QUALITY IMPROVEMENT TOOLKIT

THE WELLNESS CYCLE OF CARE TOOLKIT

A practical guide to improve care coordination and management of patients with complex care needs as a CQI activity and for PIP QI and CPD purposes

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Artwork: Narelle Urquhart. Wiradjuri woman.
Artwork depicts a strong community, with good support for each other, day or night. One mob.

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Gold Coast Primary Health Network would like to acknowledge and pay respect to the land and the traditional practices of the families of the Yugambeh Language Region of South East Queensland and their Elders past, present and emerging.

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About The Wellness Cycle of Care Toolkit

As part of the Practice Based Population Health Management Program, GCPHN developed a person centred approach, in partnership with general practice, to improve the quality of care for patients with chronic and complex needs – the Wellness Cycle of Care (WCC). The WCC has a seasonal approach that ensures important elements of care are offered to suitable patients over a 12-month period.

The cycle supports practice teams to meet the complex needs of their patients by focusing on different elements of care every three months.

This Toolkit provides a practical guide for general practice teams. It describes how to successfully implement the WCC in a practice as a CQI activity, and for PIP QI and CPD purposes.

Aim of the toolkit

To provide a simple and practical guide for general practices to implement the Wellness Cycle of Care as a CQI activity.

The Toolkit supports general practice teams to:

- successfully implement a Wellness Cycle of Care (WCC)
- make best use of practice data
- document the WCC implementation as a CQI activity
- use the CQI activity for PIP QI and CPD purposes
- make measurable and sustainable improvements in a feasible manner to patient care
- increase their knowledge of CQI principles and practical application

Benefits of using the toolkit

The toolkit provides:

- A structured, easy and quick approach to implement quality improvement activities.
- A step by step guide.
- Suggestions to identify suitable patients using data extraction tools.
- Links to prefilled templates and resources.
- Flexibility: activities can be started at any time of the year, and practice teams decide whether to implement a single improvement intervention, or a bundle of interventions.
- This Toolkit is especially relevant to the Gold Coast context, because it was developed by GCPHN staff, in consultation with the Primary Health Care Improvement Committee.

How to use the toolkit

There are six steps to implement the WCC as a CQI activity

STEP ① **Planning and preparation**

STEP ② **Use data to set goals and identify suitable patient**

STEP ③ **Implement improvement actions**

STEP ④ **Regularly review your CQI activity**

STEP ⑤ **Sustain and maintain improvements**

STEP ⑥ **Document your CQI activity**

Step ① Planning and preparation

1.1 Team meetings

- To meet PIP QI requirements, you must demonstrate that you have undertaken your CQI activity as a team.
- It is important at the beginning of the CQI activity to arrange a practice meeting to agree, plan and prepare for its implementation. If it is not be possible to have the whole team meet, each staff group should be represented. As a minimum, this would include a GP, the practice manager, a member of the administrative team and a practice nurse. In smaller practices, the same individual may have more than one role.
- You should continue to meet regularly to plan and review your CQI activities. It is especially important to meet at the conclusion of the activity and finalize the documentation.
- Meetings can be virtual or in person and can be scheduled at any time that suits the team, i.e. during or outside normal working hours.
- Practical considerations for your meetings:
  o You could add CQI as a standing agenda item on your usual team meetings; or you could set up specific meetings for this purpose.
  o Schedule meetings with advance notice to ensure key team members can attend
  o Examples of practice meetings and templates are available online.
  o Ensure that you have access to CAT4, Primary Sense™ or other practice data during meetings to inform your discussions and to support your planning and review of your CQI activity.
  o Consider using a CQI activity template during meetings to help guide the discussion and to document your plan, progress and learning. There is also a guide to assist completing this.

> **TIP** - *Regular meetings help to maintain momentum and keeps the team on track to successfully complete the CQI activity.*

1.2 Agree CQI roles and responsibilities

- It is important to define and delegate specific roles and responsibilities in the team. Potential roles or different team members are included as an Appendix.
- Consider in your team who has the skills and ability to complete each task. You could ask staff to gauge their confidence out of 10 to complete an allocated task- this can help identify learning needs.
- Ensure all team members have access to Primary Sense™ desktop or Cat Plus Top Bar to allow prompts for care action items
- Identify and meet the training and education requirements of team members to fulfil their CQI role.
- Remember to share your CQI plan (template) with the whole practice team to ensure that everyone is aware of the activity and their roles and responsibilities.

