (Plan)**
  - **Carry out the test (Do)**
  - **Observe and learn** from the consequences **(Study)**
  - Determine **what modifications** should be made **(Act)**

Source: SEMPHN: Quality Improvement

https://www.semphn.org.au/resources/digital-health/quality-improvement.html

PDSA Cycles

Plan, 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, reflect** and **build on learning** that occurs during each stage.

Quality Improvement Activities may include:

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

- Scheduling of appointments (e.g. Enourage Telehealth appts for CDM)
- Opening hours
- Record-keeping practices
- How patient complaints are handled
- Systems and processes

Or activities designed to improve clinical care:

- Better targetting for proactive care of patients with chronic conditions
- Improve immunisation rates
- How the practice cares for patients with diabetes or hypertension
- Systems used to identify patients with risk factors

Clinical Audits

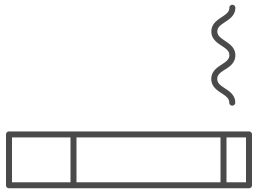
Help clinicians to systematically **review** their individual or team **performance against best practice guidelines**.

A clinical audit has two main components:

- An **evaluation of current care** practitioners provide (baseline data)
- A **quality improvement** process (get closer to best practice guidelines)

Some examples of clinical audits

- Identify patients with **chronic conditions** who are **not currently being managed under a GP Management Plan (or ovedue for review)**
- Identify patients **at risk of Influenza** based on age, ethnicity or pregnancy or with predisposing conditions
- Identify patients with **diabetes without HbA1c** results recorded in the last 12 months
- Identify patients with **Allergy or Smoking Status NOT recorded**



Once you identify an area for improvement:

Start with the 3 questions

1. What are we trying to accomplish? (**Goal**)

e.g. Increase the number of eligible patients with a current GPMP

2. How will we know that change is an improvement? (**Measures** to track the goal)

e.g. There will be a 10% increase to the number of plans created or reviewed every (week/month/quarter)

3. What changes can we make that will lead to an improvement? (**Ideas** for possible changes)

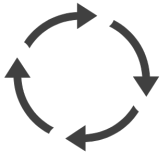
e.g. -Contact the PHN to help us with running a query of our database using the Clinical Audit Tool (e.g. PEN/POLAR)

- Update our recall templates to inform patients that this service is currently available via Telehealth so they won't have to leave their house

- Recall all eligible patients to establish if a GPMP is appropriate and book a time with the nurse and GP for this service to take place

Based on: APCC- Model for Improvement - Introduction to the Model for Improvement powerpoint - https://apcc.org.au/download/introduction-to-the-model-for-improvement-2/?wpdmdl=1228

Sample PDSA cycle



Do a PDSA Cycle based on one of your ideas (answers from question 3)

3. What changes can we make that will lead to an improvement?

e.g. - Generate a list of eligible patients using a clinical audit tool (possibly with help/guidance from PHN) and begin to recall them for GPMP or review appointments with our team.

Plan: What, who, when, where, predictions and 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 (What is your next step / PDSA)

Based on: APCC- Model for Improvement - Introduction to the Model for Improvement powerpoint - https://apcc.org.au/download/introduction-to-the-model-for-improvement-2/?wpdmdl=1228

Sample PDSA

Plan:

What: "Generate a list of eligible patients using a clinical audit tool (possibly with help/ guidance from PHN) and begin to recall them for GPMP or review appointments with our team. ” *(same as answer from question 3)*

Who: Practice Manager to run the databse queries and generate the lists of eligible patients for Nurses to check and recall for GPMP appointments via telehealth

When: Lists will be generated this week, recall templates will be modified today and recalls will commence the day after the lists are generated. Goal is to book at least 5 new patients for GPMPs or reviews to be done next week.

Where: List is generated from our audit tool. Nurses will check the lists and a Broadcast SMS invite will be sent out to the first 50 patients. Nurses will chase up recalls via phone from the treatment room or remote work location

Predictions: That we will be able to book and see at least 5 more patients each week for GPMPs

Data to be collected: The number of GPMPs booked as a result of our recall effort ***(and for comparison, the number of GPMPs performed the previous week)***

Sample PDSA

Do: Was the plan executed? Document any unexpected events or problems.

"There were some delays in getting the lists generated, but recall efforts began towards the end of the week"

Study: Record, analyse and reflect on the results

15/6/20 - 19/6/29 (Week before activity)
GPMPs performed: 2

22/6/20 - 26/6/20 (Week of activity)
GPMPs performed: 4 Nurses had limited time to work on this due to flu immunisation clinics and some adhoc requests from the doctors

Act: What will you take forward from this cycle (What is your next step / PDSA)

Support the nursing team with protected time to follow up on recalls and have phone discussions with patients to answer questions and book them in for GPMPs where appropriate.

