QUALITY IMPROVEMENT TOOLKIT

THE CONTINUOUS QUALITY IMPROVEMENT (CQI) TOOLKIT

A practical guide to implement a CQI activity for PIP QI and CPD purposes

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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.

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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About the CQI Toolkit

The need to provide the highest possible quality of care to patients, and the role of Continuous Quality Improvement (CQI) as part of this, is well recognised in healthcare. Implementing sustainable and meaningful improvements can improve the quality of care your patients receive, boost staff satisfaction and teamwork, improve patient outcomes and improve business efficiency. CQI includes team-based approaches, reflective practice and data analysis to improve uptake of evidence-based practices.

The Gold Coast PHN have developed several QI Toolkits that each focus on a specific clinical topic, e.g. immunisations and cervical cancer screening. The Toolkits provide practical guides for general practice teams and describe how to successfully implement a CQI activity which may support PIP QI and CPD.

This Toolkit provides a practical guide for general practice teams that would like to select their own clinical topic for a QI improvement activity.

Aim of the toolkit

To provide a simple and practical guide for general practices to implement a CQI activity for any clinical topic they choose.

The Toolkit supports general practice teams to:

- successfully implement a QI activity
- make best use of practice data
- successfully document a CQI activity
- use a CQI activity for PIP QI and CPD purposes
- make measurable and sustainable improvements in a feasible manner to patient care
- increase knowledge of CQI principles and practical application

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TIP - CQI vs QI

CQI is all the work individuals and teams do that helps to assure and improve the quality of the care they deliver.

A QI activity is a portion or discrete part of the CQI work that is documented.

QI activities and CQI have the same aim – to improve care – however QI activities have a second purpose which is to provide acceptable evidence to external stakeholders that a concerted effort has been made to improve care.

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 successfully implement a QI 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 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 clinical information system reports, Primary Sense or other relevant practice data (e.g. Australian Immunisation Register reports) 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 the Primary Sense desktop 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 **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:
  - o Where you are in the cycle of accreditation
  - o Staff leave and capacity
  - o 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:
  - o What is the current level of performance in the practice?
  - o If there is an opportunity to improve performance? If so, by how much? Express your goal or target as a number or percentage.
  - o 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.
  - o 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 allergy status recorded for active patients from 70% (current performance) to 90% (goal) over a 12-week period. They calculate that they will need to record allergy status for 50 patients to achieve their goal. They will achieve this goal by recording allergy status for 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 allergy status recorded. They agree that their GPs and practice nurse will identify patients with allergy status not recorded and update the clinical record during their routine work and see how they go in a few weeks.

2.2 DATA SOURCES, INCLUDING EXTRACTION AND ANALYSIS TOOLS

- Primary Sense is currently the data tool that is provided free of charge by GCPHN for Gold Coast practices. Primary Sense can support health assessment CQI activities in the practice.
- 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:
  - o 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.
  - o Track your progress towards your goal over the course of the CQI activity.
  - o Compare your performance with the performance of your peers (optional).
  - o Establish your performance baseline.

- The quality of your practice data, and whether the data is used to inform improvement, are more important considerations than which tool you use.
- Baseline data is your current performance, baseline data for QI activities can be obtained from multiple sources e.g.:
    - o   Data analytic tools- e.g., Primary Sense
    - o   Clinical information systems using the "search" function/patient registers

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

2.3   SELECT A SAMPLE OF PATIENTS

- Primary Sense provides 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 CQI activity. Potential patient groups could be:
    - o   Patients that are eligible for a care plan or review
    - o   Patients eligible for vaccinations
    - o   Patients eligible for Health Assessments
    - o   Patients with missing accreditation items, e.g. smoking and allergy status
- 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 Primary Healthcare Improvement Team if you would like to discuss this further.
- GCPHN has developed prefilled templates, practical examples and resources that explain how to use data tools to select samples of patients for CQI activities and provide examples of which patients may be particularly suitable for inclusion.

For Primary Sense users the following resources may be relevant:
Primary Sense users can access QI Action Plan example templates on our website here.
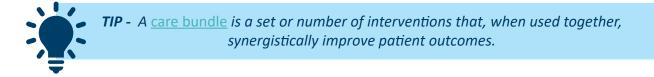Videos on how to use Primary Sense and reports can be found here.

💡 *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.
- You may 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, pathology monitoring, and lifestyle and accreditation indicators
- 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
- CQI activity examples are available on the GCPHN PIP QI webpage.

Examples of potential improvement actions

- Structure and systems: add or update clinical and demographic data in individual electronic medical records.
- Processes: review the recall processes of the practice, and follow-up on outstanding clinical recalls
- Outcomes: offer eligible patients risk assessments and associated, preventative treatments

MBS items to support implementation GP management plan

- Some clinical topics have specific occasions of services with associated MBS items.
- Consider purposefully identifying MBS items and include them if suitable and appropriate in the QI activity implementation plan where relevant. Examples of specific MBS items in focused QI activities are available online for interest.

> **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.

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

- 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.

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 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 meetings and 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 CQI activity, further information can be found on RACGP and ACRRM webpages.

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

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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