Measuring Practice Improvement

Dr Dale Ford

Principal Clinical Advisor

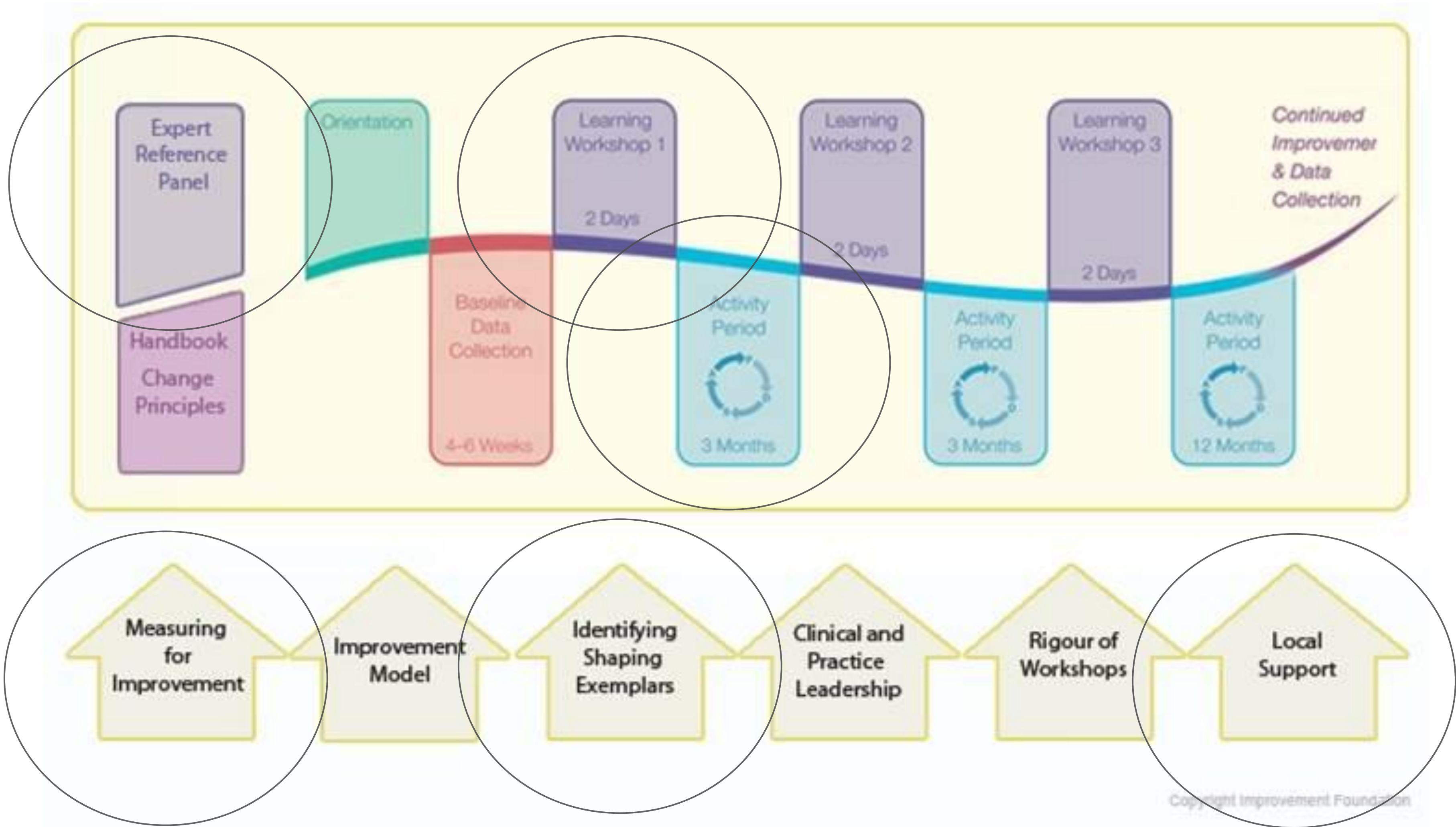
AGPN National Forum

18 November 2011

Learning Objectives

- Review the experience in the Australian Primary Care Collaboratives and the measurements that lead to Practice Improvement
- Cover the limitations of our current systems of measurement.
- Think about how this could be improved
- Consider patient input into overall Quality of Care
- Directions for next year for the Primary Care Collaboratives