Based on: APCC- Model for Improvement - Introduction to the Model for Improvement powerpoint - https://apcc.org.au/download/introduction-to-the-model-for-improvement-2/?wpdmdl=1228

Resources - PDSA Template

Model for Improvement – Template

Step 1. The 3 Fundamental 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 to achieve your goal)**
Idea 1 **Idea 2** **Idea 3**

PDSA Template

Please complete this template for each PDSA cycle you undertake.

Idea	*Describe the idea you are testing: refer to the 3rd fundamental question, 'What are we trying to accomplish?*
Plan	*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 / next PDSA cycle)*

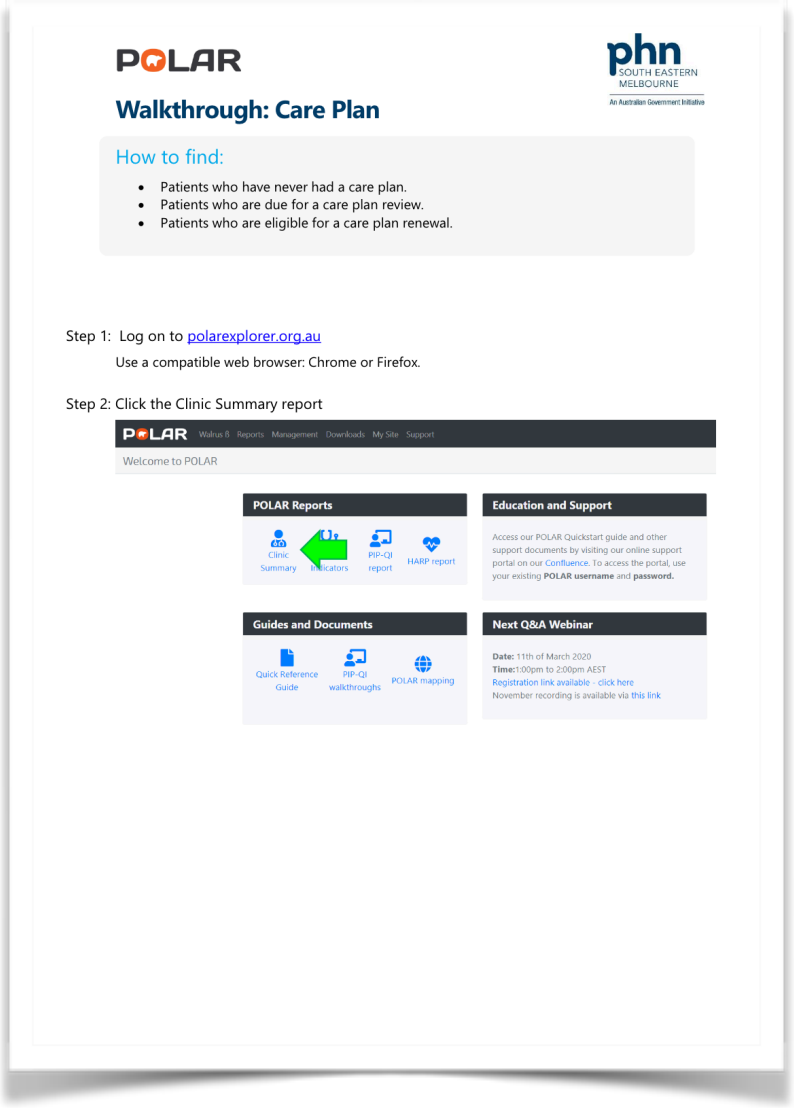
Source: Based on the Model for Improvement from Institute for Healthcare Improvement

Resources - POLAR

Walkthroughs

The following POLAR Walkthroughs relate to patient data in the **Clinic Summary** (CS) **Indicators** (CI) report.