*Training resources for **Primary Sense** and **CAT Plus** are available online.*

1.3 Set realistic timelines

- It is important to specify the specific steps and estimate how long each one will take to complete. It is also important to agree dates in advance, when progress will be reviewed.
- Allow some flexibility with the timelines and expect and plan for delays. Some of the factors to consider when you set your timelines include:
  - Where you are in the cycle of accreditation
  - Staff leave and capacity
  - Seasonal priorities and anticipated workload, i.e. the winter period tends to be particularly busy

Internal factors you control:
Develop a calendar of known periods of specific activity to align with CQI focus to support proactive planning
External factors and factors outside your control:
Ensure disaster management plans and business continuity plans are up to date and all staff are aware of their roles and responsibilities

Step ② Use data to set goals and identify suitable patients

2.1 Current performance and future goals

- Ask the following questions to assess current and future performance using your practice data:
  - What is the current level of performance in the practice?
  - If there is an opportunity to improve performance? If so, by how much? Express your goal or target as a number or percentage.
  - Is your target realistic? It is seldom possible to achieve 100% performance; most practice teams can achieve a 25 to 50% improvement in performance or reduce the gap between their current and desired performance by 25 to 50% with concerted effort.
  - How long will it take to achieve this goal?

- A CQI activity is simply a structured, focused and co-ordinated attempt to close the quality gap between your current, baseline performance and a desired outcome or level of performance in the future.
- Practice teams that set SMART goals are more likely to be successful. The acronym SMART describes some of the desired characteristics of a goal: specific, measurable, achievable, relevant and timed.
- Two examples are provided to illustrate the difference between SMART and non-SMART goals.

SMART goal example
Practice A decides to increase the proportion of influenza vaccination for their vulnerable patients from 40% (current performance) to 80% (goal) over a 12-week period. They calculate that they will need to vaccinate 50 patients to achieve their goal. They will achieve this goal by vaccinating 5 patients a week. This provides them with a small buffer of time. They also agree to review their progress every three weeks.

Non-SMART goal example
Practice B decides to increase the proportion of influenza vaccination for their vulnerable patients. They agree that their GPs and practice nurse will identify patients during their routine work and see how they go in a few weeks.

2.2 Data extraction and analysis tools (Cat Plus/Primary Sense™)

- The two data tools that are available in the Gold Coast are Cat Plus and Primary Sense™. GCPHN subsidises the licences for Gold Coast general practices to access CAT Plus and / or Primary Sense™ data tools at no cost to the practice.
- The quality of your practice data, and whether the data is used to inform improvement, are more important considerations than which tool you use.
- Using a data extraction and analysis tool helps you to use your practice data in a meaningful manner. The main applications of data tools in CQI activities are to:
  - Establish your performance baseline.
  - Compare your performance with the performance of your peers (optional).
  - Identify specific groups of patients – also referred to as samples of patients – who may benefit from being included in a CQI. The best data tools have the capability to generate lists with the names and information of all the patients in your sample.
  - Track your progress towards your goal over the course of the CQI activity.

*TIP - collecting, analysing and sharing aggregated practice data are **PIP QI requirements***

2.3 SELECT A SAMPLE OF PATIENTS

- The data tools provide you with an overview of your practice performance and the characteristics of your practice population. It also enables you to select and focus on a specific group or sample of patients.
- It is important to direct your improvement efforts at those patients who are most likely to benefit from them. The next step is therefore to identify a suitable group (sample) of patients for your WCC CQI activity. Potential patient groups could be:
  - o patients over 70 years with 3 chronic conditions
  - o COPD patients
  - o heart failure patients
  - o patients that are eligible for a care plan or review
  - o patients that have missing items of care
- Feasible samples are typically between 50 and 100 patients. Larger and more ambitious practice teams may opt to increase the size of their sample further. Smaller sample sizes are acceptable if the practice is implementing bundles of interventions, and interventions are particularly intensive.
- Selecting a suitable sample and picking the right sample size can be challenging decisions for many practice teams. Contact your PHN Practice Support Team if you would like to discuss this further.
- GCPHN developed prefilled templates, practical examples and resources that explain how to use data tools to select samples of patients for WCC CQI activities and provide examples of which patients may be particularly suitable for inclusion.

