Train IT Medical
Competence with Confidence

Leading Quality Improvements

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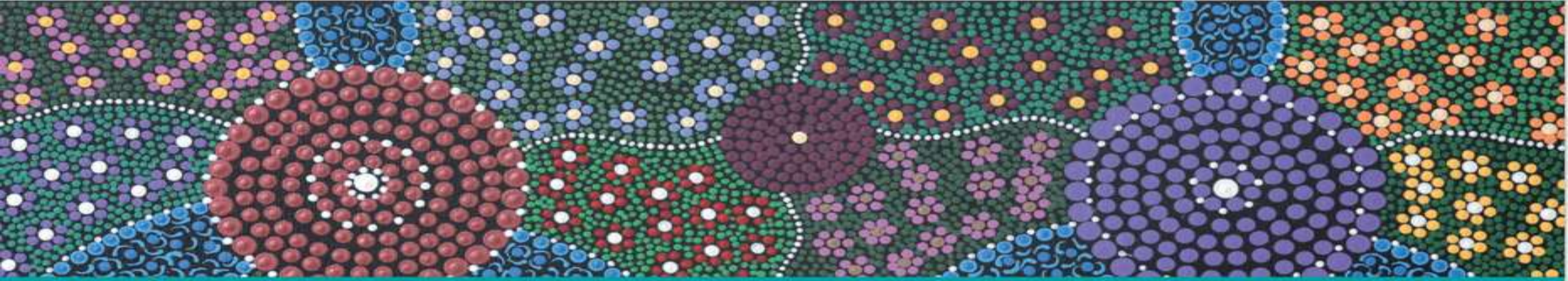
23 July, 2020

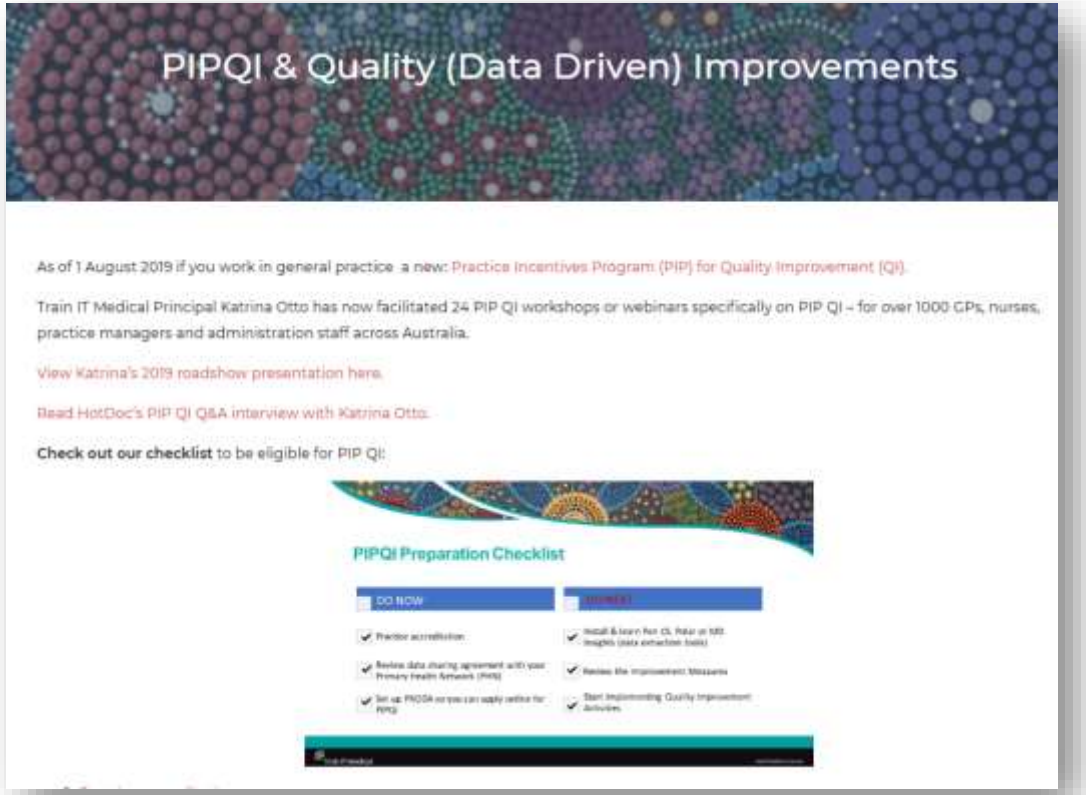


Acknowledgement of Country

Train IT Medical acknowledge the traditional owners and custodians of land and waterways we meet on today.

We wish to pay our respects to Aboriginal and Torres Strait Islander elders past, present and future.

Further learning:



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Learning Objectives:

1. Describe and understand the benefits of QI methodology and how it effects system change and health outcomes for patients.

2. Learn tips for effective change management and team building.

3. Introduce patient reported measures and link to quality improvement activities.

Learning Objective 1:

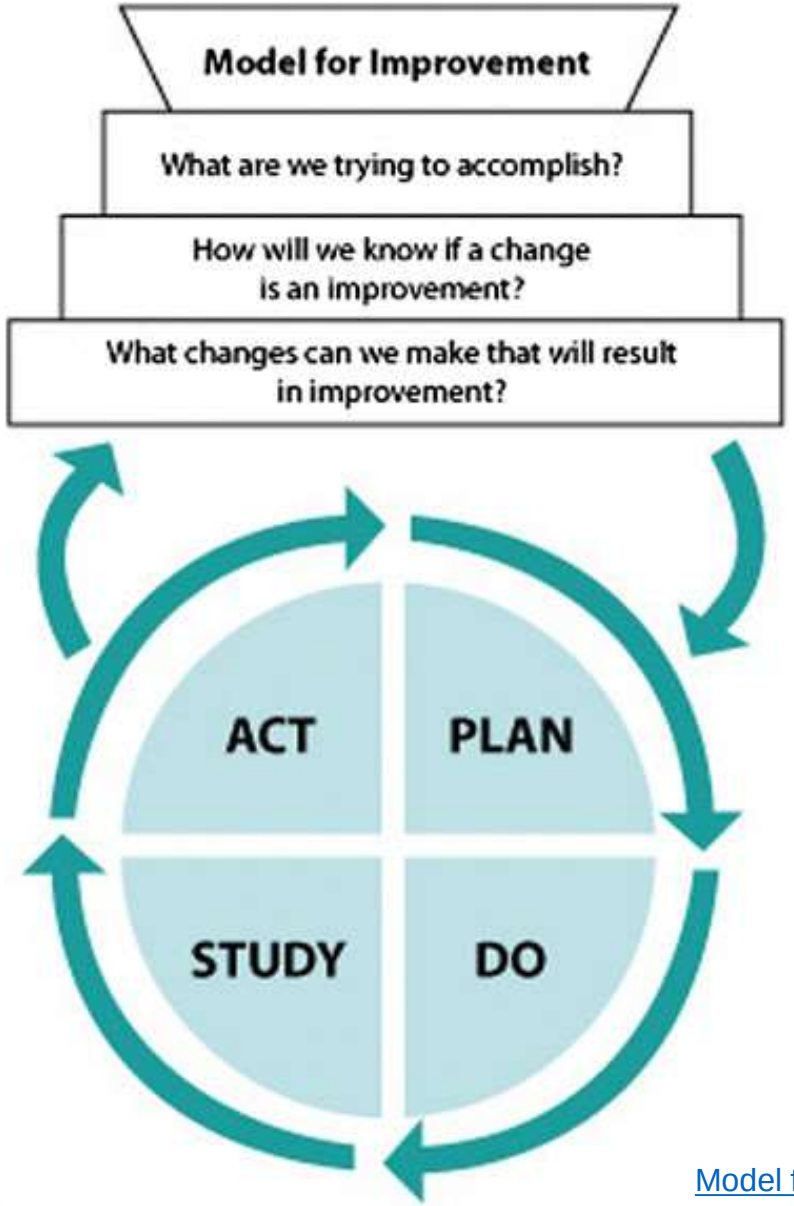
Describe and understand the benefits of Quality Improvement (QI) methodology and how it effects system change and health outcomes for patients.

What is QI?

- Quality Improvement (QI) is a systematic, formal approach to analysing and improving practice and team performance.
- Essential for improving efficiency, patient safety or clinical outcomes.
- Will prepare your practice/business for a successful future.