- **POLAR Quick Start User Guide** (Feb20)
- **Care Plans - Current, New, Review, Expired** (Feb20) (CS)
- **Demographics and Clinical Metrics for Quality Improvement** (Mar20) (CS)
- **Diabetes Patients - Find Patients for Quality Improvement** (Feb20) (CS)
- **Health Assessments & HMR - Find Eligible Patients** (Feb20) (CS)
- **Immunisation - Flu Vax** (Feb20) (CS)
- **Immunisations - Zosatavax - Eligible Patients** (Feb20) (CI)
- **Immunisations - Pneumovax - Eligible Patients** (Mar20)(CI)
- **Medications - Opioids** (Mar20)(CS)
- **MBS Items - Eligible Patients Not Billed Item Numbers** (Feb20) (CI)
- **Wildcard Search - For Diagnosis or Medications**
- **How To - Screen shot any page** (Feb20)
- **How To - Print a patient list in excel** (Feb20)
- **How To - Opt a Patient out of POLAR** (Feb20)
- **How To - PIP-QI Report** (Feb20)
- **How To - Find Pathology Labs** (Mar20)



Source: SEMPHN - POLAG Resources: Walkthroughs & Bookmarks - Quality Improvement

https://www.semphn.org.au/resources/digital-health/polar.html

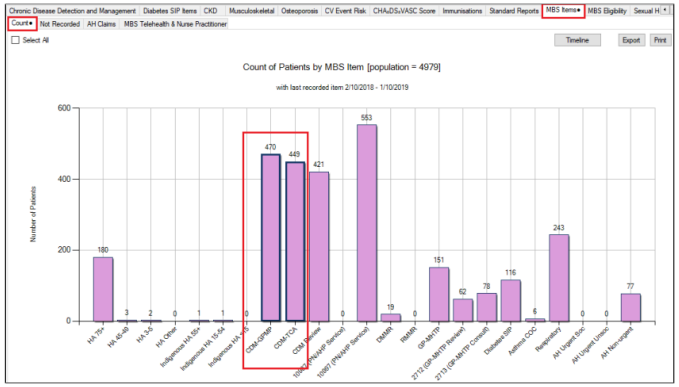
Resources - PEN CS' CAT4 Recipes

1 CAT Starting Point:

CAT Open - "**CAT4**" view (all reports) loaded.

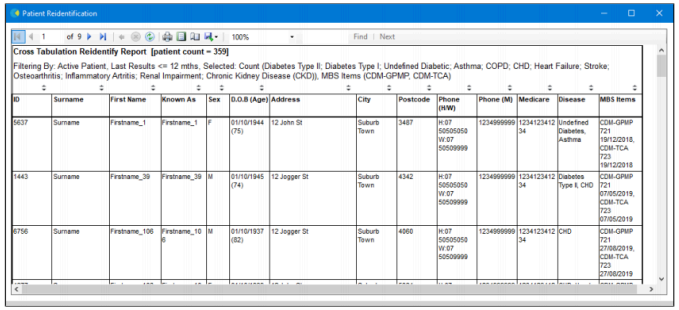
Population Extract Loaded and Extract Pane "Hidden".

Find active patients with at least one chronic condition who are eligible for a GPMP/TCA



Click on the 'Report' icon on top of the screen to cross-tabulate all selected report views to see the list of patients selected.

This will display a list of all patients for whom the selected MBS item(s) has not been claimed in the last 12 months. Both patients who never had the item(s) claimed and those who had it claimed outside the 12 months date range will be listed with the relevant date in the last column.



Find active patients with at least one chronic condition who are eligible for a GPMP/TCA

Source: Pen CS - CAT Recipes

https://help.pencs.com.au/display/CR/CAT+RECIPES

Resources - PEN CS' CAT4 Recipes

Maximise Business Potential

- Find active patients with at least one chronic condition who are eligible for a GPMP/TCA
- Identify all active patients with at least one chronic condition who are eligible for a Medication Review
- Identify all active stroke/TIA patients who are eligible for a GPMP
- Identify DVA patients eligible for Coordinated Veterans Care
- Identify Indigenous patients eligible for PBS Co-payment Measure
- Identifying Home Medication Review candidates: Heart Failure patients who are not on ACE inhibitors
- Identifying patients eligible for a Mental Health Treatment Plan
- Identifying patients eligible for a Mental Health Treatment Plan Review
- Identify patients eligible for a 45 - 49 Health Assessment with lifestyle or biomedical risk factors
- Identify patients eligible for an annual 75+ Health Assessment
- Identify patients eligible for an annual 715 Aboriginal and Torres Strait Islander Health Assessment
- Identify patients eligible for an Annual Asthma Cycle of Care
- Identify patients eligible for an Annual Diabetes Cycle of Care
- Identify patients seen by a particular provider or group of providers
- Identify patients with a chronic disease eligible for a GP Management Plan and/or Team Care Arrangement
- Identify patients with diabetes, CVD or CKD who never had a GPMP/TCA claimed
- Shared Health Summaries (SHS) uploaded by the practice

