



Family & Community Medicine
UNIVERSITY OF TORONTO

Identifying Opportunities for QI Planning in Primary Care

AFHTO Conference Concurrent Session

October 23, 2013

PRESENTER DISCLOSURE

- **Presenters:** Ms. Patricia O'Brien
- **Relationships with commercial interests:**
 - **Grants/Research Support:** N/A
 - **Speakers Bureau/Honoraria:** N/A
 - **Consulting Fees:** N/A
 - **Other:** N/A

LEARNING OBJECTIVES

After engaging in this session, you will be able to:

- Identify and prioritize primary care improvement opportunities from various perspectives within the healthcare system;
- Describe the link between improvement opportunity identification and QI Plan development and implementation.

IDENTIFYING OPPORTUNITIES

Choosing the right improvement opportunities with your team is a crucial step.



3 STEPS TO IDENTIFYING A QI OPPORTUNITY

1. Describe the reality of your practice using the **Clinical Microsystems 5Ps** model to identify opportunities within your practice.
2. Use the **PROGRESS framework** to identify opportunities within your practice population/FHT and community.
3. Apply **Quality Dimensions** and Quality Improvement Plans to contribute to system planning and performance.

Prioritize and stage the opportunities

DESCRIBE THE REALITY OF YOUR PRACTICE

Purpose
Professionals
Processes
Patterns
Patients



Based on: "Assessing, Diagnosing and Treating Your Outpatient Primary Care Practice" from Clinical Microsystems "The Place Where Patients, Families and Clinical Teams Meet", 2001.

Trustees of Dartmouth College, Godfrey, Nelson, Batalden, Institute for Healthcare Improvement.

Adapted from the original version, Dartmouth-Hitchcock, Version 2, February 2005.

www.clinicalmicrosystem.org



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5Ps

PURPOSE

- Reflect on the Triple Aim elements
- Consider the FHT mission
- Culture, values, aspirations
- Commitment to shared purpose

5Ps

PROFESSIONALS

- Is everyone practicing to full scope?
- Address authority and autonomy
- Access to needed resources
- Communication enablers
- Collaborative decision making

5Ps

PROCESSES

- Reflection on key processes, e.g. after hours access
- Access to other key system services, e.g. referrals to specialists; CCAC
- Problem prone processes
 - Excessive waiting
 - Loss or displacement of significant information
 - Bottlenecks

5Ps

PATTERNS

- Identify communication behaviours
- What are the biggest /most frequent issues facing your practice?
- Can we identify supply & demand for our services?
- What is your practice's culture?

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PATIENTS (5TH P) – “*PROGRESS*” AND COMMUNITY

Practice

Place of residence/ **Pets**
Race/ethnicity/culture
Occupation
Gender
Religion
Educational level (& Health Literacy)
Socio-economic status
Social capital/social exclusion

Community

- What is your practice’s catchment?
- Does your roster of patients reflect the population in your community?
- Can you identify populations of particular higher risk, or need?
- Do you see opportunities for improvement in your community beyond your roster of patients?

“PROGRESS” - Adapted from: Tim Evans and Hilary Brown. Evans T, Brown H. Road traffic crashes: operationalizing equity in the context of health sector reform. Injury Control and Safety Promotion 2003;10(1-2): 11–12. Health Equity Program, Rockefeller Foundation

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PROMPTS

There is no “right answer”. Every practice is different.

Which P was most difficult to complete? Why?

Which P brought the biggest surprises?

Which P can you most impact?

Which P is most beyond your control?

How closely does your practice represent your community?

Does your practice define a geographic catchment?