Collaborative Methodology



improvement foundation
putting improvement first

The stats

- 6 years
- 13 “Waves”(overlapping)
- 7 topics
- Diabetes Care, Sec Prevention CHD, Access
- COPD, patient self management, diabetes prevention ,Close the gap in Aboriginal health

improvement foundation
putting improvement first

The stats

- 23,900 PDSAs submitted (and available)
- (20 per Practice)
- 93 Divisions (83%)
- 1185 Practices and Health Services
- 262 Support Staff trained
- 400,000 patients with diabetes and other chronic disease (est)

6 Years of Collaborative Experience

- Its the patient
- Consider who the team are and invest in the team
- Spend time agreeing on aims
- Protect some time
- Agree on some measurements which provide guideposts towards the aims
- Use the measurements in decision making, and motivation

6 years of Collaboratives

- Regard the Medical Record as an asset which needs investment
- Understand organisational and change psychology
- Incentives and KPIs are marginal at creating improvement, but culture is central
- Consider the practice population
- Look at this as a long term journey

6 years of Collaboratives

- Consider GP / Primary Care career development
- Its the Practice Systems
- Redesign part of the system
- share
- Don't forget to do small tests
- Get patients involved in the redesign

improvement foundation
putting improvement first

Practice Performance

- Consultation Quality
- Team morale
- Waiting times
- Delays
- Prevention Goal
- Chronic Disease Care and outcomes
- Safety and Error prevention

July 25 2011 Adelaide Advertiser

A WOMAN who was allergic to antibiotics died after being prescribed the wrong medication, an inquest has heard.

Today State Coroner Mark Johns began an inquest into the death of Tracey-Lee Davis.

Ms Davis, 34, died after taking oral antibiotic, Ceclor, which was prescribed by an elderly doctor, Arpad Got, 85, at Salisbury's Europa clinic in July 2009.

She had a history of antibiotic allergies which were stated on Europa's case notes - the clinic she had visited since 1999 when her usual GP was unavailable.

In emotional scenes in the Coroner's Court today, her partner of about 18 years, Shannon Coff, told the Coroner he wanted answers.

"It's so hard for me to take that as a reason, because someone didn't check their computer to realise she was allergic," he said.

Clinical Microsystem Assessment Tool

Instructions: Each of the "success" characteristics (e.g., leadership) is followed by a series of three descriptions. For each characteristic, ***please check*** the description that ***best describes*** your current microsystem and the care it delivers *OR* use a microsystem you are *MOST* familiar with.

