

A quality improvement tool for primary health care

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Background



- Few tools for improving quality which are ‘bespoke’ to **primary health care settings**
- Focus on **single-strategy & clinical approaches**
- No **standardised approach** to improving practice **organisational performance**
- Following an extensive literature review and pilot study we have developed the **Primary Care Practice Improvement Tool (PC-PIT)** which focuses on the key aspects of practice function^{1,2}
- We are now **trialing** this tool in a range of primary health care settings across Australia

The purpose of the presentation



Aim

to introduce you to the concept of organisational performance improvement, the Primary Care Practice Improvement Tool (PC-PIT) and its use in practice

- to involve you in understanding and applying the PC-PIT as part of current quality improvement activities
- to share the range of experiences (case studies) of practices that have used the PC-PIT
- to identify and discuss additional resources and strategies to support the role of Practice Managers in improving organisational performance

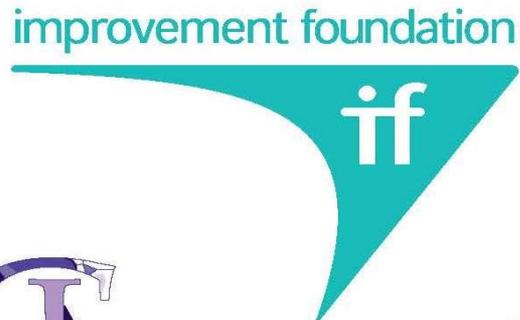
What's happening internationally... e.g. the UK



Source: <http://www.institute.nhs.uk/>



Australian Government
Department of Health



**AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE**



**Chronic
Illness
Alliance**



dapm

Australian Association of Practice Managers Ltd
excellence in healthcare management



RACGP



**Australian
National
University**

Aim and objective...



AIM - To improve the performance of Australian primary health care services

OBJECTIVE - the development of a tool, bespoke to primary health care, which focuses on improving practice organisational function through elements integral to high quality primary care practice performance

What are the key elements of high performing practices?



What is the role of Practice Managers in organisational performance improvement?

Methods



Phase 1: Systematic literature review to identify the key elements integral to high quality practice performance⁷ defined as ***‘systems, structures and processes which enable delivery of good quality patient care’*** but which do not include clinical processes³

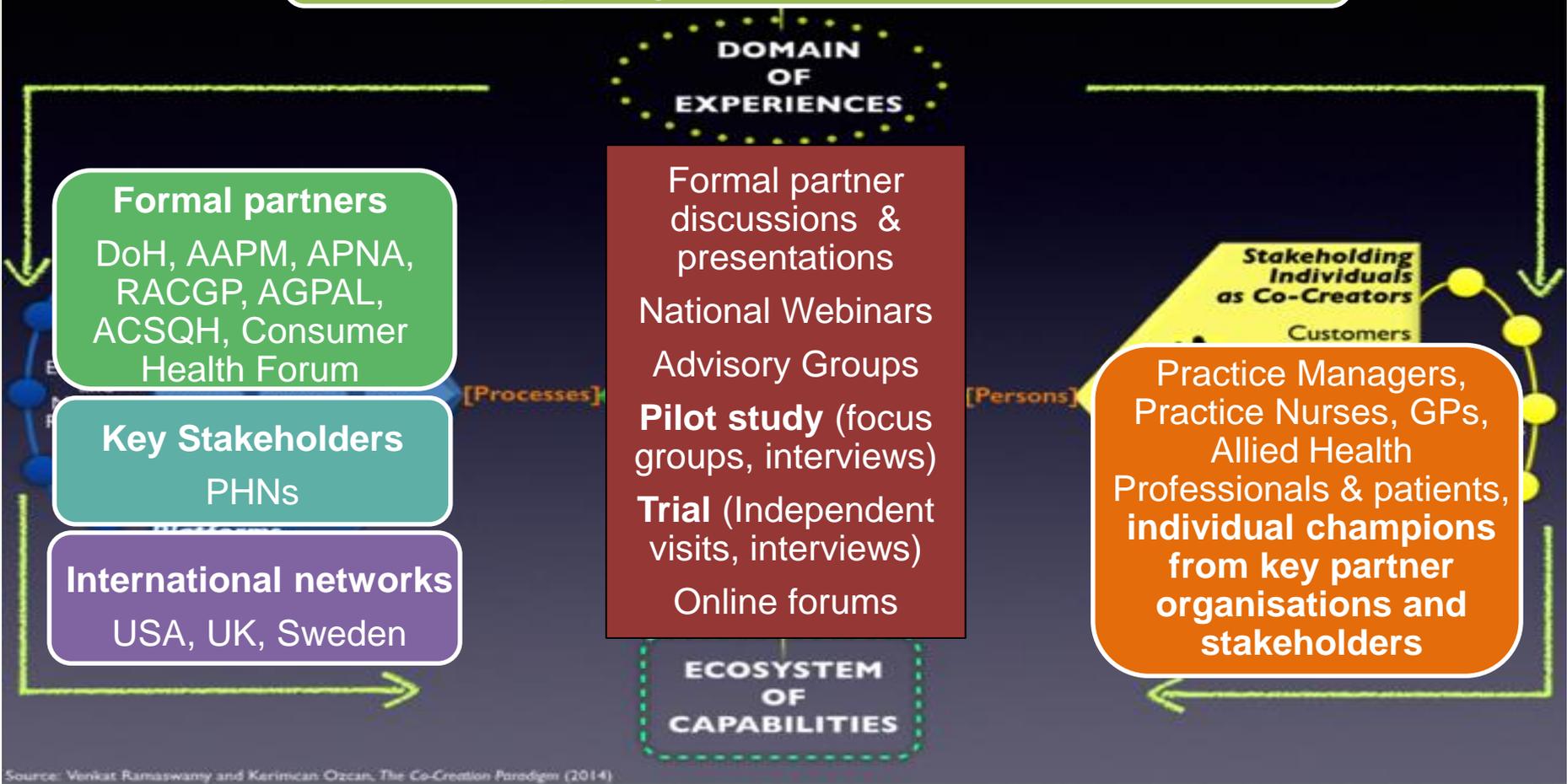
- **End user expert panel of Practice Managers and GPs**
- Development and pilot of the PC-PIT with our expert panel and 6 high functioning practices²
- **Cyclical partner and stakeholder feedback – the co-creation approach^{4,5}**