WentWest QI

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

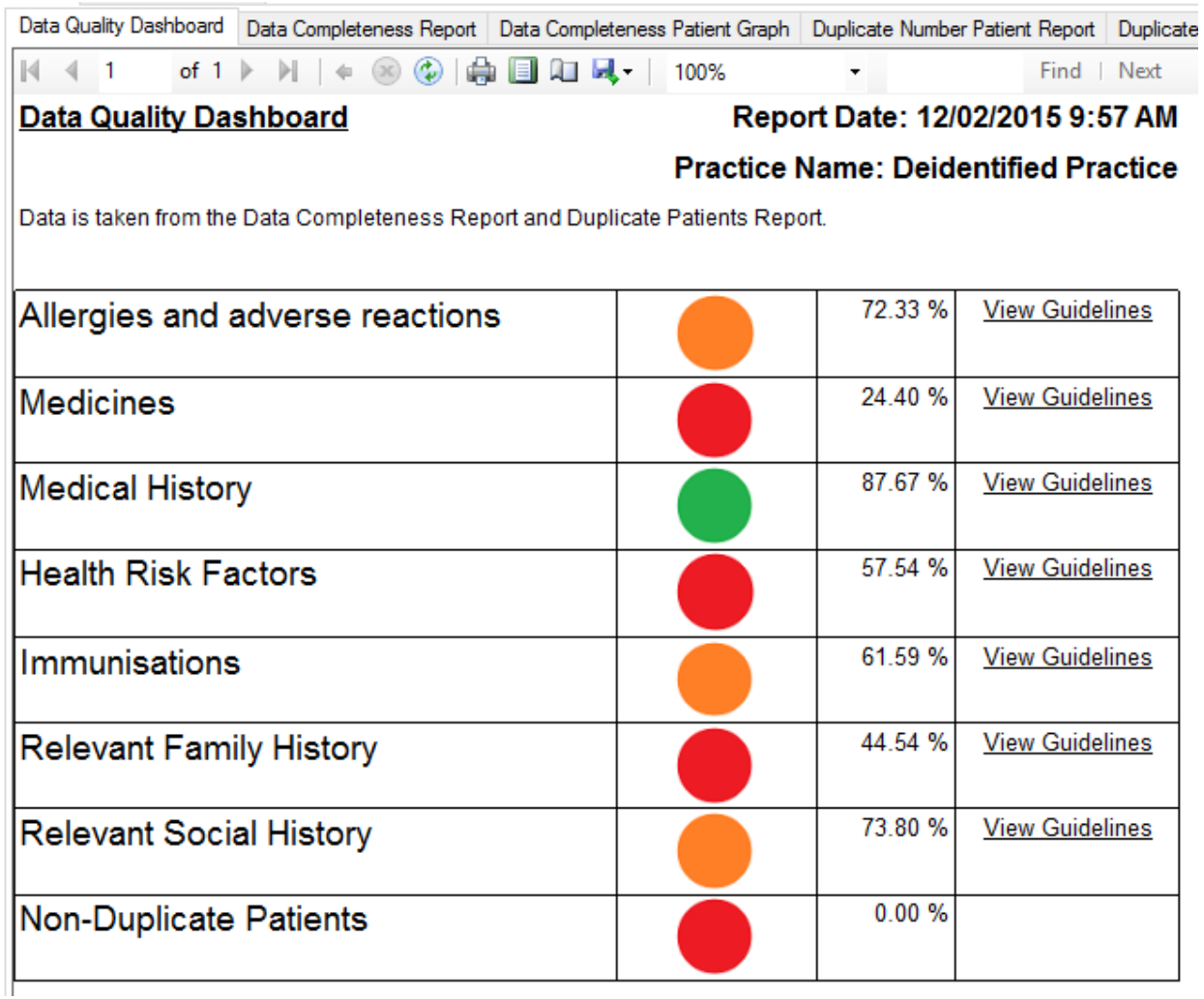


Model for Improvement (Plan-Do-Study-Act [PDSA] cycles)(www.ihi.org):

PIP QI – Eligible data set - Improvement measures

1. Proportion of patients with smoking status recorded
2. Proportion of patients with alcohol status recorded
3. Proportion of patients with weight classification.
4. Proportion of patients with up-to-date cervical screening.
5. Proportion of patients with diabetes with blood pressure recorded
6. Proportion of patients with diabetes with current HbA1c result
7. Patients with diabetes immunised against influenza
8. Proportion of patients COPD & immunised against influenza
9. Proportion of patients over 65 immunised against influenza
10. Proportion of patients with necessary risk factors to enable CVD assessment

Data Quality Dashboard

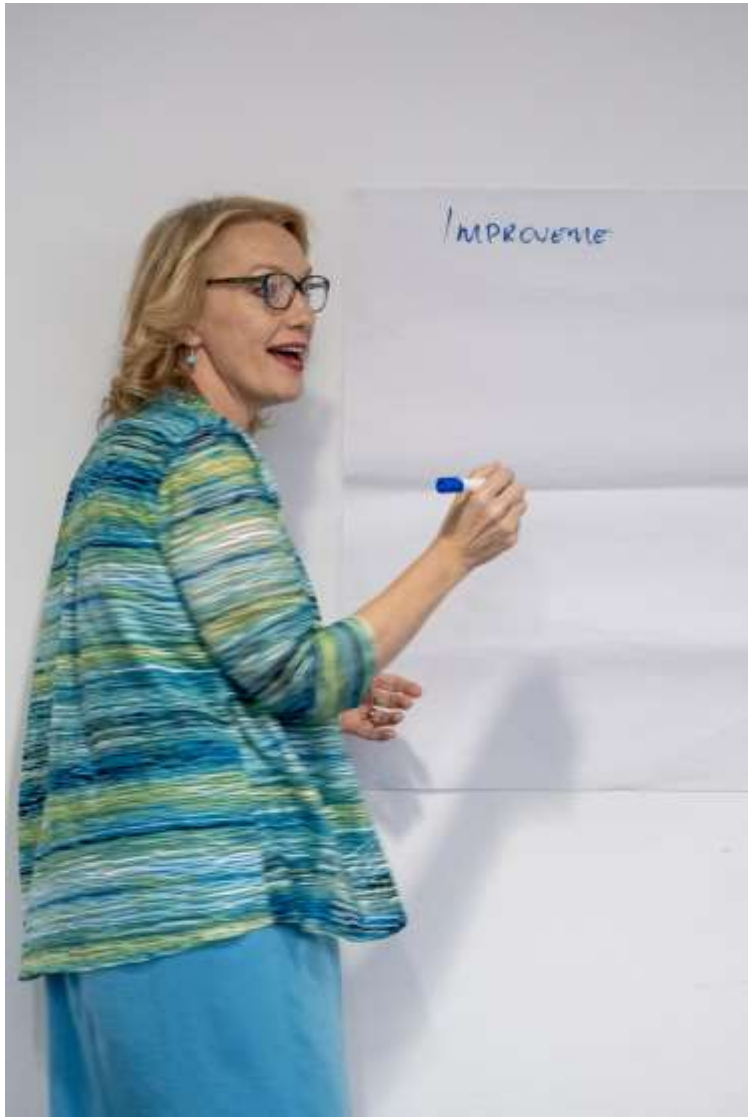


The PDSA

SAMPLE Quality Improvement (QI) Activity - Improve recording of Aboriginal and/or Torres Strait Islander status

What is our GOAL? **(what are we trying to accomplish)**	Improve identification and focused health improvement initiatives for patients who identify as Aboriginal and/or Torres Strait Islander. ▪ **Record Aboriginal and/or Torres Strait Islander status.**
What measures will we use? (i.e. data)	% of patients with Aboriginal or Torres Strait Island status recorded in the coded section of their medical record.
What ideas can we use? **(how are we going to achieve our goal)**	*List ideas here to work on in table below* • Pen CAT / Polar Data Quality Audit of records to measure baseline. • Assess current waiting room and process. • Learn correct place to enter information in software. • Attend education e.g. webinars / face to face sessions • Post-education follow-up team discussion • Team meeting to discuss the issue, benefits & any current barrier.

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.*



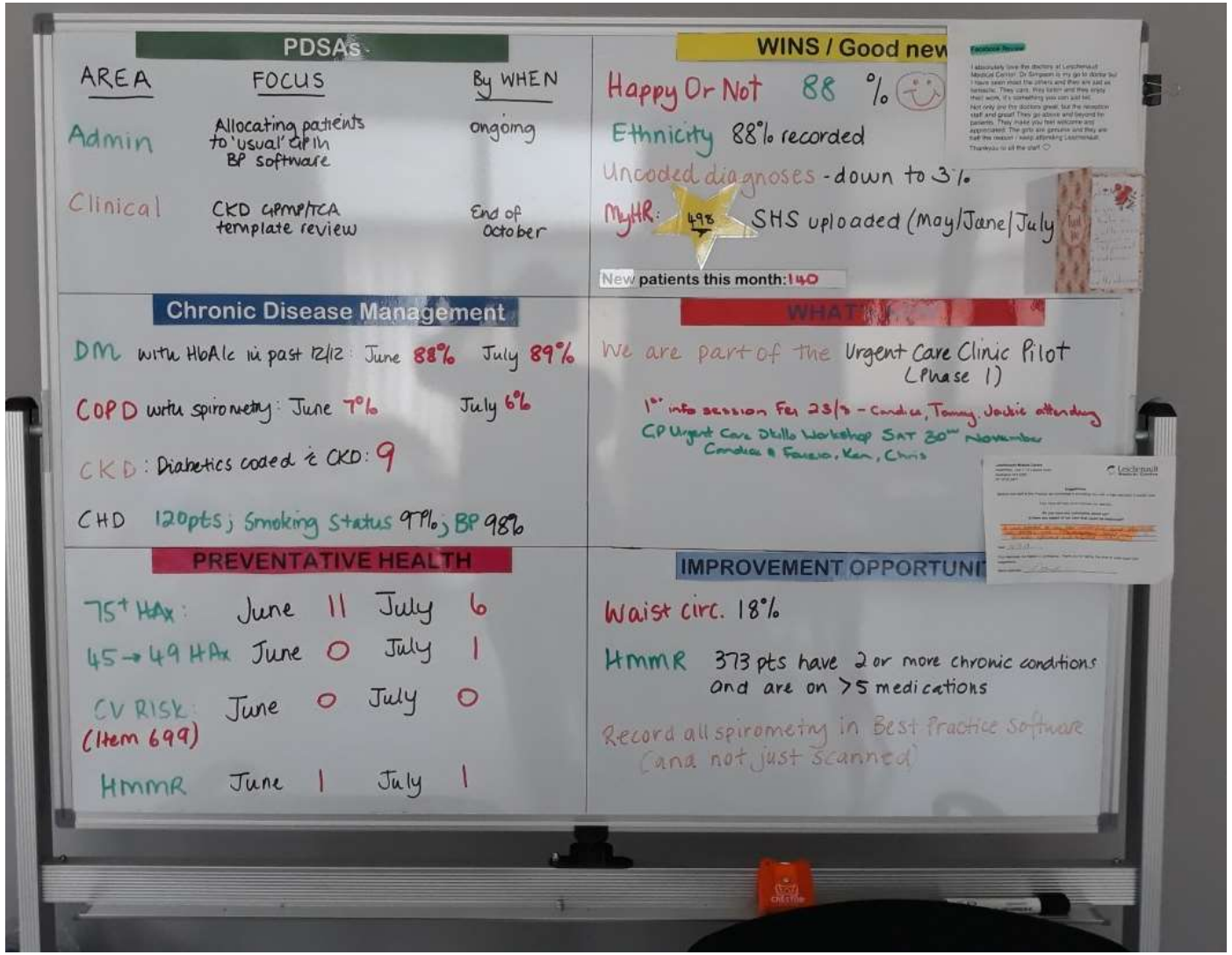
Rapid-cycle improvement is a “quality improvement method that identifies, implements and measures changes made to improve a process or a system”.

Key points for discussion at team meeting:
•
•
•
•
•
•

2. Daily Team Meeting:

Attendance:	
Actions from yesterday's meeting:	Key Points
What's changed since yesterday:	
What's on today:	
Issues, concerns, or WHS risks raised:	
Improvement suggestions (CQI):	

3. Update whiteboards, notice boards, and communication books with any new information	
4. Ensure all PPE stocks are replenished, including hand sanitiser and soap dispensers	
5. Review appointment book to ensure all telehealth bookings include all necessary details	
6. Wipe down the waiting room chairs and reception surfaces with disinfectant wipes at lunch time and any other time as required following infection control standards	
7. Check pathology and PPE stocks and reorder as necessary	
8. Check in with staff members on their mental health and wellbeing Are you OK? If not, to follow up Are you using the appropriate infection control techniques and staff PPE? Are there any practice issues or concerns? If yes, to follow up	
9. Today's good news story:	
10. Provide feedback to your PHN coordinator on any good news stories, issues, or concerns	



Example from Leschenautt Medical, Bunbury, WA

Accreditation – Quality Improvement Module

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.