	Characteristic and Definition	Descriptions			
Leadership	**1. Leadership:** The role of leaders is to balance setting and reaching collective goals, and to empower individual autonomy and accountability, through building knowledge, respectful action, reviewing and reflecting.	☐ Leaders often tell me how to do my job and leave little room for innovation and autonomy. Overall, they don't foster a positive culture.	☐ Leaders struggle to find the right balance between reaching performance goals and supporting and empowering the staff.	☐ Leaders maintain constancy of purpose, establish clear goals and expectations, and foster a respectful positive culture. Leaders take time to build knowledge, review and reflect, and take action about microsystems and the larger organization.	☐ Can't Rate
Leadership	**2. Organizational Support:** The larger organization looks for ways to support the work of the microsystem and coordinate the hand-offs between microsystems.	☐ The larger organization isn't supportive in a way that provides recognition, information, and resources to enhance my work.	☐ The larger organization is inconsistent and unpredictable in providing the recognition, information and resources needed to enhance my work.	☐ The larger organization provides recognition, information, and resources that enhance my work and makes it easier for me to meet the needs of patients.	☐ Can't Rate
Staff	**3. Staff Focus:** There is selective hiring of the right kind of people. The orientation process is designed to fully integrate new staff into culture and work roles. Expectations of staff are high regarding performance, continuing education, professional growth, and networking.	☐ I am not made to feel like a valued member of the microsystem. My orientation was incomplete. My continuing education and professional growth needs are not being met.	☐ I feel like I am a valued member of the microsystem, but I don't think the microsystem is doing all that it could to support education and training of staff, workload, and professional growth.	☐ I am a valued member of the microsystem and what I say matters. This is evident through staffing, education and training, workload, and professional growth.	☐ Can't Rate
Staff	**4. Education and Training:** All clinical microsystems have responsibility for the ongoing education and training of staff and for aligning daily work roles with training competencies. Academic clinical microsystems have the additional responsibility of training students.	☐ Training is accomplished in disciplinary silos, e.g., nurses train nurses, physicians train residents, etc. The educational efforts are not aligned with the flow of patient care, so that education becomes an "add-on" to what we do.	☐ We recognize that our training could be different to reflect the needs of our microsystem, but we haven't made many changes yet. Some continuing education is available to everyone.	☐ There is a team approach to training, whether we are are training staff, nurses or students. Education and patient care are integrated into the flow of work in a way that benefits both from the available resources. Continuing education for all staff is recognized as vital to our continued success.	☐ Can't Rate
Staff	**5. Interdependence:** The interaction of staff is characterized by trust, collaboration, willingness to help each other, appreciation of complementary roles, respect and recognition that all contribute individually to a shared purpose.	☐ I work independently and I am responsible for my own part of the work. There is a lack of collaboration and a lack of appreciation for the importance of complementary roles.	☐ The care approach is interdisciplinary, but we are not always able to work together as an effective team.	☐ Care is provided by a interdisciplinary team characterized by trust, collaboration, appreciation of complementary roles, and a recognition that all contribute individually to a shared purpose.	☐ Can't Rate
Patients	**6. Patient Focus:** The primary concern is to meet all patient needs — caring, listening, educating, and responding to special requests, innovating to meet patient needs, and smooth service flow.	☐ Most of us, including our patients, would agree that we do not always provide patient centered care. We are not always clear about what patients want and need.	☐ We are actively working to provide patient centered care and we are making progress toward more effectively and consistently learning about and meeting patient needs.	☐ We are effective in learning about and meeting patient needs — caring, listening, educating, and responding to special requests, and smooth service flow.	☐ Can't Rate