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Prioritize and stage the opportunities

TRANSFORMATION THROUGH QI



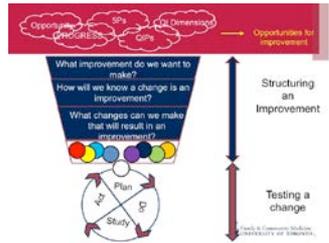
→
Push

Set Direction

→
Pull



Establish the Foundation



Health Links

Adapted from IHI Framework for Leadership Improvement (2006)

BUILDING WILL...SETTING A PATH FOR CHANGE

- Translate the purpose of the organization to action in a **quality improvement plan (QIP)**
- Integrate improvement planning into strategic & business planning
- Set aims and allocate resources
- Measure system performance
- Focus on the larger system

APPLY QUALITY DIMENSIONS AND QI PLANS TO IMPROVE SYSTEM PLANNING AND PERFORMANCE

- Help you evaluate how well your practice functions and performs relative to others in the system
- Contribute to system planning and performance

APPLY QUALITY DIMENSIONS AND QI PLANS TO IMPROVE SYSTEM PLANNING AND PERFORMANCE

THE 6 DIMENSIONS OF QUALITY

Patient-centered

Equitable

Effective

Efficient

Timely and accessible

Safe

“PE³TS”

DIMENSIONS OF QUALITY

Patient-centered Ensuring that patients' values, needs, and preferences guide clinical decisions

Equitability Providing services to all in need without discrimination, however unintended

Effectiveness Providing service that works based on the best evidence available

DIMENSIONS OF QUALITY

Efficiency Avoiding the provision of services that waste and/or that are unlikely to benefit

Timeliness and Accessibility The right care, at the right time, in the right setting, by the right health care provider

Safety No one should be harmed by health care

DIMENSIONS OF QUALITY

Reviewing your practice in the context of **PE³TS** prompts you to identify opportunities that might not have come to mind spontaneously and that you now might also incorporate into your plan to improve.

APPLY QUALITY DIMENSIONS AND QI PLANS TO IMPROVE SYSTEM PLANNING AND PERFORMANCE

- Utilize the Quality Dimensions to help you recognize a opportunity for improvement.
- Build a QIP utilizing both government and your practice's priorities toward improving system planning and performance.

PROMPTS

Patient centered:
respecting a patient's values and autonomy in decision-making.

Efficient: *care that provides value and eliminates waste.*

Equitable: *the entire patient population has appropriate access to care.*

Effective: *application of practical, evidence-based best practices.*

Timely and accessible:
the right care to the right patient, in the right place, at the right time, by the right provider.

Safe: *no one should be harmed from health care.*

SUMMARIZING OPPORTUNITIES

- Use the **5Ps** to begin a reflective conversation on identification of QI opportunities
- Use **PROGRESS** to review your population and community
- Use the **Quality Dimensions** to prompt ideas for system improvement and integration of quality improvement efforts
- **Develop & implement a QI plan**

SO, NOW YOU KNOW HOW TO:

- Identify and prioritize primary care improvement opportunities from various perspectives within the healthcare system;
- ✓ • Describe the link between improvement opportunity identification and QI Plan development and implementation.

QUESTIONS?



Practice Profile

Welcome to the Department of Family and Community Medicine's Quality Improvement curriculum. Identifying a QI initiative involves the following distinct steps:

- 1. Describe the reality of your practice using the Clinical Microsystems 5Ps model to identify opportunities within your practice*
- 2. Use the PROGRESS framework to identify opportunities within your practice population and community.*
- 3. Apply Quality Dimensions and Quality Improvement Plans to contribute to system planning and performance.*
- 4. Prioritize and select an opportunity*

It is important to have a clear picture of the reality of your practice as your starting point. Describing the reality of your practice involves analysis of "The Clinical Microsystem's 5 P's Framework":

- *Purpose*
- *Professionals*
- *Processes*
- *Patterns*
- *Patients*

Please complete this form to the best of your ability. All practices are not created equal. They differ in the 5 P's – and their record keeping. The data you need to complete this description may be readily available – in which case, please use it. If the records at your practice are more difficult to analyze, please estimate to the best of your ability.

Step 1. Describe the reality of your practice.