For Cat Plus users the following activities may be relevant

- Identify patients with one or more chronic conditions
- asthma cross tabulation report
- COPD cross tabulation report
- CVD cross tabulation report
- heart failure cross tabulation report
- patients 70-74 with three chronic conditions
- diabetes cross tabulation report

For Primary Sense™ users the following resources may be relevant

- Primary Sense™ users can access CQI templates via the desktop application under the CQI tab. Instructions can be found here)
- Videos on how to use Primary Sense™ and reports can be found here
- Some useful reports in Primary Sense™ for identifying patients for WCC:
  - o health assessments
  - o chronic lung disease and asthma
  - o patients with high complexity (5 & 4)
  - o diabetes mellitus
  - o COVID-19 vulnerable patients

> **TIP - sample** and **sample size** are the number of patients you select for a CQI activity. **Sampling** is the process of selecting suitable patients. **Sampling strategy** is how you choose patients; this is your decision

STEP 3 IMPLEMENT IMPROVEMENT ACTIONS

3.1. AGREE SPECIFIC IMPROVEMENT ACTIONS

- It is important to set a SMART goal and identify a sample of patients. It is equally important to decide what improvement actions or interventions will be required to reach your goal. In other words, what is it that needs to be done for every patient in your sample?
- Decide whether your CQI activity requires a single intervention or multiple interventions.
- Consider creating Top Bar prompts to automatically flag patients in the sample. You may also wish to consider Primary Sense™ prompts to support opportunistic identification of eligible patients.
- Consider patient engagement/experience and activation (communication and feedback). A practical example of this is to add questions to your accreditation survey and offer survey participation to the patients in the CQI sample.

> **TIP -** A **care bundle** is a set or number of interventions that, when used together, synergistically improve patient outcomes.

3.2 EXAMPLES OF IMPROVEMENT ACTIONS IN A WCC CQI ACTIVITY

- Use data to identify patients with one or more missing or overdue items of care, e.g. care plan reviews, immunisations and monitoring of biochemistry markers.
- Develop a 'new patient registration' and/or 'patient details update' form to collect missing information, and to support the relevant seasonal focus tasks.
- Use your practice reminder system to 'flag' patients with missing or outstanding items of care. Whenever possible, reminders should also be added during patient appointments.
- Create or edit care plan (GPMP/TCA) templates to include the seasonal focus tasks (see the Overview of seasonal focus topics section).
- CQI activity examples for Cat 4 users:
  - o Care of patients with multimorbidity
  - o Care of patients with asthma
  - o Care of patients with COPD
  - o Care of patients with cardiovascular disease
  - o Care of patients with heart failure
  - o Care of patients 70-74 with 3 or more chronic conditions
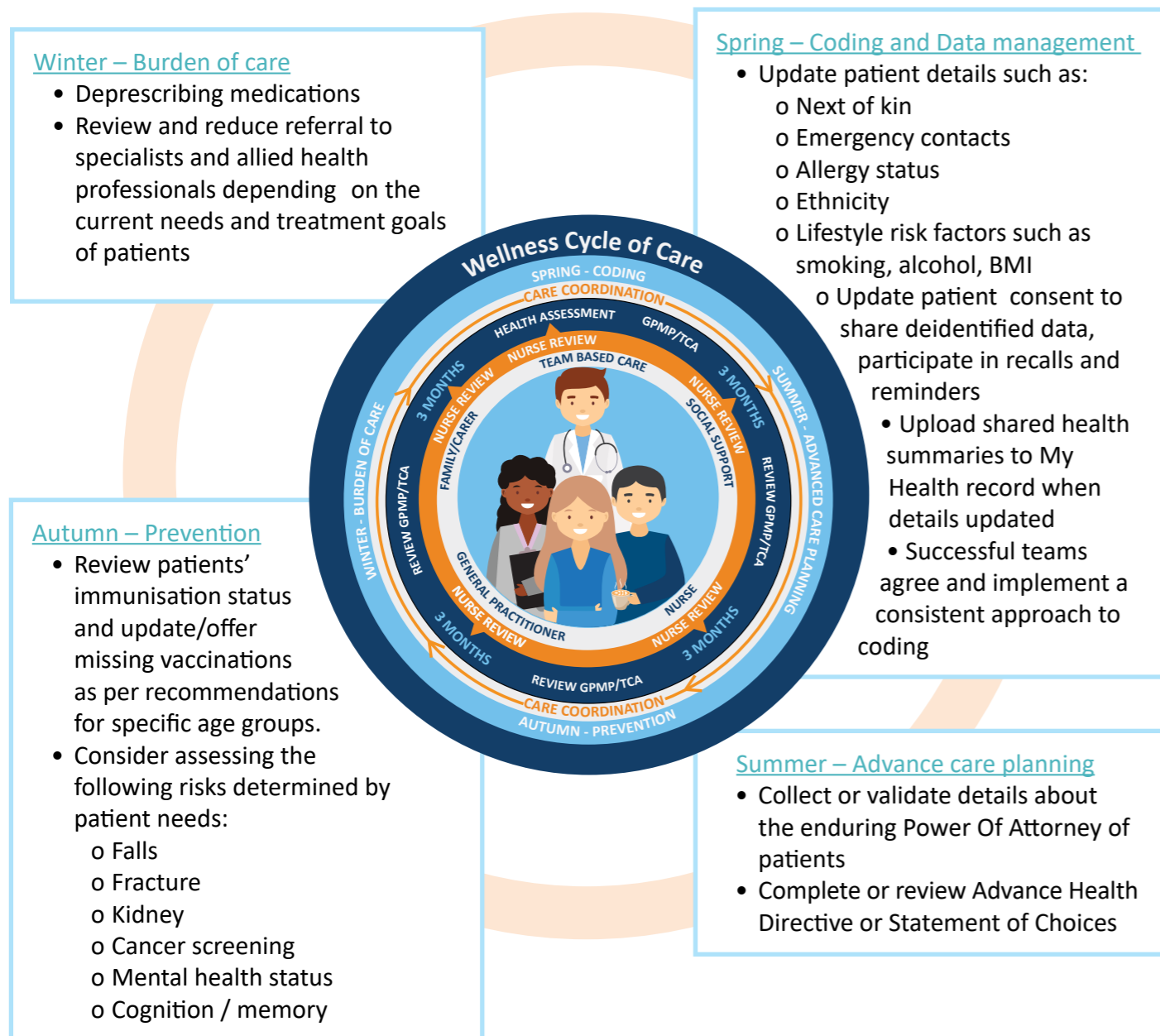 - o Care of patients with diabetes