© Julie K. Johnson, MSPH, PhD

Please continue on Side B

Clinical Microsystem Assessment Tool

- CONTINUED -

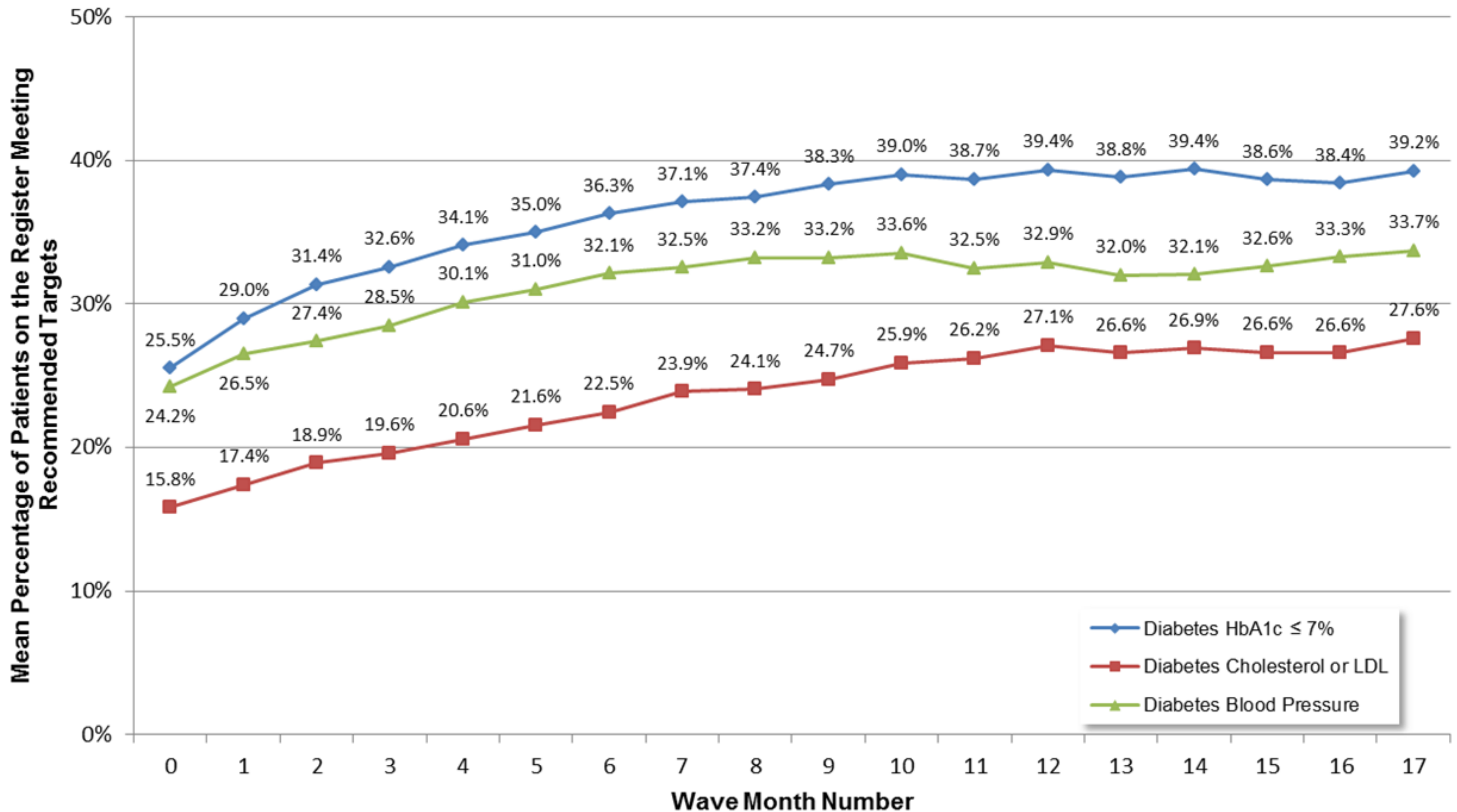
	Characteristic and Definition		Descriptions			
Patients	**7. Community and Market Focus:** The microsystem is a resource for the community; the community is a resource to the microsystem; the microsystem establishes excellent and innovative relationships with the community.		☐ We focus on the patients who come to our unit. We haven't implemented any outreach programs in our community. Patients and their families often make their own connections to the community resources they need.	☐ We have tried a few outreach programs and have had some success, but it is not the norm for us to go out into the community or actively connect patients to the community resources that are available to them.	☐ We are doing everything we can to understand our community. We actively employ resources to help us work with the community. We add to the community and we draw on resources from the community to meet patient needs.	☐ Can't Rate
Performance	**8. Performance Results:** Performance focuses on patient outcomes, avoidable costs, streamlining delivery, using data feedback, promoting positive competition, and frank discussions about performance.		☐ We don't routinely collect data on the process or outcomes of the care we provide.	☐ We often collect data on the outcomes of the care we provide and on some processes of care.	☐ Outcomes (clinical, satisfaction, financial, technical, safety) are routinely measured, we feed data back to staff, and we make changes based on data.	☐ Can't Rate
Performance	**9. Process Improvement:** An atmosphere for learning and redesign is supported by the continuous monitoring of care, use of benchmarking, frequent tests of change, and a staff that has been empowered to innovate.		☐ The resources required (in the form of training, financial support, and time) are rarely available to support improvement work. Any improvement activities we do are in addition to our daily work.	☐ Some resources are available to support improvement work, but we don't use them as often as we could. Change ideas are implemented without much discipline.	☐ There are ample resources to support continual improvement work. Studying, measuring and improving care in a scientific way are essential parts of our daily work.	☐ Can't Rate
Information and Information Technology	**10. Information and Information Technology:** Information is THE connector - staff to patients, staff to staff, needs with actions to meet needs. Technology facilitates effective communication and multiple formal and informal channels are used to keep everyone informed all the time, listen to everyone's ideas, and ensure that everyone is connected on important topics. *Given the complexity of information and the use of technology in the microsystem, assess your microsystem on the following three characteristics: (1) integration of information with patients, (2) integration of information with providers and staff, and (3) integration of information with technology.*	A. Integration of Information with Patients	☐ Patients have access to some standard information that is available to all patients.	☐ Patients have access to standard information that is available to all patients. We've started to think about how to improve the information they are given to better meet their needs.	☐ Patients have a variety of ways to get the information they need and it can be customized to meet their individual learning styles. We routinely ask patients for feedback about how to improve the information we give them.	☐ Can't Rate
		B. Integration of Information with Providers and Staff	☐ I am always tracking down the information I need to do my work.	☐ Most of the time I have the information I need, but sometimes essential information is missing and I have to track it down.	☐ The information I need to do my work is available when I need it.	☐ Can't Rate
		C. Integration of Information with Technology	☐ The technology I need to facilitate and enhance my work is either not available to me or it is available but not effective. The technology we currently have does not make my job easier.	☐ I have access to technology that will enhance my work, but it is not easy to use and seems to be cumbersome and time consuming.	☐ Technology facilitates a smooth linkage between information and patient care by providing timely, effective access to a rich information environment. The information environment has been designed to support the work of the clinical unit.	☐ Can't Rate