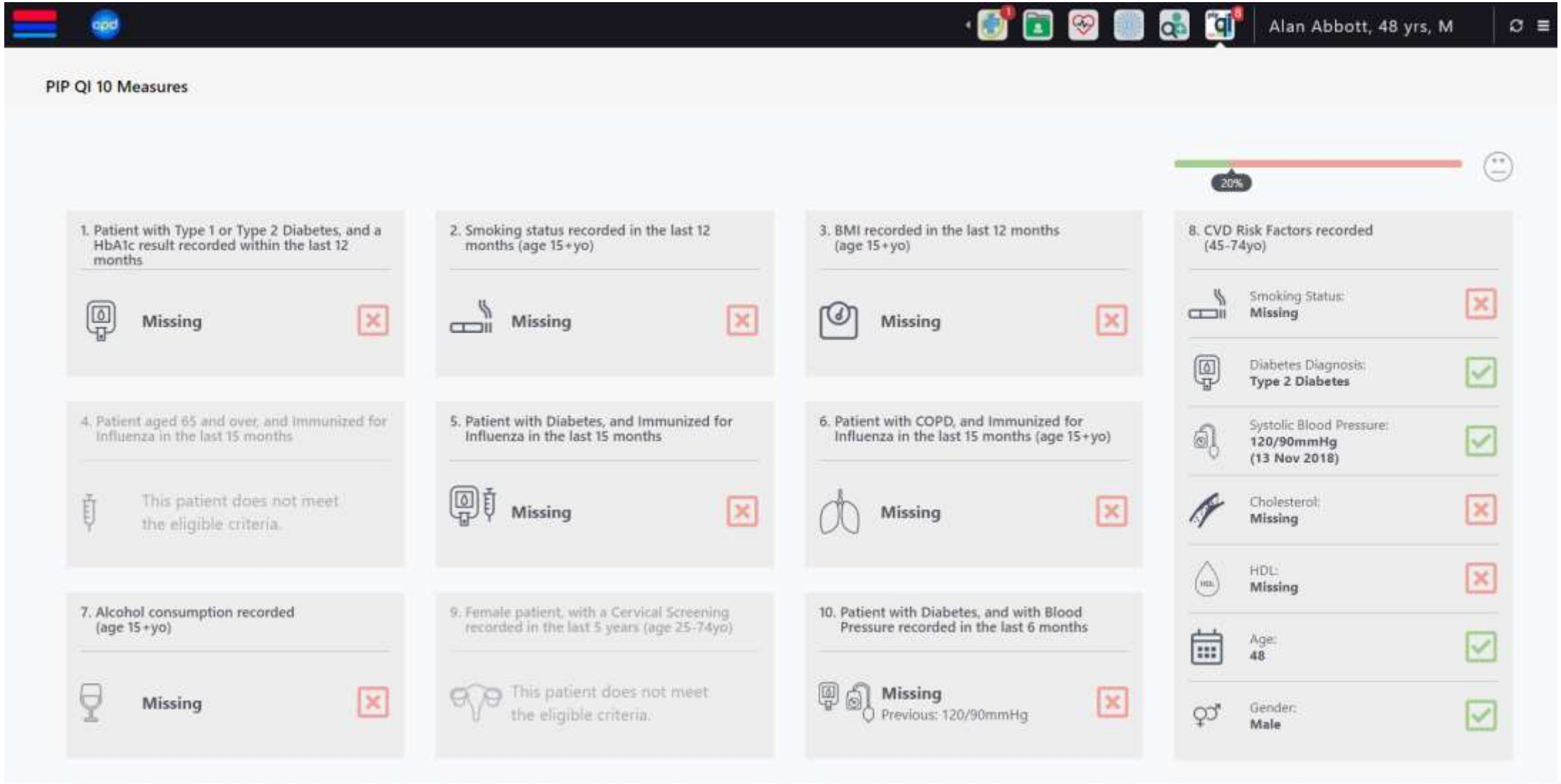
QI1.1►C Our practice seeks feedback from the team about our quality improvement systems and the performance of these systems.

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

RACGP Standards

Practices may focus their quality improvement activities on areas which are informed by their clinical information system data and meets the needs of their practice population.

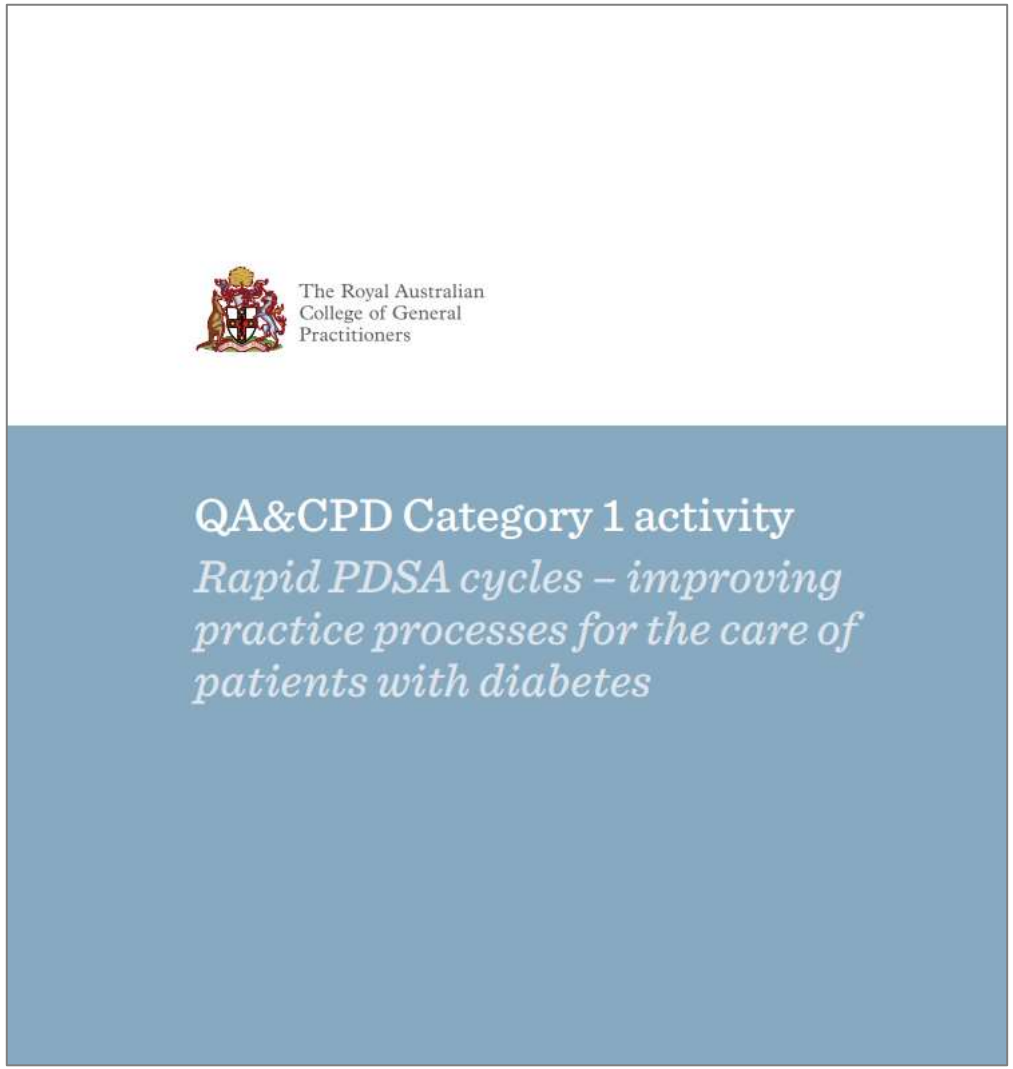
Where's your evidence?



PIP QI Measures Worksheet – sample

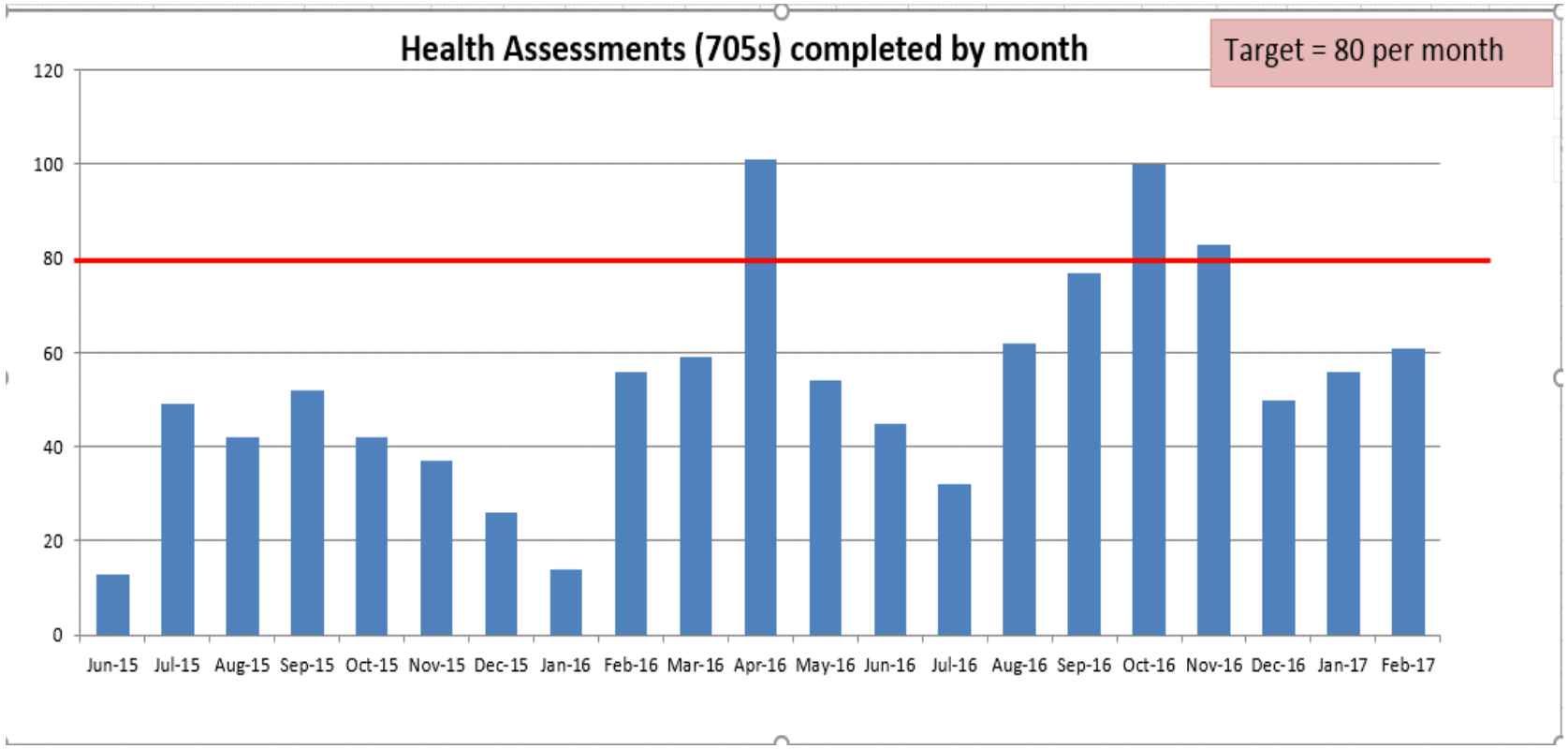
1. Choose the indicators your practice will work on improving or enter your own
2. Enter a practice target and baseline measure for each indicator in the list
3. Track your progress over time by entering a result for each quarter.