Phase 2: National trial and validation of the PC-PIT in primary health care settings (regional, rural and urban)

Our Partners

The Primary Care Practice Improvement Tool

Supporting resource suite, online forum



Source: Venkat Ramaswamy and Kerimcan Ozcan, The Co-Creation Paradigm (2014)

What our partners and champions wanted



- An online tool
- Whole of practice approach
- Facilitated by Practice Managers (internal process, no external facilitation required)
- Additional high quality training resources provided online
- No or low cost
- Can be integrated into existing CQI or organisational development activities
- Support if needed

7 key elements of high quality practice performance⁷



1. Patient-centred & community focused care

- Definition of patient centred medical home – accessible, comprehensive, coordinated care focusing on individuals, their families & broader community with the aim of improving the value of healthcare

2. Leadership or ‘leading’

- Based on a definition of leadership in healthcare
- Focus key roles & responsibilities; a ‘driver’ or ‘champion’ of quality improvement

3. Governance

- Sub-elements cover (i) Organisational management & (ii) Clinical governance
- Focus on practice systems & structures

4. Communication

- Sub-elements (i) Team-based care (ii) Availability of information for patients (iii) Availability of information for staff
- Focus on communication within the practice & also between practices & other services

7 key elements of high quality practice performance⁷ (2)



Manage Change

- Sub-elements (i) Readiness for change (ii) Education & training (iii) Incentivising change
- Focus is on a practice awareness of change adoption; ability to manage change & systems or structures for incentivising change

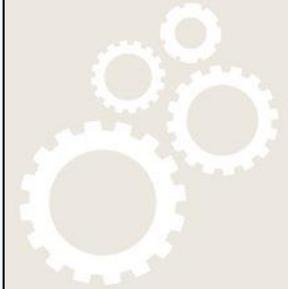
6. Performance

- Sub-elements (i) Process improvement (ii) Performance results
- Focus on developing a culture for reflecting on practice functioning; use of data & information to inform improvement

7. Information & Information technology

- The collection & management of quality data & information – patient population, clinical & financial

BUILDING QUALITY IN GENERAL PRACTICES



1 PC-PIT – PART ONE:

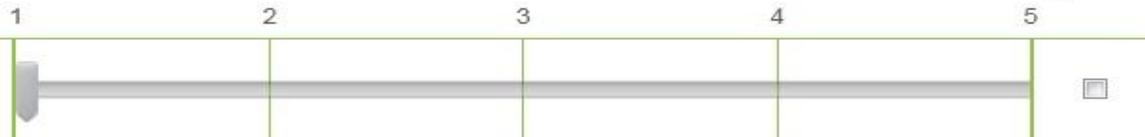
PATIENT CENTRED AND COMMUNITY FOCUSED CARE

The practice provides continuing and comprehensive medical care to individuals and their families, through a continuing patient–health professional relationship of trust, clinical expertise and the use of best available evidence. Clinical teams, resources and services are all coordinated in the practice. Patients have input into the way their care is provided.