© Julie K. Johnson, MSPH, PhD

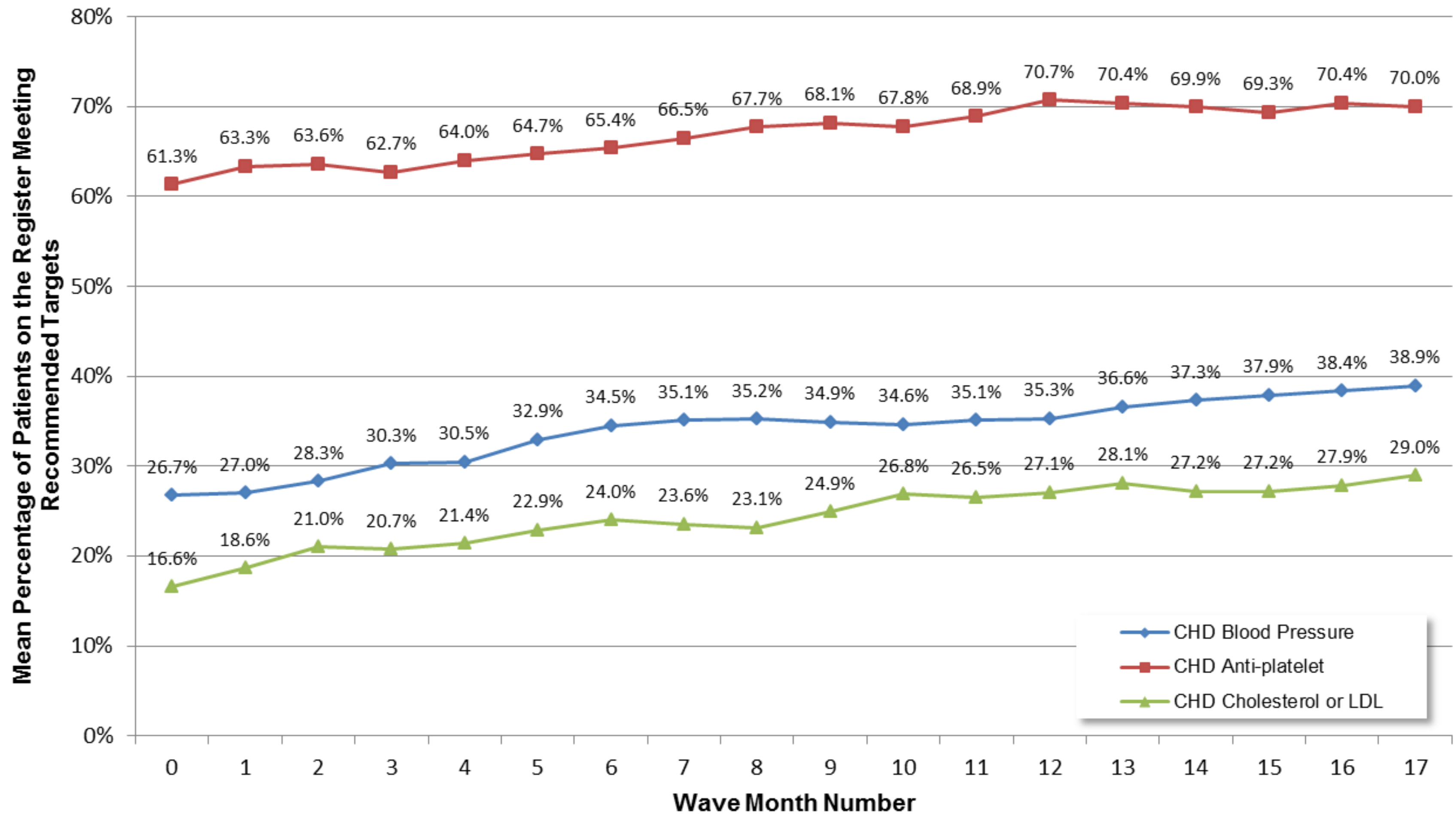
Overall Care

- How many prescription medications are you taking more than three days a week?
- In the past year have you been in the hospital or visited an emergency room because of a chronic problem?
- Do you have one person you think of as your personal doctor or nurse?
- Are there things about your medical care that could be better?
- How easy is it for you to get medical care when you need it?
