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Change Management

- For Practice Managers -

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18 July 2019, Launceston, Tasmania

Learning Objectives:

1. Learn strategies for managing change
2. Use data to engage practice teams in continual quality improvements
3. **Design and implement a quality improvement activity**

Learning Objective 1:

Learn strategies for managing change

Managing Change

Vision

Managing Change

= CHANGE!

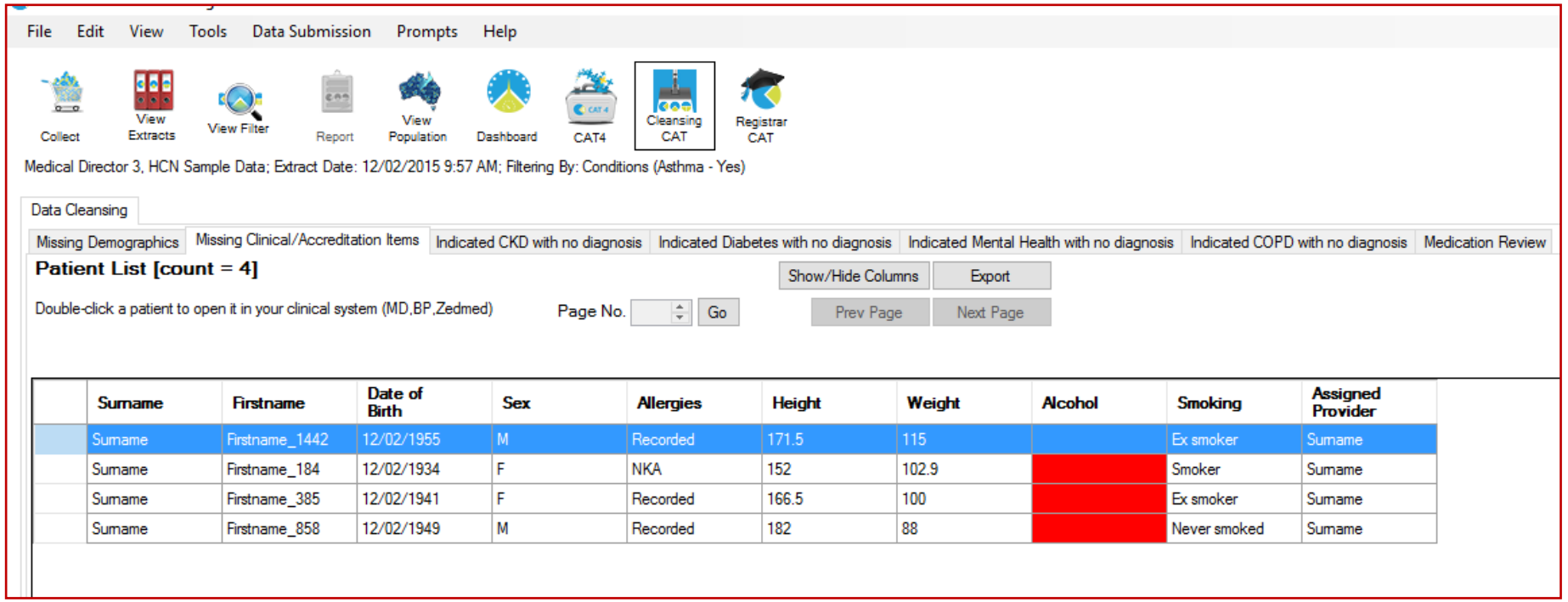
Learning Objective 2:

Use data to engage practice teams in continual quality improvements

MedicalDirector

Bp Premier

Use data to identify improvements eg alcohol recorded



Surname	Firstname	Date of Birth	Sex	Allergies	Height	Weight	Alcohol	Smoking	Assigned Provider
Surname	Firstname_1442	12/02/1955	M	Recorded	171.5	115		Ex smoker	Surname
Surname	Firstname_184	12/02/1934	F	NKA	152	102.9		Smoker	Surname
Surname	Firstname_385	12/02/1941	F	Recorded	166.5	100		Ex smoker	Surname
Surname	Firstname_858	12/02/1949	M	Recorded	182	88		Never smoked	Surname

Smokers? *n* =
Alcohol *n* =
Overweight *n* =
Immunised against influenza? *n* =
At risk of CVD *n* =

Start with simple searches and small goals

- ✓ *Patients aged over 65*
- ✓ *Active vs inactive patients*
- ✓ *Patients who smoke*

Lead your team in continuous quality improvements

Example from the outstanding Greenmeadows Medical, Port Macquarie, NSW

Evidence has shown that
quality improvement activities lead to positive change in practices*,*
particularly when a
whole practice team
approach is adopted.