- 1. State the **Purpose** of your practice, why it exists. If needed, consider this in the context of the Institute of Healthcare Improvement's "Triple Aim" – 1. Improving the patient and provider experience, 2. Improving the health status of populations, and 3. Improving value – the equation of quality over cost.**

2. Professionals

Indicate the other professionals and staff you work with in your work environment.		
Profession/Position:	Role(s):	Number (as full-time equivalents):
Indicate the other organizations and/or professionals you collaborate within in your community, if applicable.		
Organizations/Profession/Position:	Role(s):	

3. Processes

	Hours of operation:	Arrangements for Call Coverage
Sunday:		
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		
Saturday:		

Appointment type:	Duration:	% of practice:

4. Patterns

Are resources allocated and used effectively in your practice? What does your practice look like?			
	Yes	No	Comment:
Human: The Interprofessional Care Team <i>Nurses, allied professionals, physicians, administrative staff, other</i>			
Equipment, including information technology:			

Note what interrupts and/or delays your practice most often:	
Interruption and/or Delay:	Weekly frequency:

Timeliness:	Frequency:
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How often do your appointments run late?	
Why?	
How often do you work unscheduled overtime?	
Why?	

What would people see when they look at your work environment	Frequency:
Are the people happy, and demonstrate enjoyment in their work?	
Comments	
Do people look busy, active and engaged in work-related activities?	
Comments	
Is the work environment clean and professional?	
Comments	

Team meetings:		
Who is included?	Re:	Frequency:

How do decisions get made? Is there a culture of “shared decision making?” Do people feel comfortable speaking up, if an improvement opportunity comes up, or any other concerns?

Note any other patterns you have noticed in your work environment:

5. Describe the **Patients/Clients that you see.**

Numbers:	
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Age distribution (%):	Birth – 10 years	
	11 – 18 years	
	19 – 45 years	
	46 – 64 years	
	65 – 79 years	
	80 years and older	

Gender distribution (%):	Male:	Female:
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Most common reasons for an encounter: <i>What reasons do the patients/clients give? Do yours differ?</i>	
1.	
2.	
3.	
4.	
5.	

Most frequent diagnoses:	
1.	
2.	
3.	
4.	
5.	

Most frequent referrals to others that you may make: <i>Indicate discipline and reason.</i>
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1.	
2.	
3.	
4.	
5.	

Most time-consuming/challenging users of practice: <i>Indicate reasons patients/clients give. Do yours differ?</i>	
1.	
2.	
3.	
4.	
5.	

Determinants of health: <i>Comment on each of the following factors (known collectively by the acronym “PROGRESS”) as they affect your patients/clients’ health and welfare. Highlight any concerns that you have about any one attribute as you encounter it in work. Compare your practice to your community.</i>		
	Comment on potential impact on your work	Are your patients similar or different compared to those citizens within your community?
P lace of residence/ P ets in household: <i>Consider type of housing, perceived security, access to amenities/services, zoonotic risk & benefits of pets, etc.</i>		
R ace/ethnicity/culture: <i>Consider genetic predispositions, cultural attitudes to roles of children/women, persons in authority, etc.</i>		
O ccupation: <i>Consider degree & security of employment, health & safety hazards, including sedentary &</i>		

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	Comment on potential impact on your work	Are your patients similar or different compared to those citizens within your community?
<i>standing time, repetitive strain etc</i>		
G ender: <i>Consider gender differences in healthcare requirements, sexual orientation, etc.</i>		
R eligion: <i>Consider traditions around life events like birth & death, dietary customs, fasting practices, degree of adherence, etc.</i>		
E ducation level: <i>Consider consistency with employment, literacy, language facility, access to & use of web-based services, etc.</i>		
S ocio-economic status: <i>Consider health insurance, ability to pay for non-covered health services, food, financial security, access to physical recreation, etc.</i>		
S ocial capital/ social exclusion: <i>Consider family structure, community participation, ability to self-advocate, deal with social services, etc.</i>		

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