> **TIP -** choose one season or clinical area to begin the WCC improvement actions. For example, selecting Autumn (Prevention) means the initial focus is to immunise vulnerable group (e.g. patients with multimorbidity including respiratory conditions)

Examples of potential WCC improvement actions

- Remember - patients can be added to the sample throughout the activity; and you can begin the WCC at any point in the year.
- The following list of potential improvement actions is not exhaustive or mandatory and provided as examples. Every practice team should select their own improvement actions and decide how many improvement actions to include.

Examples of improvement actions, grouped by season and topic:

Winter – Burden of care
- Deprescribing medications
- Review and reduce referral to specialists and allied health professionals depending on the current needs and treatment goals of patients

Autumn – Prevention
- Review patients' immunisation status and update/offer missing vaccinations as per recommendations for specific age groups.
- Consider assessing the following risks determined by patient needs:
  - o Falls
  - o Fracture
  - o Kidney
  - o Cancer screening
  - o Mental health status
  - o Cognition / memory

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Spring – Coding and Data management
- Update patient details such as:
  - o Next of kin
  - o Emergency contacts
  - o Allergy status
  - o Ethnicity
  - o Lifestyle risk factors such as smoking, alcohol, BMI
    - o Update patient consent to share deidentified data, participate in recalls and reminders
    - Upload shared health summaries to My Health record when details updated
    - Successful teams agree and implement a consistent approach to coding

Summer – Advance care planning
- Collect or validate details about the enduring Power Of Attorney of patients
- Complete or review Advance Health Directive or Statement of Choices

MBS items to support implementation GP management plan
- Team care arrangements
- GPMP/TCA review x 3 times per year
- Nurse chronic disease item number
- Health assessments for over 75-year olds
- Aboriginal and Torres Strait Islander people's health assessment
- Home medication review
- Mental health treatment plan

TIP - *GPs are required to make sure each patient meets the MBS criteria prior to claiming each item number.*

STEP ④ REGULARLY REVIEW YOUR CQI ACTIVITY

- It is important to monitor your progress regularly.
- During the planning and preparation step you would have identified the timelines and activity review points which should now be implemented.

Practical considerations:
- Set the frequency of CQI progress reviews according to the timeline of your activity. For example, it would be reasonable to check the progress of a 12-week activity every fortnight.
- Use your practice data at each checkpoint (review) to determine your progress towards your goal. Remember to check that the data corresponds with the period being review. Some data extraction tools have a lag between current and past performance.
- Identify the barriers or challenges (if any) to your progress during the reviews. Consider whether and what corrective actions to take.
- The following questions may be helpful to work through during your CQI activity reviews:
  - o Successes- what has worked well so far?
  - o What were the challenges and barriers?
  - o Were you able to overcome the challenges and barriers? If not, what do you need to do next?
  - o If you were able to overcome challenges or barriers, what did you learn, and how can you use that in future?
- During the final review meeting, when you conclude your CQI activity, it is important to consider and document:
  - o What worked well?
  - o What could have worked better?
  - o What were your learning points, learning needs and were learning needs met?
  - o What changes did you make to your practice policies and procedures or systems because of this CQI activity (if any)?