Criterion QI1.1 – Quality improvement activities

Indicators

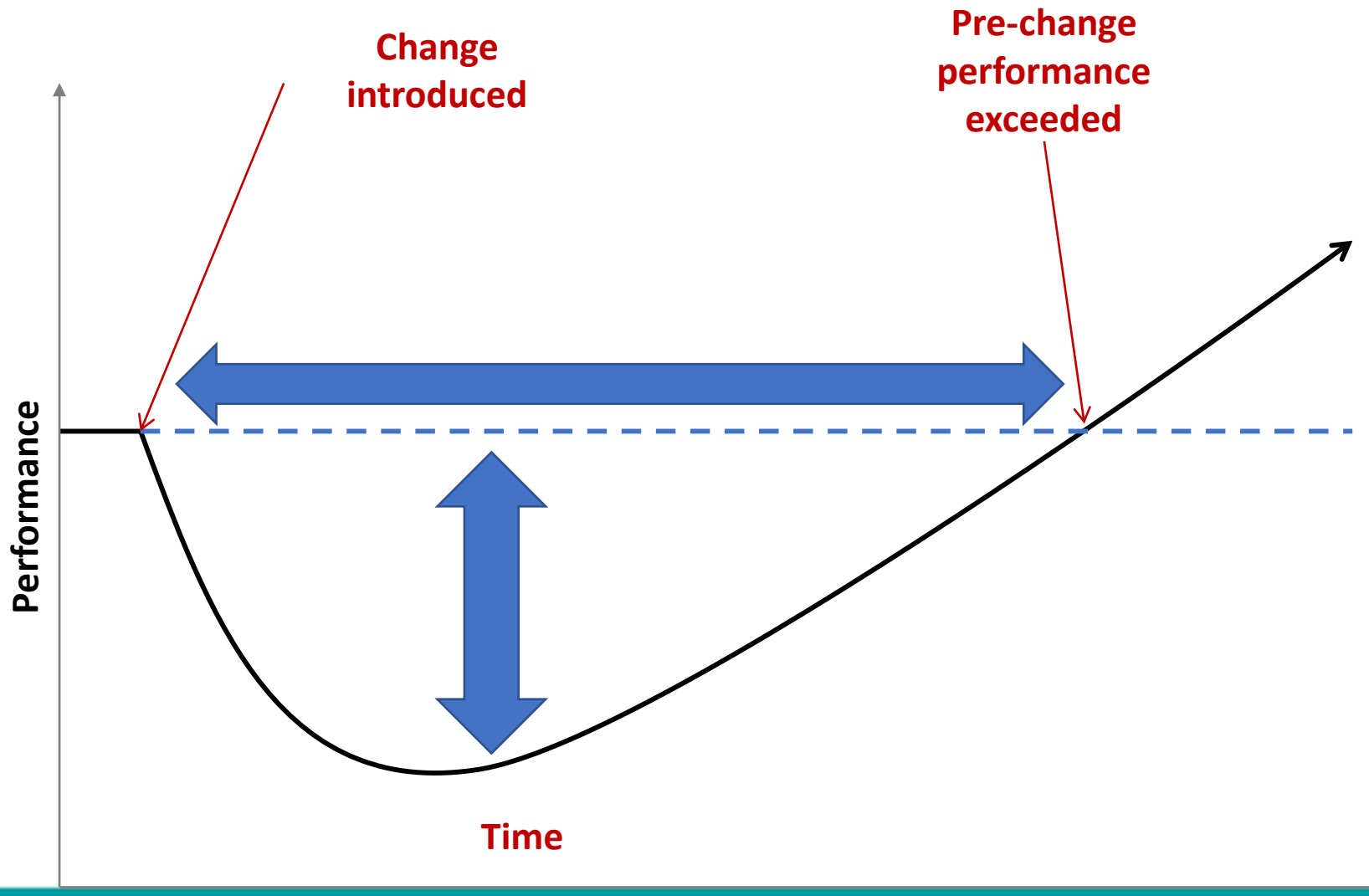
QI1.1►A Our practice has at least one team member who has the primary responsibility for leading our quality improvement systems and processes.

