The ABCs of M&M in a Family Health Team

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Sunnybrook ACADEMIC FAMILY HEALTH TEAM

PURPOSE

• To develop, refine and evaluate a process (or protocol) for the conduct of systematic, valid, and efficient clinical topic audits in an academic family health team setting

CONCLUSION

• The same process can be applied to any topic audit

STEP E : Create a Paper-Based Data Collection Sheet

STEP F: Create Electronic Online Version of Data Collection (e.g. Google Docs)

STEP H: Knowledge Transfer and Exchange

• Report results of audit: newsletters, posters, Quality Corner, etc
• Make recommendations based on key findings
• Examples: New electronic reminders or stamps, different ways the EMR can make certain applications safer
• Seek input and feedback from the Family Health Team

STEP G: Interpretation of the Findings

• Review the data as a group
• Discuss the meaning of the findings and possible explanations
• Brainstorm potential quality improvement opportunities
• Identify next steps

STEP F: Create Electronic Online Version of Data Collection (e.g. Google Docs)

• Pilot test online collection tool and tweak as needed
• Go live with online tool
• Aim for 20-25% of appropriate charts to be reviewed/patients to be sampled
• Google doc can display data entries as a spreadsheet which allows for data analysis and recognition of trends
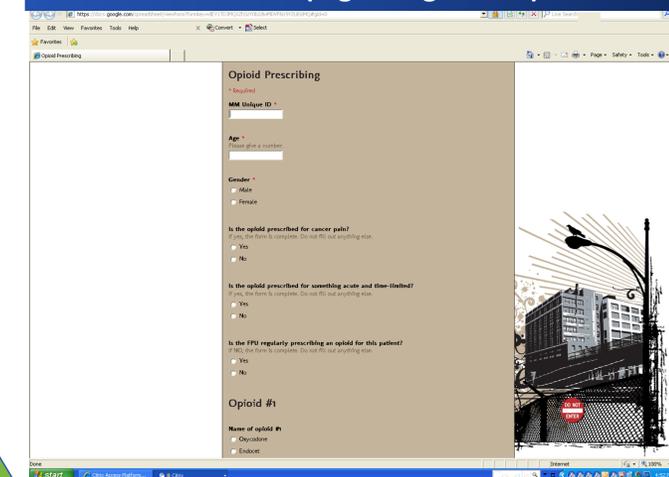
STEP E: Create a Paper-Based Data Collection Sheet

• Based on discussion/decisions from previous step
• Send electronically to group members for feedback and adapt accordingly
• Assign unique ID numbers to each patient found in Step 3
• Pilot test data collection sheet on 10-12 charts and make changes as needed
• Use the sheet for actual data collection from a small number of charts (~5%)

STEP D: Review of Appropriate Guidelines or Resources

• Decision made to only audit grade A and B recommendations from guidelines
• Recommended best practices from governing bodies (e.g. CFPC verbally recommended narcotic contract after routine audit although it's not in the 2010 guidelines)
• **Agreed upon safe practices by the team**

STEP C: Identify the Target Patient Population

• EMR search
• Notifications from hospital
• Patient surveys
• Collection of this data will have differing timelines depending on method of collection. May need to plan ahead for next audit.
• e.g. significant turn around time needed for patient surveys versus EMR search0

STEP B: Choose a Topic to Review

• Can be suggested by team members
• Primary care trigger tools
• New guidelines/media attention
• For example:
• Admissions
• Electrolyte abnormalities
• Opioid use
• ER visits
• DVTs

STEP A: Creation of the Interdisciplinary Team

• **Benefits of Interdisciplinary Team**
• Different areas of expertise
• Knowledge of our 'system' from different perspectives
• Training future family physicians
• **Current Membership (fluctuates depending on resident availability)**
• RN (ED of the FHT)
• 2 staff physicians
• 2 PGY2s
• 1 PGY1
• Pharmacist
• Research Associate
• **Meets Monthly**

SUNNYBROOK ACADEMIC FAMILY HEALTH TEAM…

• North Toronto community
• 13 MDs (3-7 clinics each per week)
• 6 Registered Nurses
• 0.5 Pharmacist
• 1 Social Worker
• 0.4 Registered Dietician
• 0.5 Care Coordinator
• Occupational Therapist and Nurse Practitioner still to be hired
• 24 Residents (12 PGY1 and 12 PGY2)
• 9500 rostered patients and 9000 unrostered patients