Measure	Practice Target	Practice Baseline	Q1 Result	Q2 Result	Q3 Result	Q4 Result
1. Proportion of patients with smoking status recorded	90%	44%	46%	49%	52%	56%
2. Proportion of patients with alcohol status recorded	75%	23%	24%	24%	26%	27%
3. Proportion of patients with weight recorded						
4. Proportion of patients with up-to-date cervical screening.						
5. Proportion of patients with diabetes with blood pressure recorded						
6. Proportion of patients with diabetes with current HbA1c result						
7. Patients with diabetes immunised against influenza						
8. Proportion of patients with COPD & immunised against influenza						
9. Proportion of patients over 65 immunised against influenza						
10. Proportion of patients with necessary risk factors to enable CVD assessment						
11. Proportion of patients aged 75+ with a Health Assessment in < 12 months	50%	2%	3%	6%	6%	8%
12. Proportion of patients > 50 years with bowel screening test done in last 2 years	65%	1%	3%	7%	10%	16%



RACGP Guidelines for Rapid PDSA cycles - Diabetes

Your KPIs – track performance



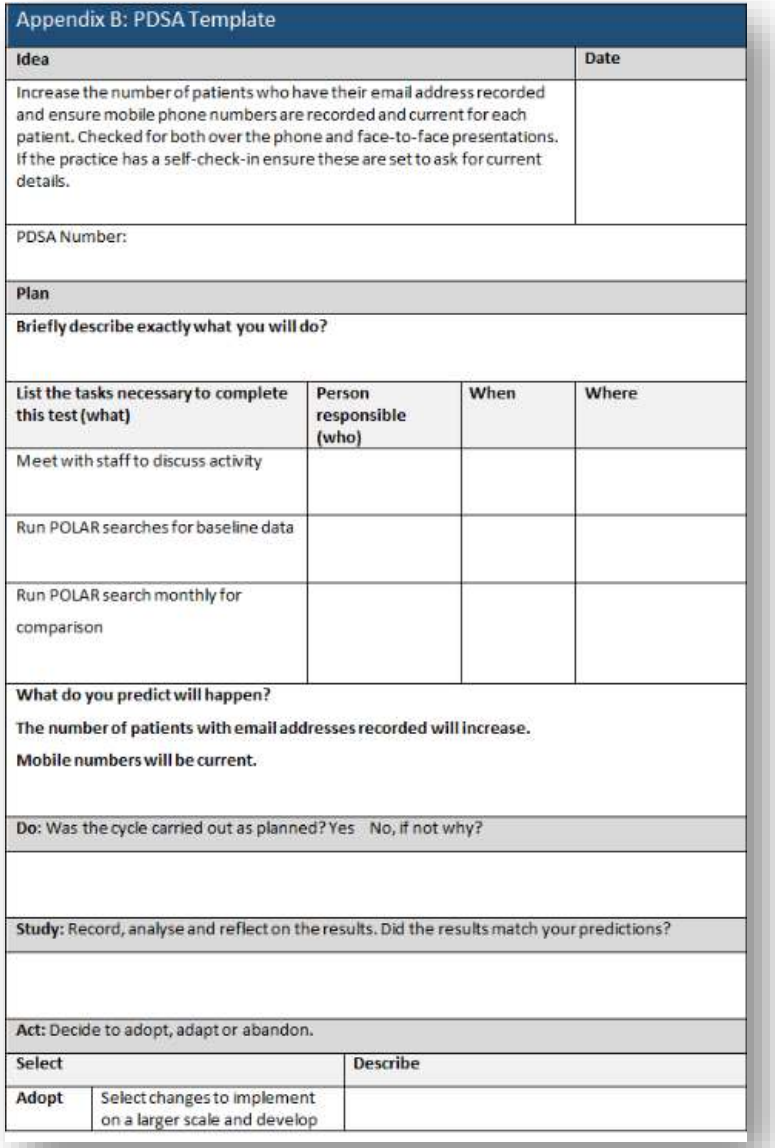
Tips: Encourage a team effort to achieve the goals by setting a target on the graph & place graph in the staff room/noticeboard to encourage a proactive approach.

PDSA

Vulnerable patients

ePrescriptions

- mobile phone
- email
- carer details



Appendix B: PDSA Template

Idea	Date
Increase the number of patients who have their email address recorded and ensure mobile phone numbers are recorded and current for each patient. Checked for both over the phone and face-to-face presentations. If the practice has a self-check-in ensure these are set to ask for current details.	

PDSA Number:

Plan

Briefly describe exactly what you will do?

List the tasks necessary to complete this test (what)	Person responsible (who)	When	Where
Meet with staff to discuss activity			
Run POLAR searches for baseline data			
Run POLAR search monthly for comparison			

What do you predict will happen?

The number of patients with email addresses recorded will increase.

Mobile numbers will be current.

Do: Was the cycle carried out as planned? Yes No, if not why?

Study: Record, analyse and reflect on the results. Did the results match your predictions?

Act: Decide to adopt, adapt or abandon.

Select		Describe
Adopt	Select changes to implement on a larger scale and develop	

Identify opportunities

1. Identify patients overdue for regular tests, scripts
2. GPMP reviews for vulnerable patients
3. Follow up outstanding reminders – diabetes review, CST, immunisations
4. Flu clinics
5. Proactive communication – Facebook, SMS, letters, phone calls, newsletter, email

Name of your 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)

What additional resources will be required?	Marketing to patients that there is an opportunity to have this health check before they turn 50 when they visit the practice. Give the doctor a list of their patients that fall into this category Practice nurse to perform Health Assessment Opportunity to claim Health Assessment item numbers 703,705

Quality Improvement Activity Process

Step	What	Who	When
1	Next team meeting all staff training around the importance of collecting appropriate information from patients	Practice Manager to organise training at next meeting and discuss at next clinical meeting	July
2	Initial bench mark report from PHN and use POLAR Resources that the practice may need	CS to work with practice	July
3	Nurse and Practice Manger to meet to discuss how this will take place and resources needed to promote to patients	Practice manager and Practice nurse	July
4	Develop a policy to address the management of patient health information.	Practice Manager	July
5	RACGP Standard for General practice 5th Edition https://www.racgp.org.au/your-practice/standards/standards-for-general-practices-(5th-edition)/	reference	
6	Link RACGP Guidelines for preventive activities in general practice 9th edition (Red Book) https://www.racgp.org.au/your-practice/guidelines/redbook/	reference	

Upon completion

1. What are the lessons learnt from this Quality Improvement Activity?
2. Do we need to review or extend the activity?
3. Is this Quality Improvement Activity completed?

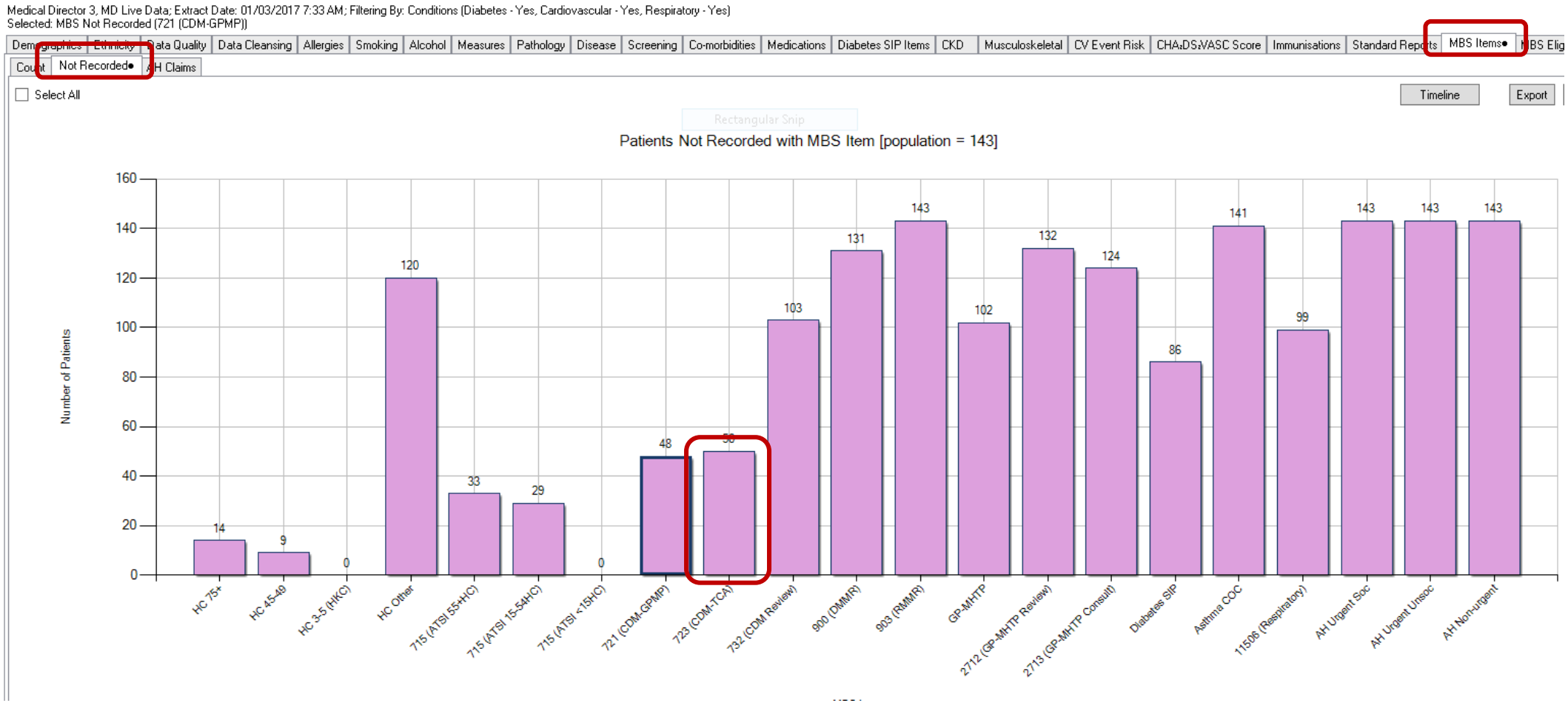
Learning Objective 2

Learn tips for effective change management and team building.