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.

Change Management is a process

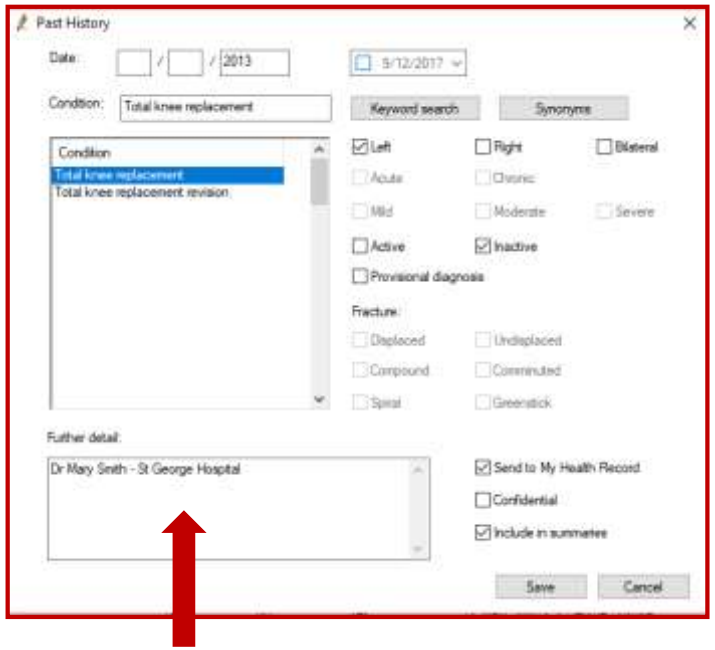


	Whole Practice	GP 1	GP 2	GP 3	GP 4	GP 5	GP 6	GP 7	GP 8	GP 9
1. Allergy Recorded										
Total population	13697	2488	1996	921	1718	1839	936	604	686	43
Nothing recorded	28.8%	16.4	36.5	28.1	51.2	9.4	21.5	24.3	4.1	30.2
Active population	9576	1866	1628	684	1192	1445	795	397	514	30
Nothing recorded	17.7	29.5	28.5	19.7	39.9	4.2	13.8	14.9	01.0	10.0
2. Gender not recorded										
Total population	141	28	11	13	21	6	12	5	6	0
Active population	35	5	2	3	11	2	7	0	3	0
3. Smoking – nothing recorded										
Active population over 16 (Active (3x > 2 years)	27%	15.7	63.9	60.4	76.4	11.5	44.6	41.0	21.2	39.7
4. Recording of ATSI patients										
Total population	0	0	0	1	0	0	0	0	0	0
Active population (Active (3x > 2 years)	1	0	0	1	0	0	0	0	0	0
5. Diabetes Prevalence										
Total population	3.5%	2.9	2.8	1.4	8.8	5.1	2.5	1.2	4.2	4.7
Active population (Active (3x > 2 years)	4.6%	3.8	3.2	1.9	11.7	6.2	2.9	1.8	5.5	6.7
Diabetics 65+, 8+ medications	60.9 %	61.4	74.2%	50%	77.8%	63.6%	81.3%	60%	62.5%	100%
Diabetics 65+, 5+ medications	90.9%	88.7	93.6%	83.4%	92.9%	90.8%	100%	80%	75%	100%
6. Diabetes "at risk" *										
40-49 year olds	94	5	2	3	0	12	2	1	2	0
50+ year olds	288	29	55	6	8	131	10	6	17	1