- How confident are you that you can control and manage most of your health problems?
- When you visit your doctor's practice, how often is it well organized, efficient and not a waste of your time?
- When you think about your health care, how much do you agree or disagree with this statement: “I receive exactly what I want and need exactly when and how I want and need it
- Gordon Moore - “Ideal Medical Practice”

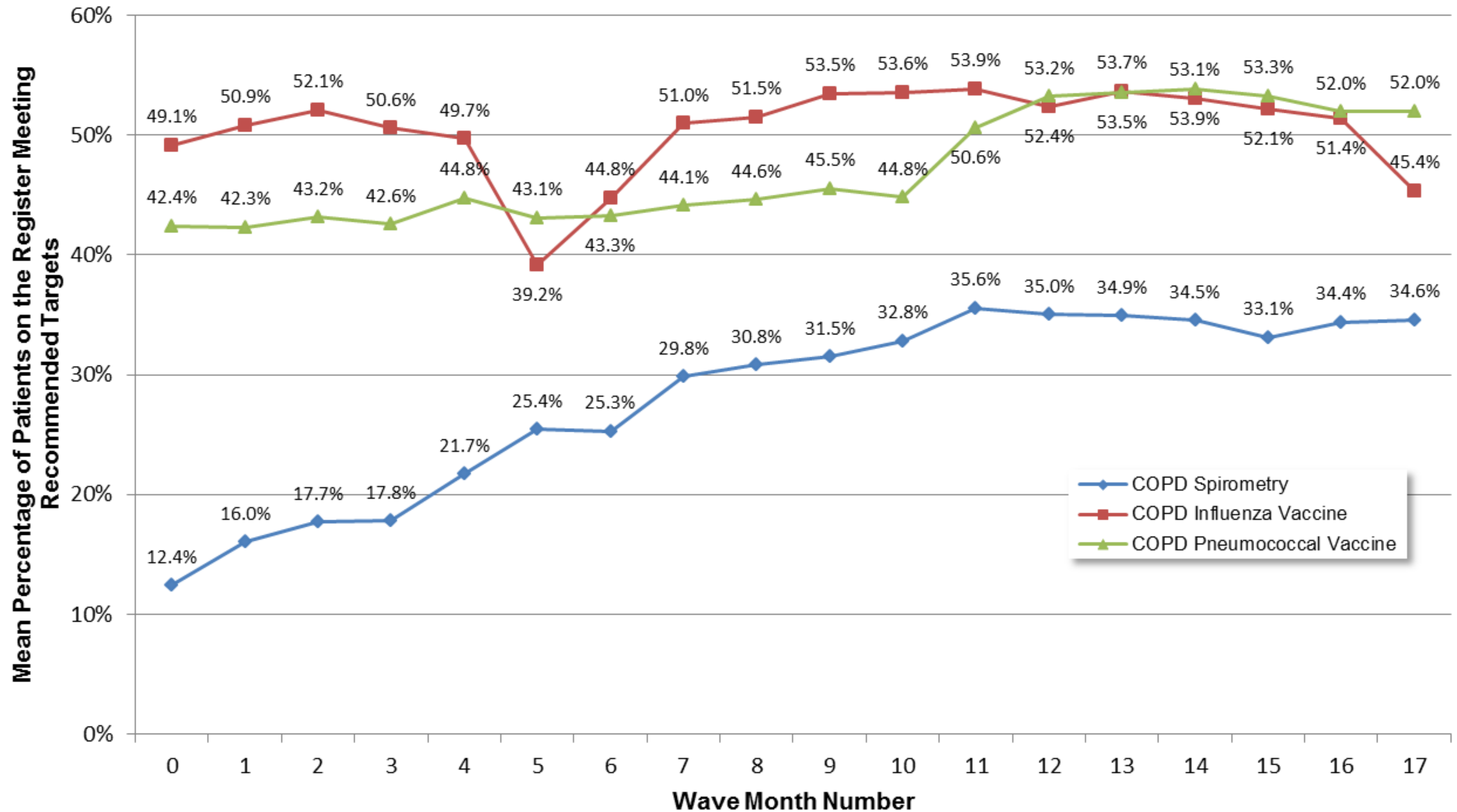
improvement foundation
putting improvement first