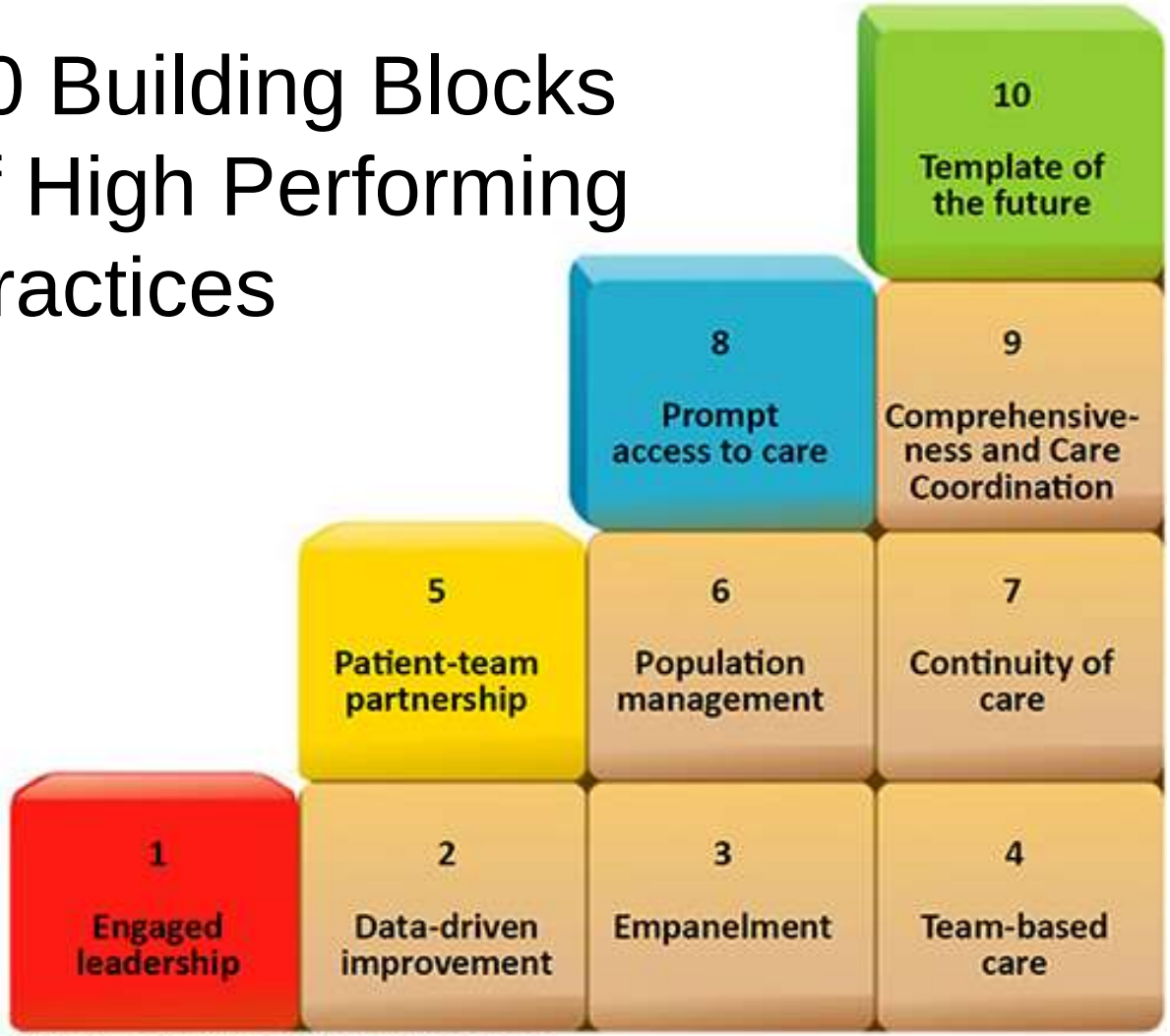
Engage your team

Whole Practice	GP 1	GP 2	GP 3	GP 4	GP 5	GP 6	GP 7	GP 8	GP 9
13697	2488	1996	921	1718	1839	936	604	686	43
28.8%	16.4	36.5	28.1	51.2	9.4	21.5	24.3	4.1	30.2
9576	1866	1628	684	1192	1445	795	397	514	30
17.7	29.5	28.5	19.7	39.9	4.2	13.8	14.9	01.0	10.0
141	28	11	13	21	6	12	5	6	0
35	5	2	3	11	2	7	0	3	0
27%	15.7	63.9	60.4	76.4	11.5	44.6	41.0	21.2	39.7
0	0	0	1	0	0	0	0	0	0
1	0	0	1	0	0	0	0	0	0
3.5%	2.9	2.8	1.4	8.8	5.1	2.5	1.2	4.2	4.7
4.6%	3.8	3.2	1.9	11.7	6.2	2.9	1.8	5.5	6.7
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%
94	5	2	3	0	12	2	1	2	0
288	29	55	6	8	131	10	6	17	1

Identify patients with a chronic condition without a GPMP



10 Building Blocks of High Performing Practices



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Leading Improvements:

= CHANGE!

PEER LEADERSHIP

- Dr Suzanne Williams, Inala Primary Care

“I update the health summary every time I see the patient.”

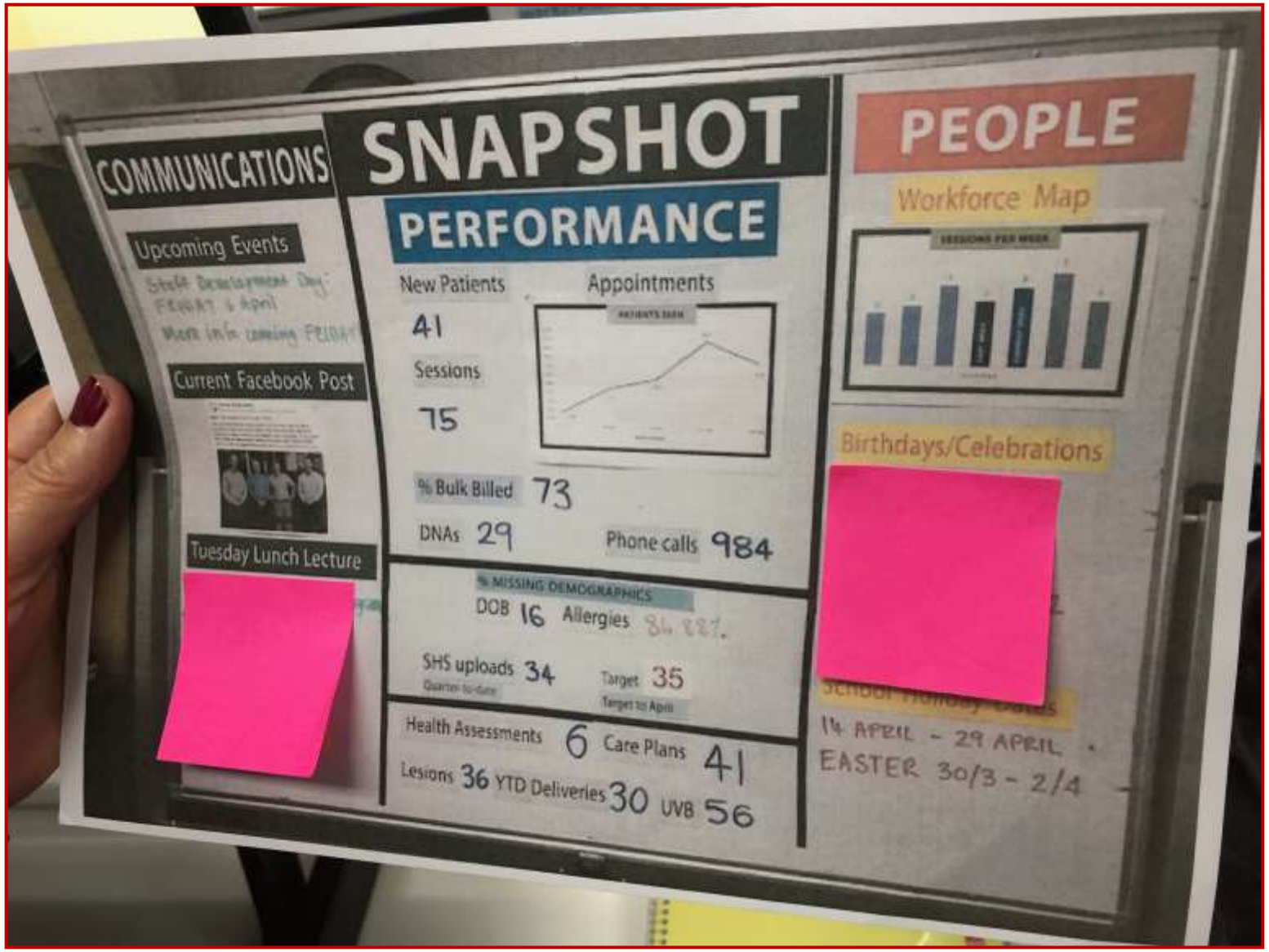
Dr John Aloizos,
Garden City Medical Centre Principal & Clinical Lead,
Australian Digital Health Agency

PDSA station

Example from Leschenautt Medical Centre, WA

How do we identify areas for practice improvement?