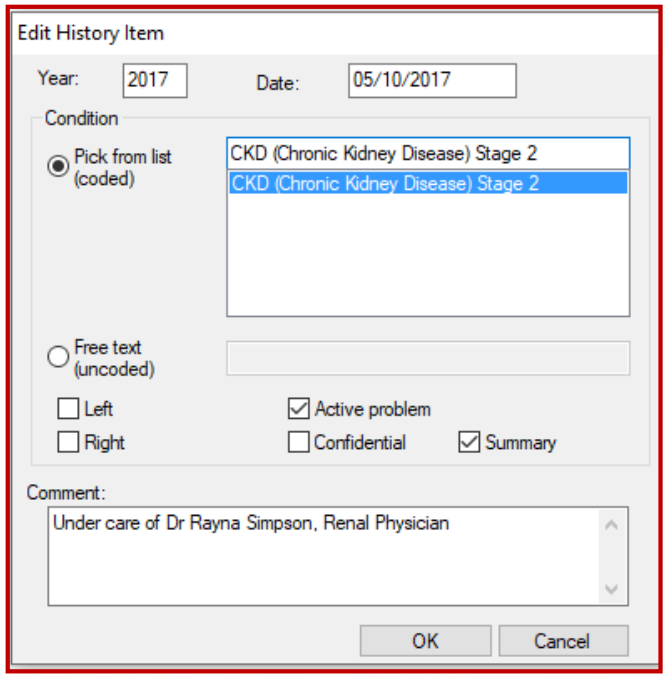
Table credit: Noel Stewart,

The data [coding]

‘Past History’



ONLY for Chronic conditions & significant active or inactive ‘events’ eg CKD



BEST TIP!!

Add detail/comment

eg Care team involved

Create an Improvement Culture - with evidence-based improvements

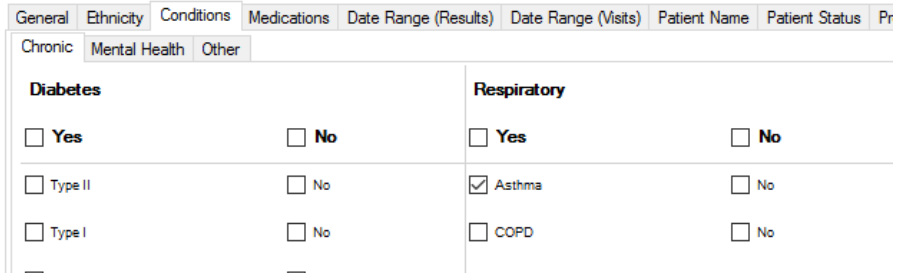
Example of coding improvement activity

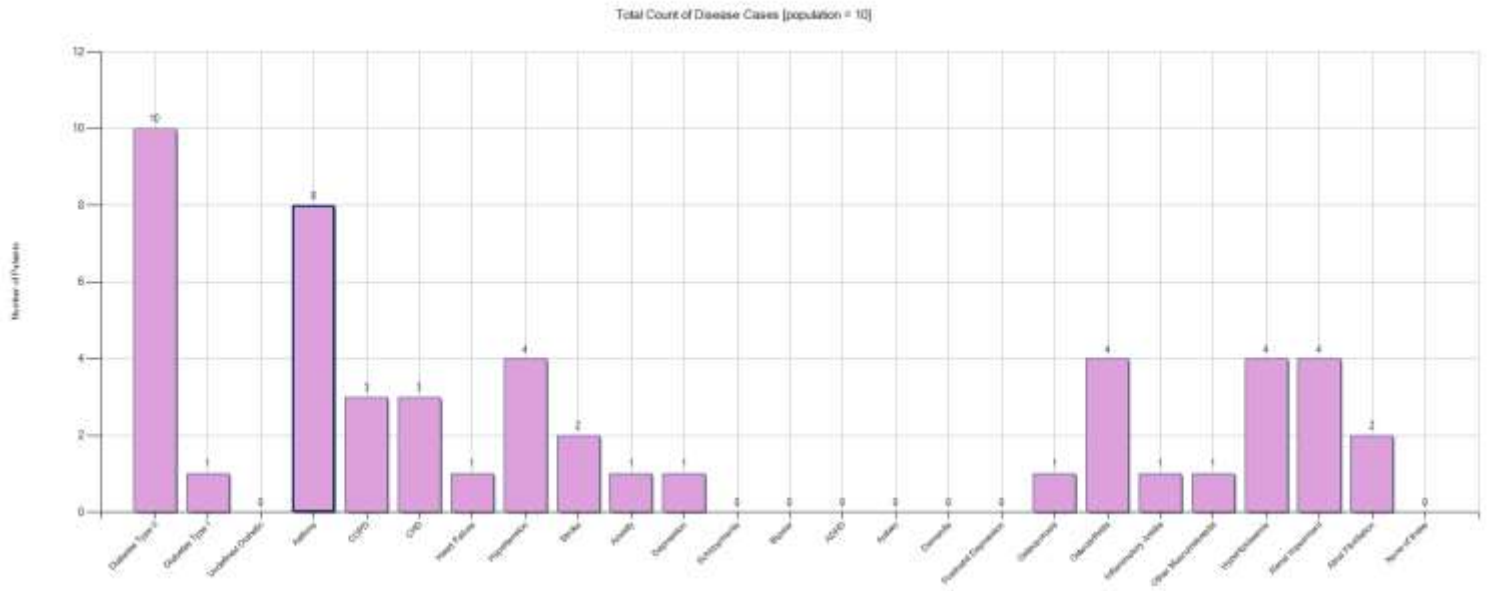
- **Generate Data Quality Dashboard in data extraction tool e.g. Pen CAT4 for individual providers (evidence based approach showing real data rather than assumption).**
- **Create PDSA to support Quality Improvement Activity**