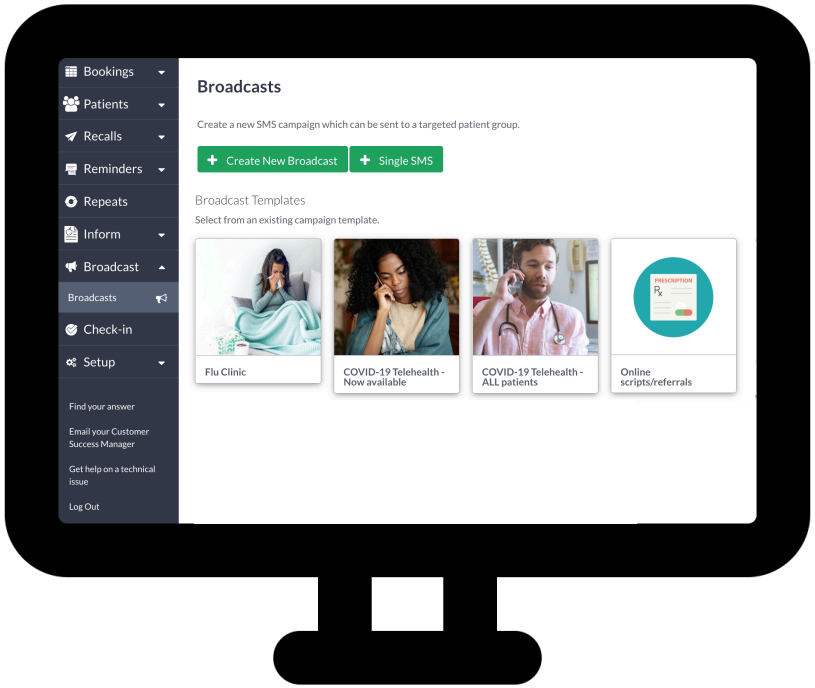
Source: Pen CS - CAT Recipes

https://help.pencs.com.au/display/CR/CAT+RECIPES

HotDoc tools to assist with this process

Broadcast SMS

Dashboard



Filter query by:

Patient age

Gender

Or

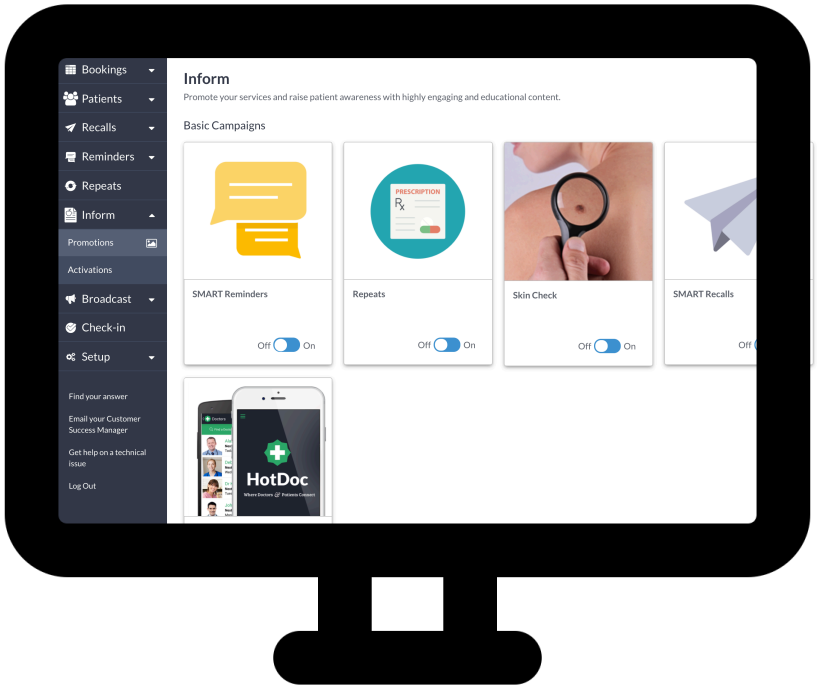
Use a CSV export from
your clinical software or Audit Tool
(eg Pen CAT or POLAR GP)

Contact the HotDoc team: 1300 468 362

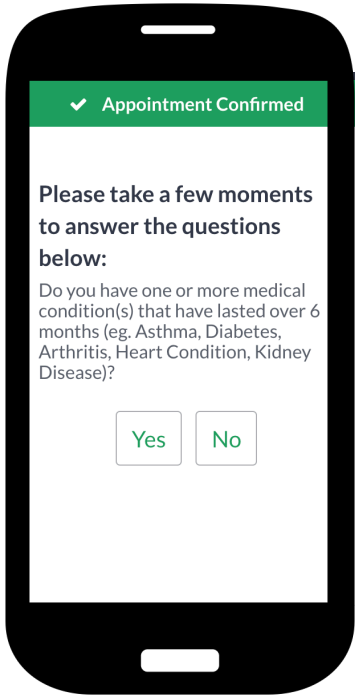
HotDoc tools to assist with this process