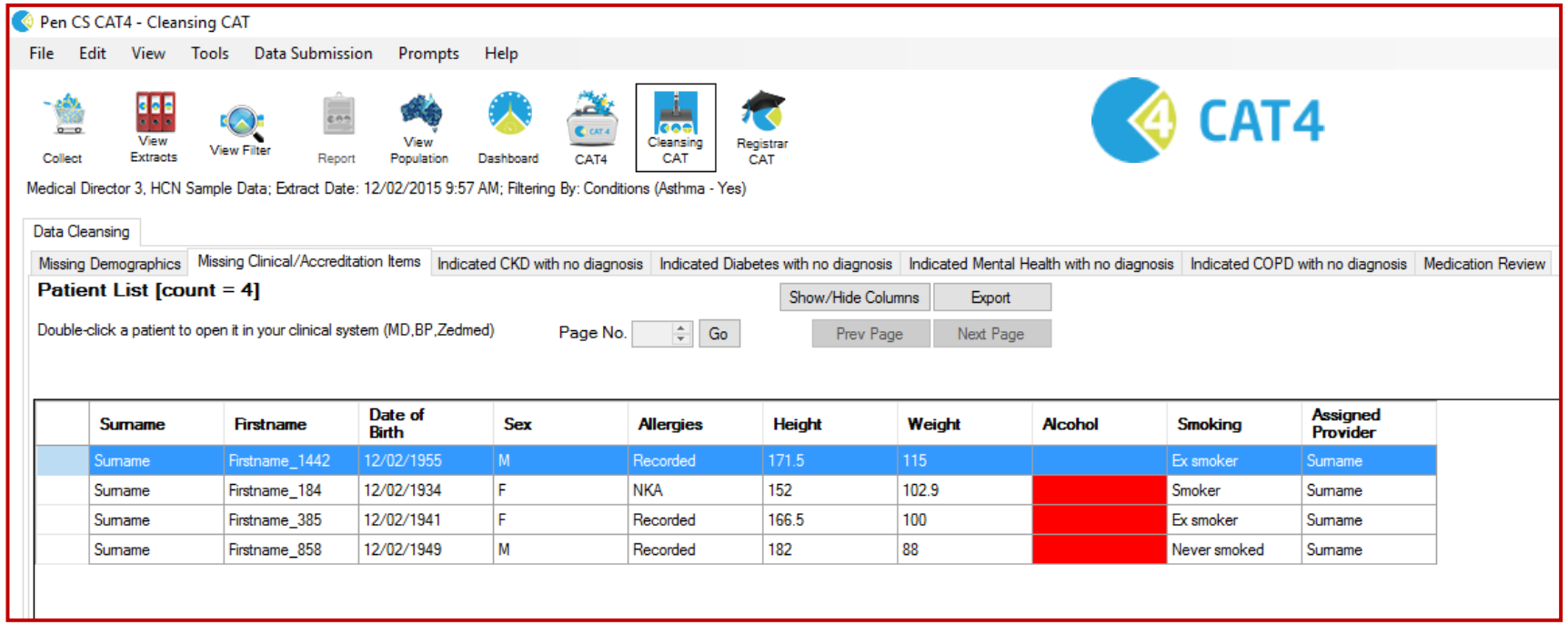
- Data quality dashboard
- Financial reports
- Staff feedback
- Near misses
- Patient surveys
- Patient complaints
- Patient Reported Experience Measures (PRMS)



Example from rural WA

Smoking, Alcohol, BMI – Identify Care Gaps!

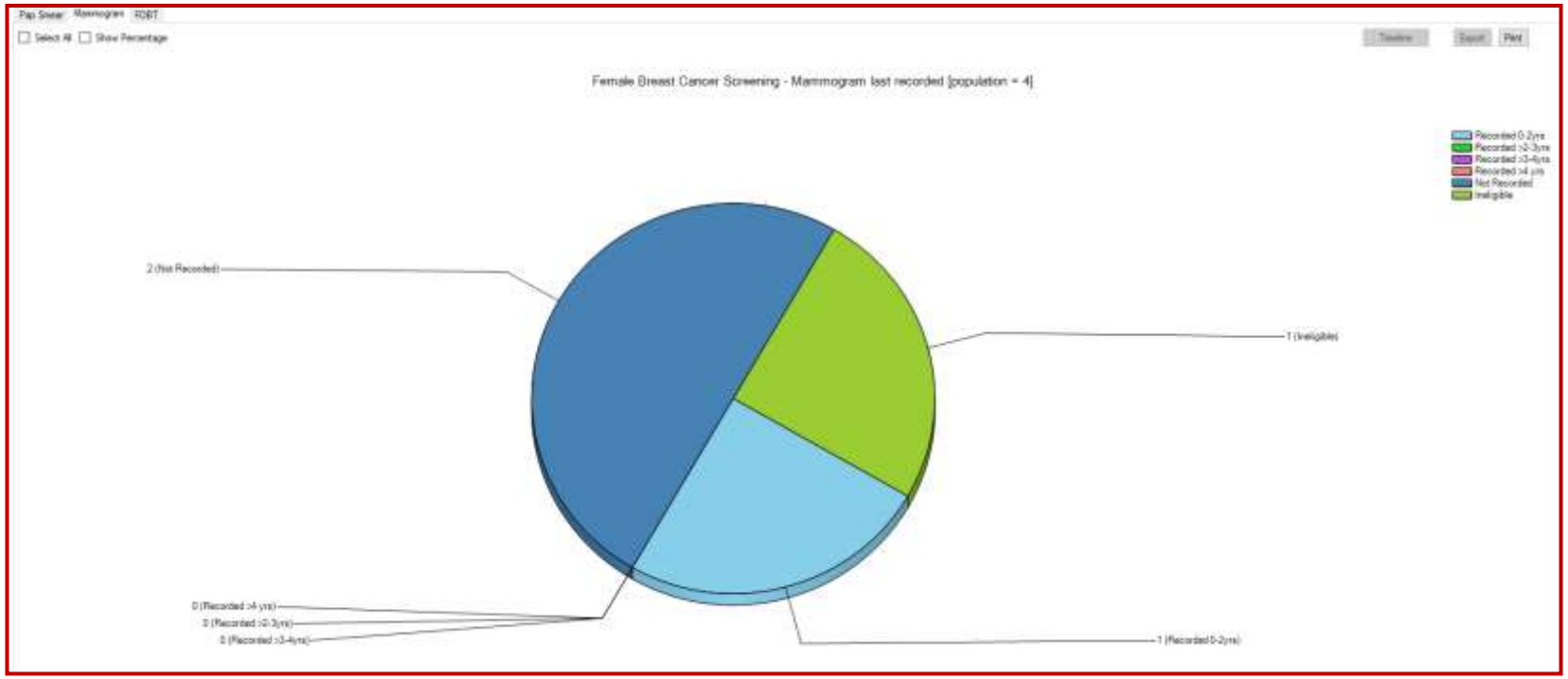
Per patient | per provider | per practice population



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

Cancer Screening | Care Gaps

Identify all eligible patients NOT screened for FOBT, Cervical Screening (CST) or Mammograms



Cancer Screening

What's new:

'Just Checking' – Cancer Screening for people with intellectual disabilities – Family Planning NSW

Recommended resource for patients:

A guide to understanding your Cervical Screening Test Results

	MedicalDirector	BP Premier
Enter cervical screening result	Summary Sheet	Summary Sheet
Enter bowel screening result	Summary Sheet	Summary Sheet
Enter breast screening result	Summary Sheet	Summary Sheet

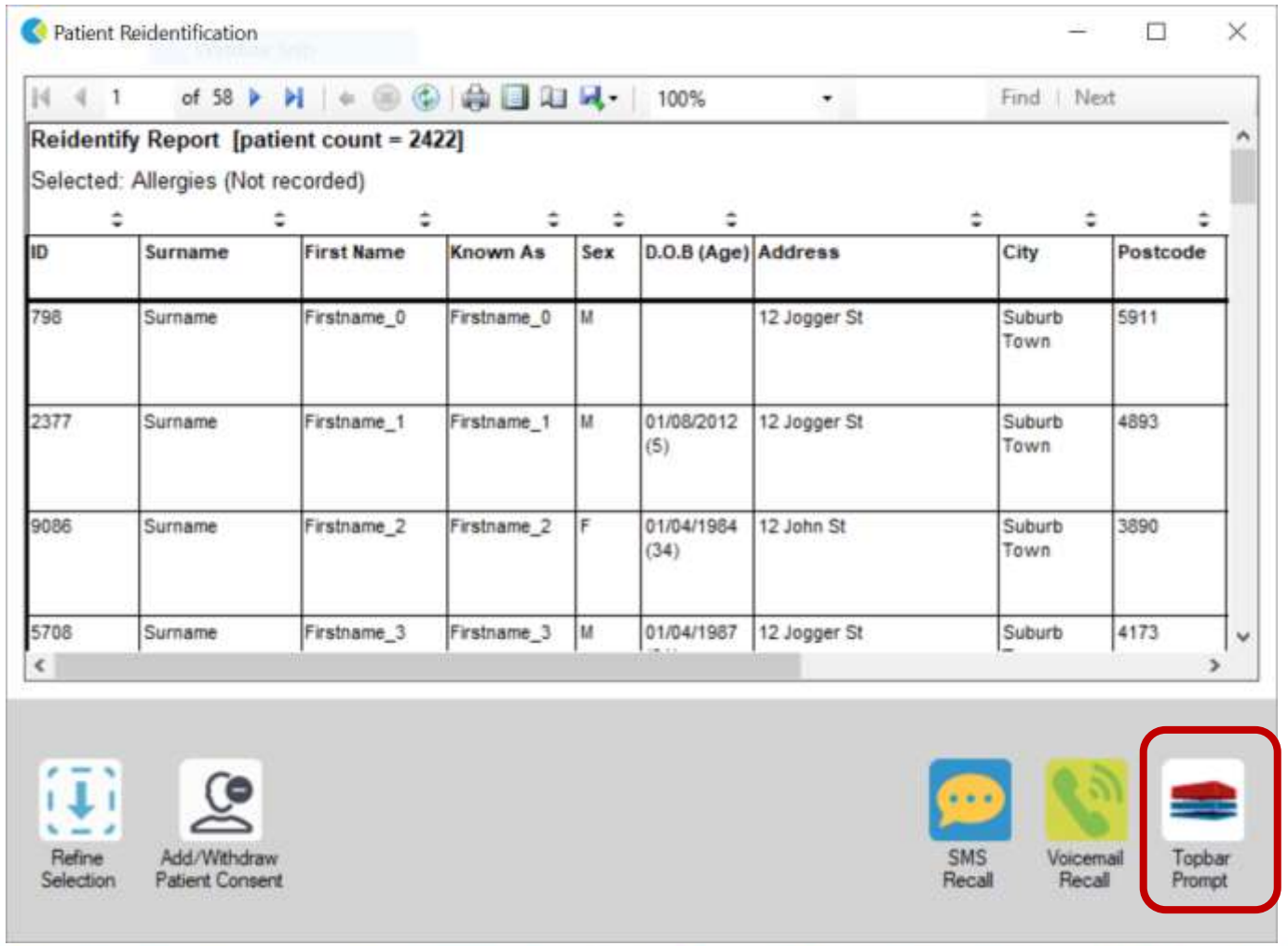
BP Premier – Extracting Cancer Screening Metrics – ask us for our specially written SQL queries to assess your patient's screening history.