Allergies and adverse reactions	●	89.24%
Medicines	●	48.03%
Medical History	●	88.56%
Health Risk Factors	●	68.34%
Immunisations	●	64.45%
Relevant Family History	●	54.30%
Relevant Social History	●	93.52%
Non-Duplicate Patients	●	99.22%

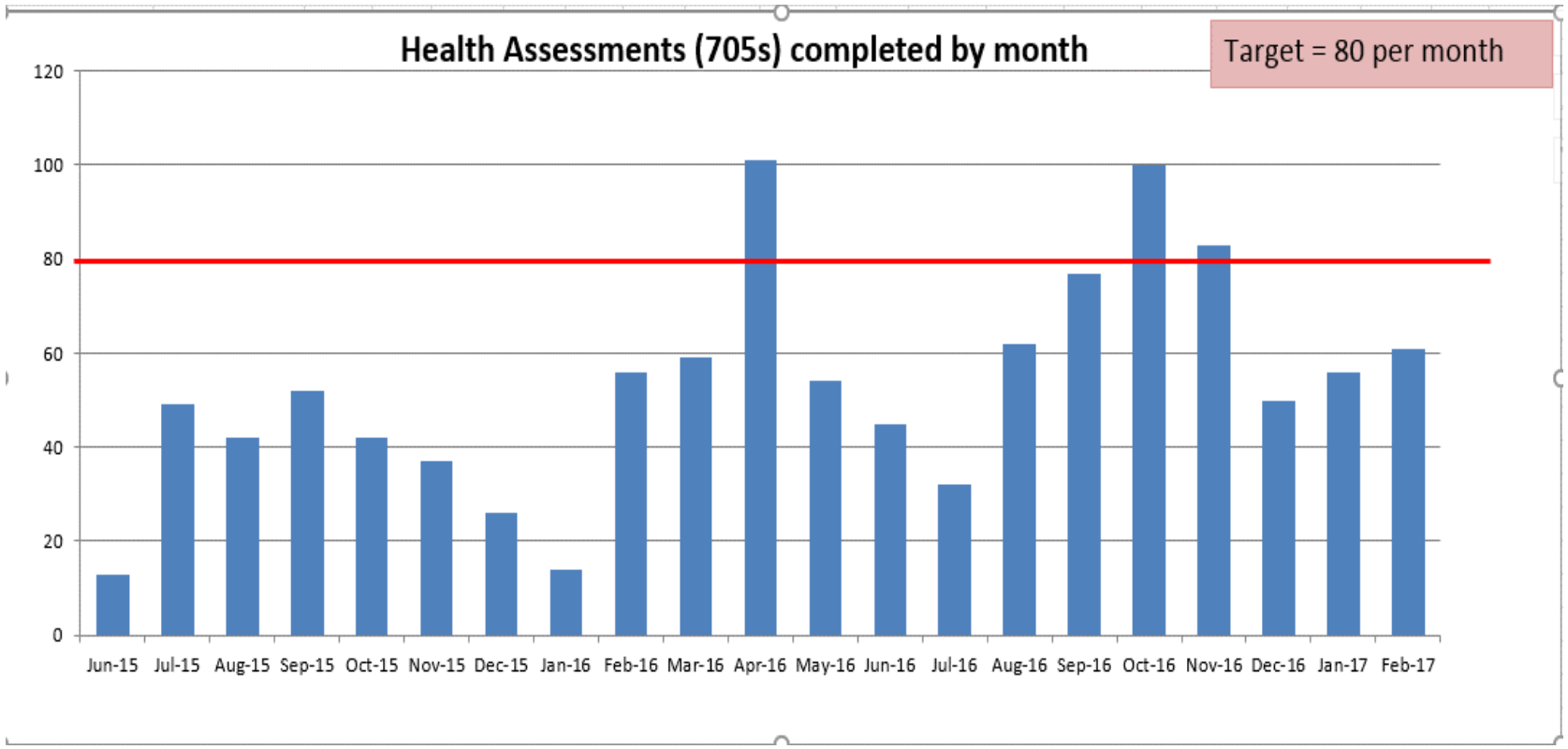
Proactive Population Based Approach

Build a Register of patients with a particular condition e.g. Diabetes etc





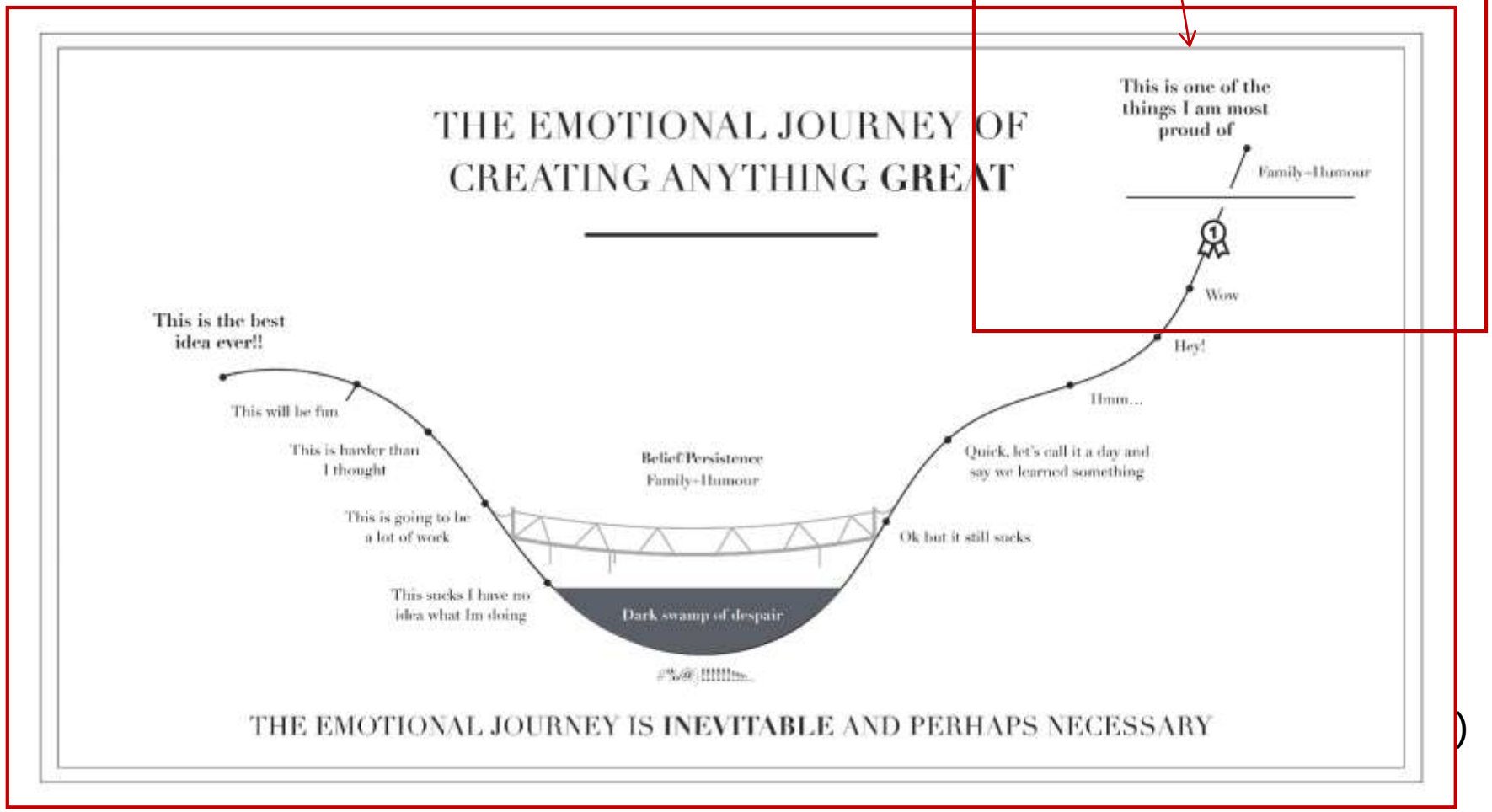
Your KPIs – track performance



Tips: Encourage a team effort to achieve the goals by setting a target on the graph & place graph in the staff room/noticeboard to encourage a proactive approach.

Celebrate your success!

Share success stories:



Learning Objective 3:

Design and implement a ‘Quality Improvement’ activity

What is our GOAL (what are we trying to accomplish)	**Raise Awareness of Clinical Coding**
What measures will we use? (i.e. data)	**Data Extraction Tools eg. Pen CAT or POLAR**
What ideas can we use? (how are we going to achieve our goal)	*List ideas here to work on in table below* Start a Quality improvement folder Team meeting Organise education eg. webinars / face to face sessions Post-education follow-up team discussion GP & RN team review of clinical documentation (opportunistic or planned) Pen CAT / Polar Data Quality Audit