HotDoc Inform Promotions/Activations

Dashboard



Patient View

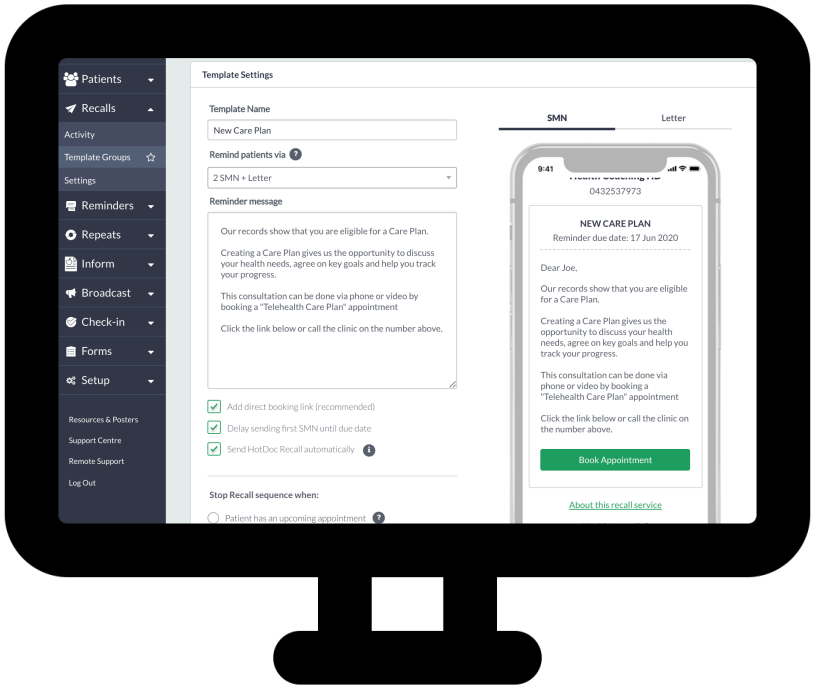


Contact the HotDoc team: 1300 468 362

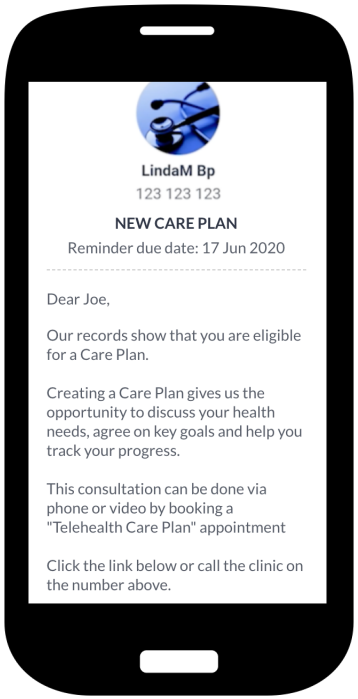
HotDoc tools to assist with this process

HotDoc Recalls - Update your templates to reflect services which are now available via Telehealth

Dashboard



Patient View



Contact the HotDoc team: 1300 468 362

Engaging the Practice Team

There are several ways to engage the practice team:

- **Regularly invite staff to offer input. Listen to feedback** and ideas with an **open mind**
- **Support and acknowledge team feedback**. Never use it to ridicule, coerce or discipline staff
- Use internal **surveys and polls** to get ideas and input around particular issues or about the practice in general
- Use **team meetings** as another opportunity to get staff input on changes needed or proposed
- Ensure there is **two-way communication during team meetings**. Staff should be encouraged to offer ideas and suggestions
- Take on ideas from the team and **report back** on what changes have been made in response to their input

Improving Team Participation

In order to improve team participation:

- You'll need to **show you genuinly want to learn from them and hear their ideas**
- A blank **'suggestion' sheet** in the staff room is **rarely enough**
- Actively **prompt for feedback** at **key times** and on **specific areas** of the practice
- **Keep a record** of staff feedback and ideas or evidence of their input and participation (this is an accreditation requirement under 5th Ed Standards)
- **Celebrate team members** for their input and work in making changes

HotDoc

WEBINAR 1 CPD

SPECIAL GUEST SERIES

Doctors working from home - What could possibly go wrong?

Wednesday June 10th at 12:30pm AEST

Hosted by

Sarah Bartholomeusz

You Legal

you legal

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