Access Train IT Medical cheatsheets & SQL queries.

Who are your most vulnerable patients?

Patients aged over 65?
At risk of influenza?
Patients who smoke
Aboriginal and Torres Strait Islander people
Patients with COPD

Set prompts for Topbar in CAT4



File Patient Edit Summaries Tools Clinical Correspondence Assessment Resources Sidebar MyHealthRecord Window Help

Go MD

Mrs Laura Curtin (83yrs 2mths) | DOB: 05/03/1937 | Gender: Female | Occupation: | 0m 59s

87 Chapman Ave. Gurnang. Nsw 2787 | Ph: 0455555555 (mobile) | Record No: | ATSI: Neither Aboriginal nor Torres Strait Islander

Allergies & Adverse Reactions: Nil known | Pension No: | Ethnicity:

Smoking Hx: Never smoked | IHI No: 8003 6085 0004 5331

Warnings: | MyHealthRecord: Exists with access permission as of 17/05/2020

Summary | Current Rx | Progress | Past history | Results | Letters | Documents | Old scripts | Imm. | Cervical Screening

Consultation date: 17/05/2020 **B** *I* U F Spell

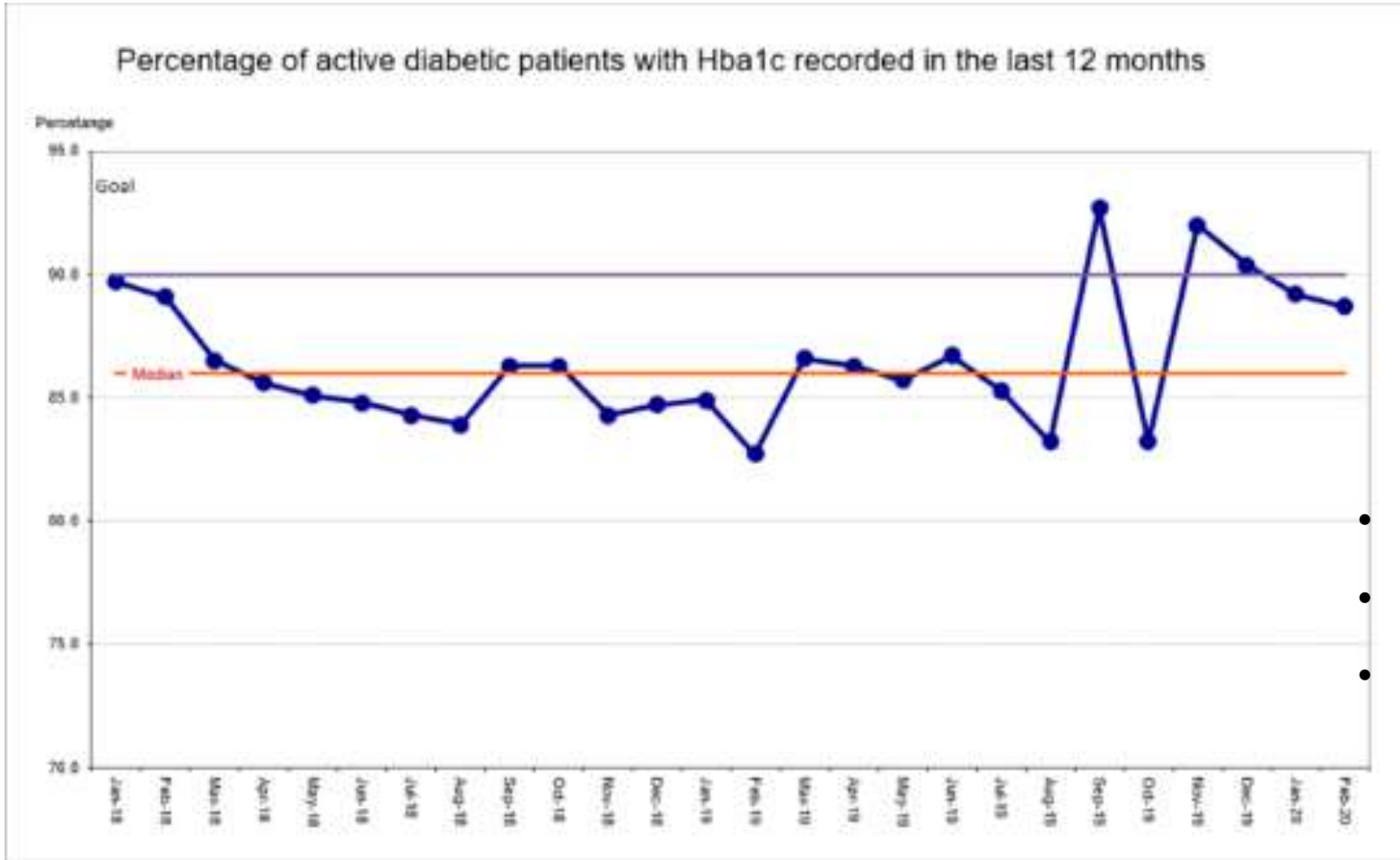
Previous visits: ALL

Visit type: Surgery Consultation

Sunday May 17 2020 14:43:37
Dr Phillip Lang
Visit type:
Surgery Consultation

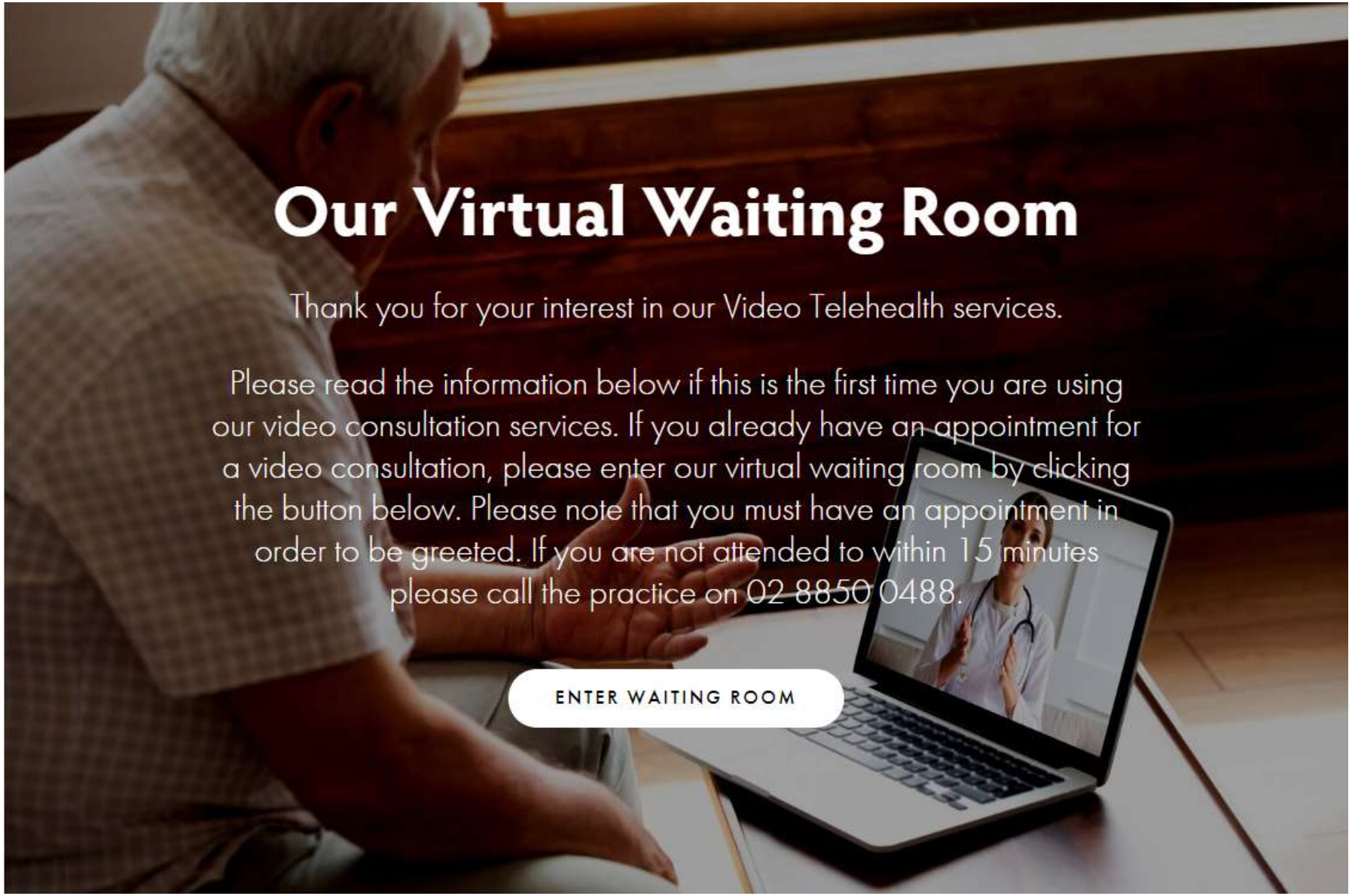
Date	Recorded by:	Visit type	Reason for contact
07/08/2018	Dr Phillip Lang	Surgery Consultation	
17/05/2020	Dr Phillip Lang	Surgery Consultation	