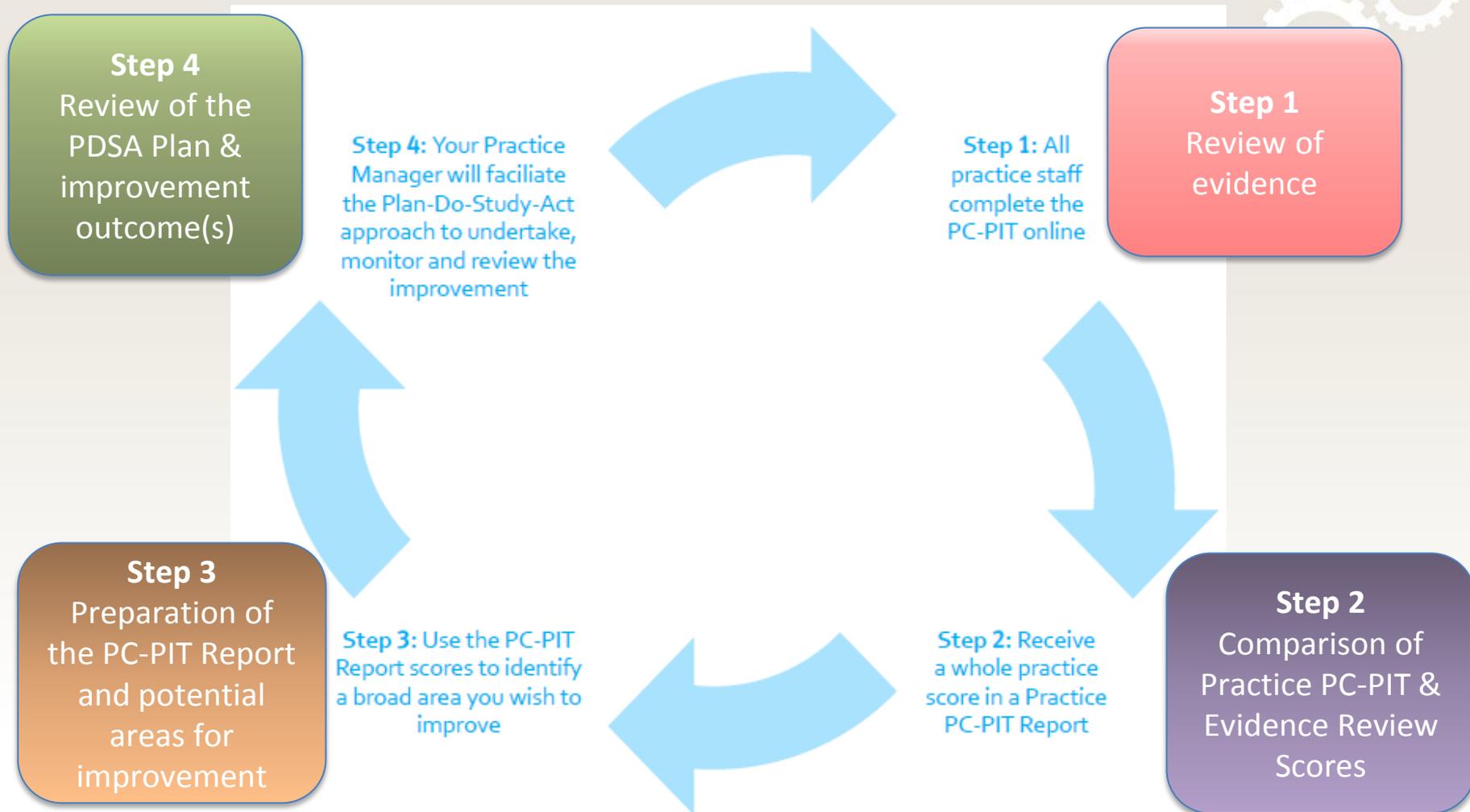
I do not believe our practice takes the patient centred care approach as described.

We always work together to ensure our patients can access comprehensive coordinated care. We work in partnership with all services within and outside the practice. We use best available clinical guidelines. We focus on the health of our patients in the context of their families. We have a system in place to enable patients to have input.