IDEAS	PLAN How will we do it – who, what, where and when?	DO Did we do it	STUDY What happened?	ACT What is our next step?
1.				
2.				
3.				
4.				
5.				

Brainstorm ideas with your team

Possible ideas from brainstorming at team meeting:	*Prioritise on patient registration form.* *Double-check details are being transposed from patient registration form.* *Attend cultural competency training.* *Put up self-identification posters in waiting room.* *Have focus groups and include existing patients so staff can learn how best to ask.* *Design culturally appropriate 'dialogue' for front desk staff for how to ask based on recommended guidelines.* *Model how to ask with all front desk staff.* *Increase aboriginal artwork on walls.* *Put up Aboriginal and Torres Strait Islander flags.* *Hire an Aboriginal Health Worker* *Start an Aboriginal Health Clinic* *Add information relating to relevant services offered on our website.*

Educate about why this 'data' is important

Measure	Whole Practice	GP 1	GP 2	GP 3	GP 4	GP 5	GP 6	GP 7	GP 8	GP 9
1. Proportion of patients with smoking status recorded	13697 28.8%	2488 16.4	1996 36.5	921 28.1	1718 51.2	1839 9.4	936 21.5	604 24.3	686 4.1	43 30.2
2. Proportion of patients with alcohol status recorded	9576 17.7	1866 29.5	1628 28.5	684 19.7	1192 39.9	1445 4.2	795 13.8	397 14.9	514 01.0	30 10.0
3. Proportion of patients with weight recorded	141 35	28 5	11 2	13 3	21 11	6 2	12 7	5 0	6 3	0 0
4. Proportion of patients with up-to-date cervical screening.	27%	15.7	63.9	60.4	76.4	11.5	44.6	41.0	21.2	39.7
5. Proportion of patients with diabetes with blood pressure recorded	0 1	0 0	0 0	1 1	0 0	0 0	0 0	0 0	0 0	0 0
6. Proportion of patients with diabetes with current HbA1c result	3.5% 4.6%	2.9 3.8	2.8 3.2	1.4 1.9	8.8 11.7	5.1 6.2	2.5 2.9	1.2 1.8	4.2 5.5	4.7 6.7
7. Patients with diabetes immunised against influenza	60.9 % 90.9%	61.4 88.7	74.2% 93.6%	50% 83.4%	77.8% 92.9%	63.6% 90.8%	81.3% 100%	60% 80%	62.5% 75%	100% 100%
8. Proportion of patients with COPD & immunised against influenza	94 288	5 29	2 55	3 6	0 8	12 131	2 10	1 6	2 17	0 1
9. Proportion of patients over 65 immunised against influenza										
10. Proportion of patients with necessary risk factors to enable CVD assessment										