improvement foundation
putting improvement first



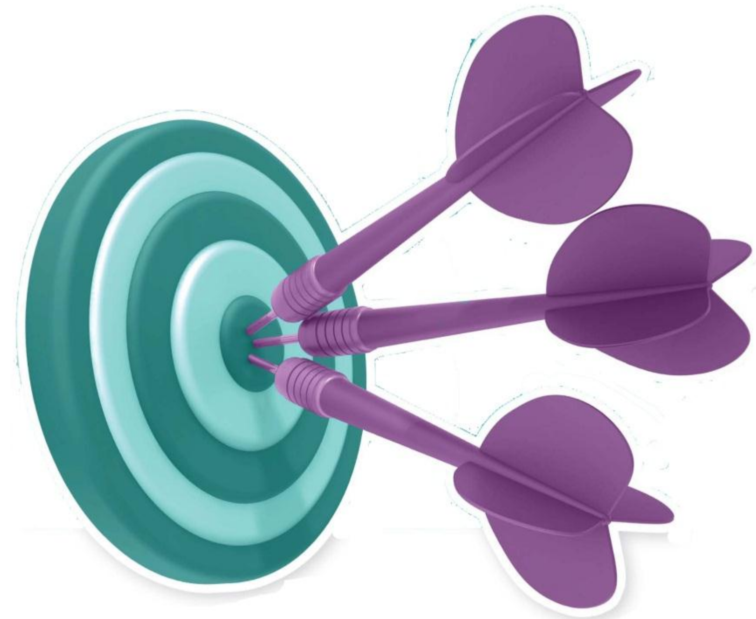
improvement foundation
putting improvement first



Target better patient outcomes

Through Collaborative Programs, IF helps general practitioners (GPs) and primary health care providers work together to:

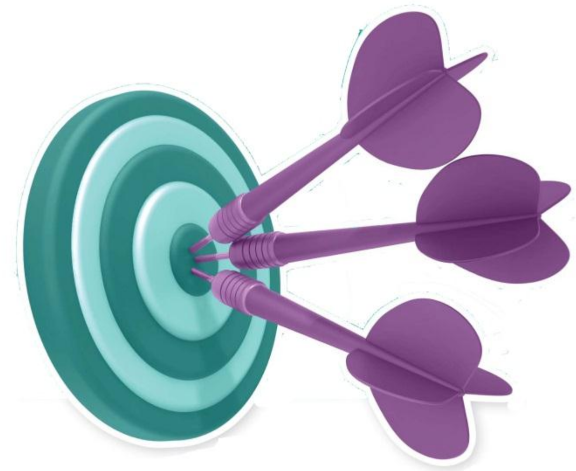
- Improve patient clinical outcomes
- Reduce lifestyle risk factors
- Help maintain good health for those with chronic and complex conditions
- Promote a culture of quality improvement in primary health care.



Target better patient outcomes

Collaborative participants have free access to the IF web portal. The web portal allows users to:

- Collect upwards of 100 measures related to chronic disease
- Benchmark quality improvement progress against peers
- Any Practice can have free access and feedback on performance
- + Pen Computer Systems Clinical Audit Tool (CAT) and Primary Care Sidebar for extraction of measures to the IF web portal.



Visit the IF stand for more information and to play the target game for your chance to win a prize!