Not Applicable



The PC-PIT Quality Improvement Cycle in practice

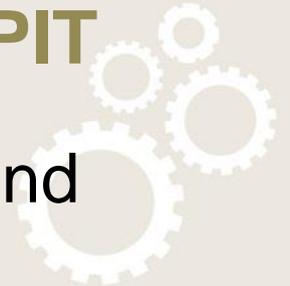


Plan-Do-Study-Act (PDSA) Approach



- Used by the RACGP as part of quality improvement in practice
- Simple form which guides the implementation of solutions to the issues identified by the PC-PIT process
- Identify and articulate the problem and possible solutions, develop an aim (**Plan**)
- Delegate responsibility, a timeframe to achieve the improvement, and measures of success (**Plan**)
- Implement your plan (**Do**)
- Review your measures of success – has the improvement been achieved? (**Study**)
- What needs to change or be refined? Or... what's next? (**Act**)

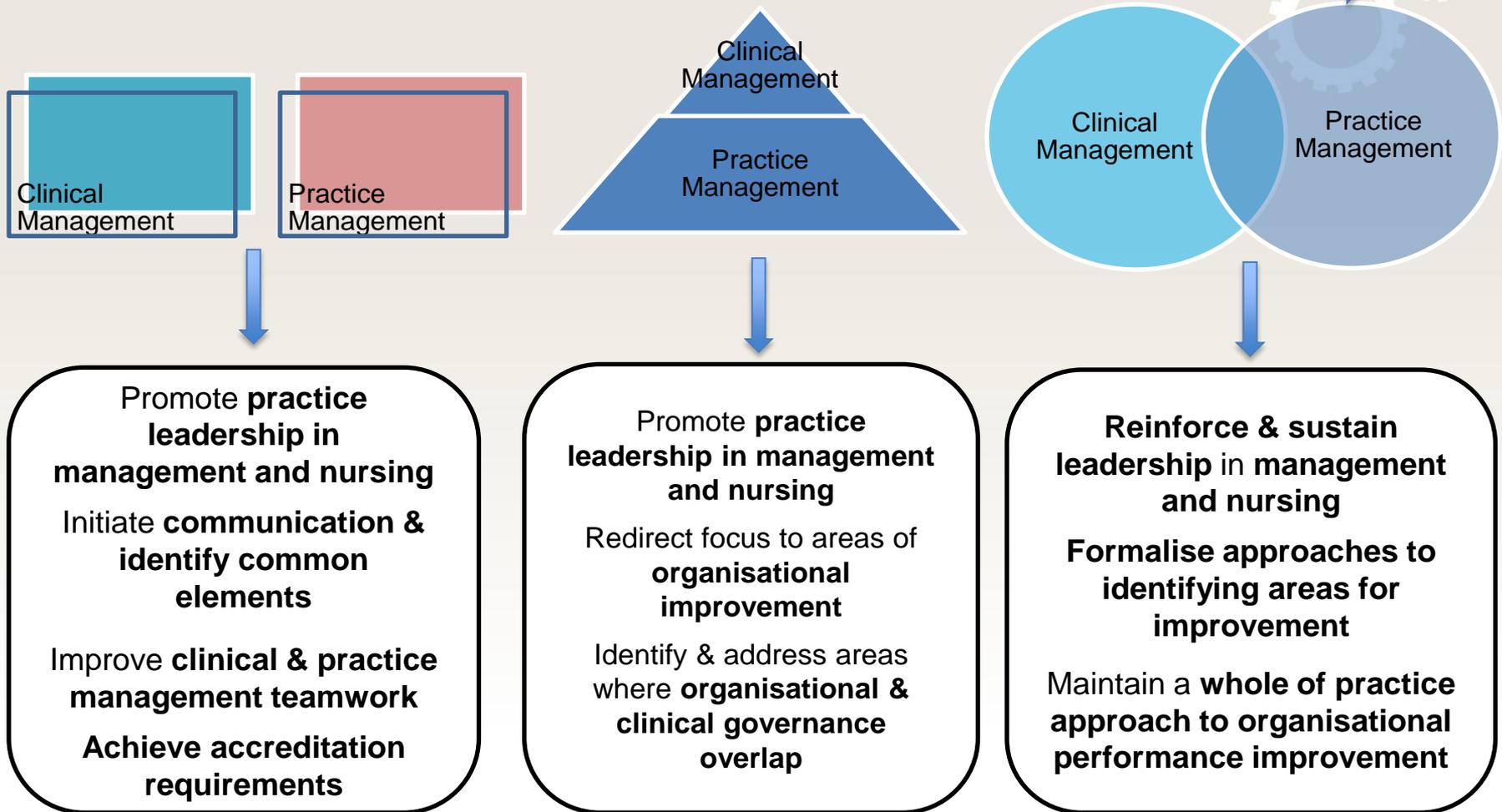
Broadly... How practices use the PC-PIT



- Developing and clarifying mission, policies, and objectives
- Establishing or refining formal and informal organisational systems and structures, as a means of delegating authority and sharing responsibilities
- Setting practice priorities and reviewing and revising objectives in terms of changing demands
- Maintaining effective communications within the practice; between the practice and other services
- Selecting, motivating, training, and appraising staff
- Evaluating accomplishments
- Being accountable to staff, the larger enterprise, and to the community at large