Sharing data with your patients

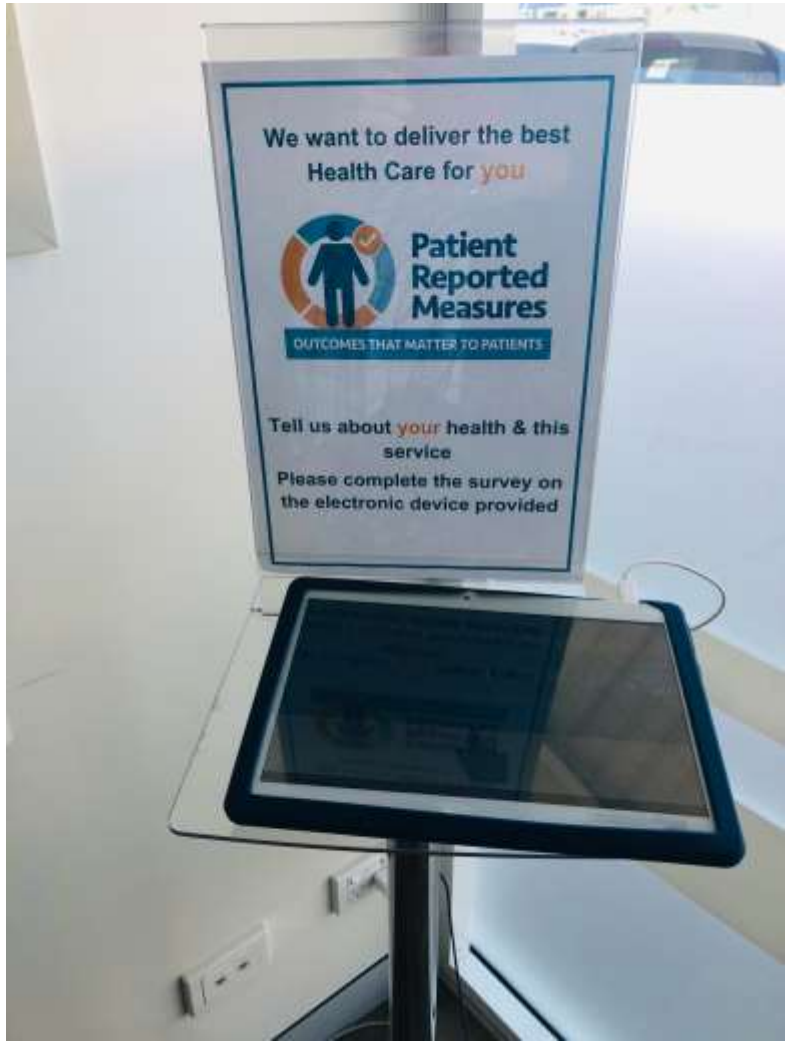


- PIPQI data
- Clinical outcomes focus
- Tracking changes over time

Hills Family General Practice



https://hillsfamilygeneralpractice.com/telehealth-at-our-practice


We want to deliver the best
Health Care for you
Patient
Reported
Measures
OUTCOMES THAT MATTER TO PATIENTS
Tell us about your health & this service
Please complete the survey on the electronic device provided

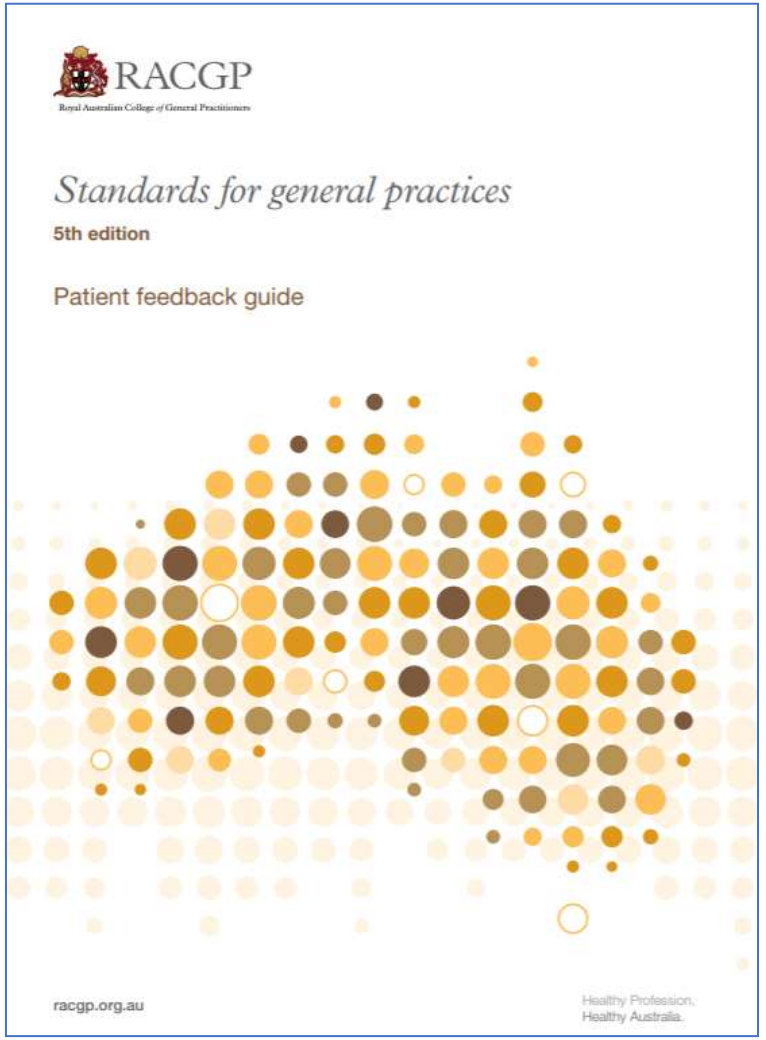
Learning Objective 4

Introduce patient reported measures and link to quality improvement activities.

PREMs for your practice

RACGP 5th Edition standards specify:

- Practices must use an approved questionnaire to collect patient feedback
- Include questions from all 6 domains
- Provide quantitative AND qualitative data
- Use a representative patient sample
- Survey patients at least once every 3 years



RACGP Patient Feedback requirements

Mental Health PROM

DASS21

Name: Date:

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statemer applied to you **over the past week**. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

0 Did not apply to me at all
1 Applied to me to some degree, or some of the time
2 Applied to me to a considerable degree or a good part of time
3 Applied to me very much or most of the time

1 (s)	I found it hard to wind down	0	1	2	3
2 (a)	I was aware of dryness of my mouth	0	1	2	3
3 (d)	I couldn't seem to experience any positive feeling at all	0	1	2	3
4 (a)	I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5 (d)	I found it difficult to work up the initiative to do things	0	1	2	3
6 (s)	I tended to over-react to situations	0	1	2	3
7 (a)	I experienced trembling (e.g. in the hands)	0	1	2	3
8 (s)	I felt that I was using a lot of nervous energy	0	1	2	3
9 (a)	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10 (d)	I felt that I had nothing to look forward to	0	1	2	3
11 (s)	I found myself getting agitated	0	1	2	3
12 (s)	I found it difficult to relax	0	1	2	3
13 (d)	I felt down-hearted and blue	0	1	2	3
14 (s)	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15 (a)	I felt I was close to panic	0	1	2	3
16 (d)	I was unable to become enthusiastic about anything	0	1	2	3
17 (d)	I felt I wasn't worth much as a person	0	1	2	3
18 (s)	I felt that I was rather touchy	0	1	2	3
19 (a)	I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)	0	1	2	3
20 (a)	I felt scared without any good reason	0	1	2	3
21 (d)	I felt that life was meaningless	0	1	2	3

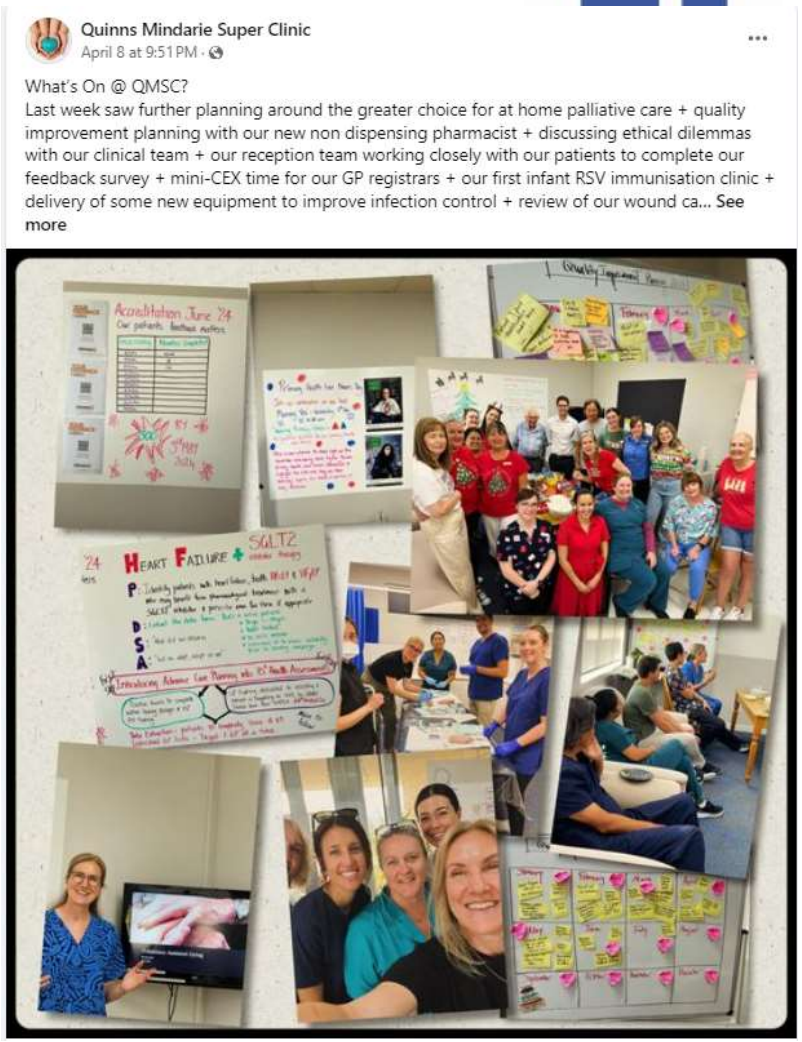
Patient / Team Collaboration

We value your input!
Which of our recent changes worked well for you?

1. Telehealth
2. Infection control measures (separate dedicated area in waiting room for those with symptoms of infection)
3. Screening process when booking
4. Scrubs
5. Patient focus group meetings via zoom platform
6. Dedicated flu clinics
7. Triage station at entrance to clinic

Anything we can do better?

Get some inspiration!



Dr Lyn Wren – Quinns Mindarie Super Clinic

Teamwork | Engagement

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