SAMPLE

Quality Improvement Activity form:

Step 1: Three Fundamental Questions

1. **What are we trying to accomplish?**
   By answering this question you will develop your **GOAL** for improvement.
   Each new GOAL (1st Fundamental Question) will require a new Model 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 will lead to an improvement?**
   By answering this question you will develop the **IDEAS** that you can test to achieve your goal

Idea:

Idea _____

Idea _____

Other idea _____

SAMPLE

Quality Improvement Activity form:

Which area of your practice might benefit from a QI Activity – Administrative or Clinical?	
QI Activity Description	
What will a successful outcome look like (10-word elevator pitch)?	
How will you measure success?	
What is your initial benchmark?	
Who will be leading this activity?	
Who will be on the team?	
How long will the activity need?	
What additional resources will be required?	

SAMPLE

Quality Improvement Activity:

Which area of your practice might benefit from a QI Activity – Administrative or Clinical?	Administrative /Clinical
QI Activity Description	Capture those patients that do not have an alcohol recording Ensure every patient that is between the ages of 48-49 has had their 45-49 Health Assessment
What will a successful outcome look like (10-word elevator pitch)?	Lifestyle risk factors such as smoking, nutrition, alcohol and physical activity are associated with many diseases. Our practice routinely measures and records each patient (C7.1G flagged) helps provide the most appropriate care This group is an at-risk group
How will you measure success?	See increase in the number of patients with recorded alcohol and increase in the 45-49 H/A before these patients are no longer eligible for this check Improvement in our practice data
What is your initial benchmark?	Practice bench mark report POLAR June 18 identified 210 patients aged between 48-49 and of these patients only 18.6% have alcohol recorded. This probably means that most of these patients have not had a 45-49 HA
Who will be leading this activity?	Practice Manager and Practice Nurse
Who will be on the team?	All admin team, nurses and doctors
How long will the activity need?	When all identified patients have had a 45-49 Health Assessment (6months)

Brainstorm ideas as a team

IDEAS	PLAN How will we do it – who, what, where and when?	DO Did we do it	STUDY What happened?	ACT What is our next step?
1.				
2.				
3.				
4.				
5.				

VISION

+

SKILLS

+

INCENTIVES

+

RESOURCES

+

ACTION PLAN

= CHANGE!

Managing Change

- Create a vision
- Create a sense of urgency
- Form a powerful guiding coalition
- Communicate the vision
- Empower others to act on the vision
- Plan for and create short-term wins
- Consolidate improvements and produce still more change
- Institutionalise new approaches

Devised by Professor John Kotter - http://www.kotterinternational.com/the-8-step-process-for-leading-change/

Katrina's tips for a successful, happy practice of the future:

- Set small achievable goals
- Document and review improvement activities
- Train all staff on software & new processes
- Create a team spirit
- Celebrate progress – no matter how small
- Monitor and communicate performance
- Celebrate progress (yes – again!)

Access RACGP resource

Download the 'Data Quality' Checklist

Extra Learning Resources

RACGP

Improving health & record quality in general practice

RACGP – Standards for General Practice (5th Edition)

Using Data for Better Health Outcomes

Australian Digital Health Agency:

Importance of Data Quality

Data Cleansing & Clinical Coding

Data Quality Checklist

Train IT Medical

Practice Management Free Resources

Digital Health Free Resources (including Pen CAT4)

5 Steps to Data Quality Success (blog)

Cheatsheets to enter cervical screening in MedicalDirector and Bp Premier

Pen CAT4 summary sheet

More Learning Resources

Practice Incentive Payments

Practice Incentives Program Guidelines
Eligibility for the PIP

Data Analytic Systems

CAT4 Recipes
Topbar video
Polar Learning & Support

PRODA

PRODA E-Learning

PRODA Registration

DHS – Link your PRODA Account to HPOS

Quality Improvements

APCC – Model for Improvement
APCC - PDSA template
CESPHN resources
EMPHN resources
Practice Assist
Model for Improvement video

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Thank you! With best wishes, Katrina Otto