

# A Community of Practice Approach to Building Capacity for Quality Improvement Planning: The DFCM Academic FHT Experience

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## OBJECTIVE

To showcase the experience of the thirteen University of Toronto (U of T), Department of Family and Community Medicine (DFCM) academic family health teams (FHTs) (Figure 1) relative to quality improvement (QI) planning processes, beyond those required by the MOHLTC Quality Improvement Plans (QIP).

The specific focus is assessing the impact of a community of practice (C of P) to support interprofessional team effectiveness and capacity building in QI planning, focused on learning processes such as sharing organizational learning.



Figure 1. The thirteen U of T DFCM academic FHTs

## COMMUNITY OF PRACTICE

A community of practice is a group of people who share a profession and come together because of a common interest<sup>1</sup>. Beginning with the inaugural 2013 MOHLTC QIP submission requirement, the DFCM QI Program has supported faculty, interprofessional team and management learning related to expanding QI planning beyond the minimal required indicators from the MOHLTC.

The C of P approach ensures inclusiveness of relevant team members in the QIP planning process and enables capacity building related to QI knowledge and skills.

The C of P has engaged in workshops focused on:

- **Implementation tips** – March 2013
- **QIP development** – June 2013
- **QI measurement** – May 2014
- **Quality-related governance** – Jan 2015
- **Identification of change ideas using design thinking** – Feb 2015
- **Patient experienced co-design** – Mar 2015
- **Lean methodology certification** – May & October 2015

## OUTCOMES & ACHIEVEMENTS

The site-based experience of planning for QI and the opportunity to build capacity for specific areas related to quality improvement frames the essence of the DFCM's QI Program, Community of Practice.

**Quality-related workshops and access to an online portal where academic sites share their QI initiatives, has enabled sharing, networking and learning.**



## CHALLENGES

While the achievements related to capacity building are noteworthy, the C of P has met challenges in the QI planning process related to time required to develop and implement QI plans that are relevant, feasible, realistic and aligned with affiliated hospital partners.

The challenges related to accessing useful measures for quality dimensions as required by the MOHLTC has resulted in significant changes to the scale and scope of QIP elements and removed the enthusiasm to share site-specific areas of QI focus such as safety, equity and effectiveness that are beyond the MOHLTC directed areas of focus.

## QIP DOCUMENT

This QIP compilation document (Figure 2) serves as a beginning step along the capacity building journey outlining the key measures and change ideas for each quality dimension in addition to a summary of the narrative for each FHT.

The DFCM QIPs, in describing their respective improvement journeys, have emphasized the mantra that we have two jobs – **“one to do our work and one to improve our work”**, and clearly demonstrate leadership for change and the will to improve in primary care.



Figure 2. QIP compilation document cover pages

Reference:

- Lave, Jean; Wenger, Etienne (1991). Situated Learning: Legitimate Peripheral Participation. Cambridge: Cambridge University Press<sup>1</sup>