Case studies: How practices used the PC-PIT

Continuum of practices engaging in organisational improvement



Case studies: Examples of practice improvements



Starting out

Higher functioning

Element: Information and Info technology; process improvements

Development of processes to improve and standardise clinical data entry; no current formalised process; visiting registrars; data reports inaccurate; lack of opportunities for communication within the practice

Element: Patient centred care; Team-based care

Development of organisational improvements to T2D patient recall and review of active T2D patient population; annual patient appointments; improvements in HbA1c and BP

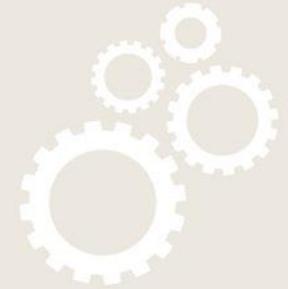
What Practice Managers have said...



This is a very useful tool, capturing the most relevant areas of practice function

Practices don't have a standardised way of looking at practice function and performance; we all use different questionnaires or surveys in different ways... This tool provides a way of reviewing our practice across the most important areas... and I like how it involves all staff.

We are using it [the PC-PIT] to look at organisational improvements in the management of diabetes patients... looking at our register and improved patient identification, up to date information, recalls for regular follow-up... and improved HbA1c as indicators of success ...



What are the enablers and barriers to fostering organisational performance improvement?

Could the PC-PIT work for you?

What's happening next ... what else can we do?

- Over 150 practices nationwide expressing interest in the PC-PIT program
- Development and launch of an accompanying online, **free-to-access resource suite**, reviewed and selected by Practice Managers and GPs
- Presentation to the upcoming national Primary Health Network (PHN) Meeting – embedding of PC-PIT practice support and quality improvement programs
- Possible **mentoring programs** – Practice Managers who might share solutions to issues and challenges identified through the PC-PIT
- **What else?**

Expanding the reach - Where to in 2016



- **Embedding the PC-PIT in existing QI approaches** by working with RACGP, APNA, AAPM, PHNs, DoH
- **Working with consumers** - review of the PC-PIT by consumers (National Consumer Health Forum and local consumer health networks)
- Potential international trial in countries expressing interest: UK; Sweden (presentations completed); USA – Family Practice; Singapore – Family Practice Program...

7 steps to try the PC-PIT in your practice



1. Practice Managers register practice interest & consent to participate
2. Practice Managers are supported to lead organisational improvement via the CRE online resources
3. A link to the online PC-PIT distributed to all Practice Managers who ensure its completion by all staff members
4. The Practice Manager completes a separate review of the documented evidence in practice to support each of the 13 elements, using a 1-5 Likert scale
5. The CRE team uses the online tool scores and the scores from the separate evidence review to generate and send a confidential report for each practice. This report gives a score for each element for the staff completed PC-PIT and a score for each element based on the review of evidence.
6. Using this report, the Practice Manager facilitates discussion to identify an area for improvement, strategies to achieve it, a timeline for implementation and measures of success
7. This is formalised into action by using the a **Plan-Do-Study-Act approach and guide**

To join us



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Supplement

Implementation

RESEARCH

Theory to practice needs collaboration

INNOVATION

National trial of PC-PIT is underway

REVIEW

Patient-centred medical home: can it work here?

Perspectives

RESEARCH

Collaborating to bring evidence into practice

SAFETY

Accreditation's positive effect on quality and safety
Assumed sense of safety in rural general practice

Governance

REVIEW

Keys to high-quality primary care practice organisation

REFORM

Is Australia ready for evidence into policy?

INTEGRATION

Leadership, flexibility streamline Kiwi approach

Women's health

MAP THE GAP

Gestational diabetes – from evidence to practice

RESPONSIBILITY

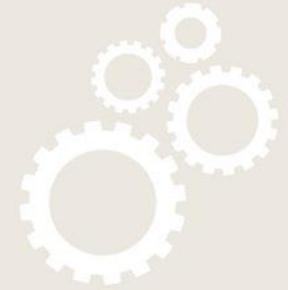
Clearer guidelines needed for post-GDM risks



Building a culture of co-creation in research

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Questions and Comments ?

References

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