STEP ⑤ SUSTAIN AND MAINTAIN IMPROVEMENTS

- Once performance has been improved, it usually requires regular reviews to maintain the gains.
- It is therefore important to establish a reliable procedure to ensure your improved performance is sustained.
- New processes that are developed need to be documented and communicated to the wider team to ensure ongoing implementation is achieved.
- Agree the intervals at which you will review your performance relating to this activity, decide who will be responsible for the review, and the actions that will be taken if performance falls short of your new standard.
- Consider potential topics for a new CQI activity, and how your experience with this activity can help you to be more efficient and effective.
- Share your CQI activity, its successful outcomes and learning points with everyone in the practice team.

TIP - *Speak with GCPHN if you would like support to showcase your work and share with your Gold Coast peers.*

Step ⑥ Document your CQI activity

- Ensure you document your CQI activity to meet the PIP QI guidelines. Documentation is also a requirement for CPD purposes.
- Documentation must be kept for 6 years for evidence of PIP QI.
- It is especially important to document your baseline and improved performance, and list improvement actions and learning points.
- If your CQI activity has resulted in changes to your policies and procedures, they can be included in the documentation as attachments and evidence for accreditation purposes.
- There is no single 'right way' to document a CQI activity. The types of documents and templates we provide in this Toolkit are intended as examples. Practice teams can modify them to suit their own needs.
- There are three main types of documents that are required for a CQI activity. The fourth type of document is desirable but not essential. All documents are 'living' in the sense that they can be updated throughout the CQI process. The four types are:

① Documents about meetings. A CQI activity requires at least two team meetings – one at the beginning and one at its conclusion. It is strongly recommended to also record your review meetings or 'check points'.

② Documents about data. This type of documents could include reports from Pen CS or Primary Sense with aggregated performance data. It can also include lists of patient names that were sampled. These documents are not routinely shared and should be managed according to data privacy and governance procedures.

③ Documents about the CQI activity. GCPHN developed a CQI activity template that enables practice teams to document any CQI activity from beginning through to its conclusion. The template is suitable for PIP QI and CPD purposes. The template can be found here under "resources")

④ Documents about practice policies and procedures. Practice policies and procedures- changes can be saved as evidence for PIP QI

💡 **Primary Sense™ users:**
*Templates can also be located in Primary Sense™ Desktop. The Guide for these can be found **here***

Additional support and information

PIP QI
- For your WCC CQI activity to be suitable for PIP QI purposes, you must ensure that all the requirements have been met.
  - o See details of the PIP QI requirements on GCPHN webpage
- GCPHN Primary Health Care Improvement team can provide virtual/face to face meetings or access to recorded webinars that will provide:
  - o Resources or training on the use of data extraction tools to assist with identification of a patient sample.
  - o Worked examples of CQI action plans to support implementation and meet PIP QI requirements.
  - o Tips to support CQI implementation.

CPD
- If general practitioners would like to be eligible for CPD points for participating in the WCC CQI activity, further information can be found on RACGP and ACRRM webpages.

💬 Email practicesupport@gcphn.com.au   💬 or phone (07) 5612 5408

Wellness Cycle of Care resources

- Wellness cycle of care
- Practice based population health management program
- Spring – coding
- Summer – advanced care planning
- Autumn – prevention
- Winter – burden of care

Other GCPHN CQI Toolkits

GCPHN has developed a range of toolkits which are available on the GCPHN website.

Appendix

Potential CQI roles and responsibilities of practice team members

General Practitioners
- Provide clinical oversight and governance of the activity

Practice Nurses
- Support the implementation of the activity
- Provide support to generate data reports
- Identify patients to provide opportunistic interventions

Practice Manager
- Maintain up to date patient registers
- Analyse practice data
- Identify and support implementation of training for the CQI and practice team
- Establish and oversee recall/reminder systems
- Monitor progress against CQI activity
- Review and update new systems to ensure sustainable change
- Document policy and procedures and support implementation across the team

Reception Staff
- Order and maintain supplies of resources (eg patient information)
- Add flags or clinician reminders for patients in the activity
- Support the practice team to identify patients eligible for relevant reminders and contact patients either via letter, text message, phone call etc

Medical and Nursing students (if relevant)
- Consider tasks that medical or nursing students could implement during clinical placements to support your CQI activities

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