

VASCULAR HEALTH QI TOOLKIT

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Quality Improvement is...

“the combined and unceasing efforts of everyone - - to make the changes that will lead to better patient outcomes (health), better system performance (care) and better professional development (learning)”

Adapted from Batalden and Davidoff, 2007

1. Determining Readiness for Change

It is important to assess the readiness of teams planning to engage in quality improvement (QI) activities. The assessment should include assessing the QI capacity of the team in addition to the measurement capacity as measurement is a critical feature of improvement activity. Capacity includes the skill and knowledge ability of the team in general in relation to quality improvement methodology and tool application and may also include the experience colleagues have with prior QI projects and any specific training or experience that can augment a new experience. Determining readiness for change does not imply that a less-ready team will forego an opportunity to improve but directs the attention of the team to potential areas of strength and/or weakness that when acknowledged ensures a successful QI journey.

Some questions for reflection related to assessment of capacity include ¹:

Reason for participation

What is your reason for focusing on this area in Primary Care?

What do you hope to accomplish as a team?

Has the team made this decision?

Organizational support

How will my team be affected by the focus on QI?

To what extent is the team aware of the plan for this QI focus/project? Have they had access to a project description or charter?

To what extent is the team supportive of this project/QI focus? How will this support be demonstrated?

Improvement team structure & function

Is the project team representative of the organization team members who participate in the respective process?

Is there specific training that is required before we begin the project?

Is there time allotted to meetings and related project work?

Measurement

Does the project team have experience using data/information to make change?

Is access to data/information available to the team through the support of a team member, e.g. data manager; quality improvement decision support specialist?

Has the team explored/have experience with analyzing and interpreting various sources of data, e.g. observational, EMR/HER extract, administrative data sets, survey data, samples of data from charts, etc.?

2. Identifying Priorities for Primary Care Quality Improvement in Vascular Health

Identifying vascular health opportunities means focusing at the practice or microsystem level. Exploring practice or team-based opportunities for improvement using the Clinical Microsystems 5 Ps framework guarantees opportunities that are contextually aligned to the practice population and therefore patient centered and relevant for the interprofessional care team.

It is also helpful to pay attention to scope and scale. Scope refers to the number of opportunities that are identified and explored while scale refers to the level of detail that is inherent in the QI activity or plan for each opportunity. The right scale and scope become enablers to successful QI initiatives for teams and a discussion about these factors is as important as a team discussion about readiness for change.

1. Practice – Microsystem – the 5 Ps ²

- Purpose
 - Identify known performance gaps related to screening processes; failure to meet patient need in relation to healthcare planning.
- Professionals
 - Are all team members working to full scope of practice as they define it?
 - Is the team truly collaborative? Are there efficiencies in team function that can support vascular health goals?
- Processes
 - Numerous examples such as access to care issues; screening and diagnosis processes; healthcare planning/education or self-management processes
 - Problem prone processes that team members identify
- Patterns
 - Aspect of care occurring frequently and/or involving large numbers of patients, e.g. patients at risk of vascular disease who are lost to follow-up or receive care from a variety of specialists, e.g. renal disease
- Patients
 - Age distribution
 - Numbers
 - Disease and/or risk indicators
 - Most frequent diagnoses/conditions, referrals related to vascular health
 - Most complex care needs profile of patients, e.g. End Stage Renal Disease (ESRD), Diabetes, Stroke history

	Identified Opportunities for Improvement
Purpose: <ul style="list-style-type: none"> ▪ Identify known performance gaps related to screening processes; failure to meet patient need in relation to healthcare planning. 	Examples:
Professionals: <ul style="list-style-type: none"> ▪ Are all team members working to full scope of practice as they define it? ▪ Is the team truly collaborative? Are there efficiencies in team function that can support vascular health goals? 	Examples:

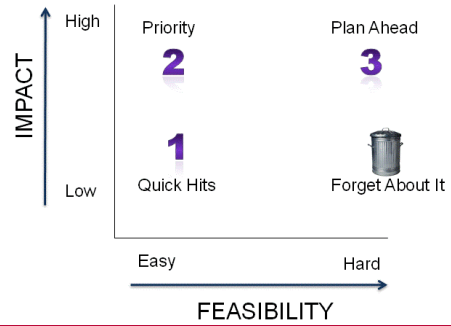
<p>Processes:</p> <ul style="list-style-type: none"> ▪ Numerous examples such as access to care issues; screening and diagnosis processes; healthcare planning/education or self-management processes ▪ Problem prone processes that team members identify 	<p>Examples:</p>
<p>Patterns:</p> <ul style="list-style-type: none"> ▪ Aspect of care occurring frequently and/or involving large numbers of patients, e.g. patients at risk of vascular disease who are lost to follow-up or receive care from a variety of specialists, e.g. renal disease 	<p>Examples:</p>
<p>Patients and Community</p> <ul style="list-style-type: none"> ▪ Age distribution ▪ Numbers ▪ Disease and/or risk indicators ▪ Most frequent diagnoses/conditions, referrals related to vascular health ▪ Most complex care needs profile of patients, e.g. ESRD, Diabetes, Stroke history 	<p>Examples:</p>

2. Prioritizing QI Opportunities

Focusing on the feasibility and perceived impact of quality improvement activity is an important conversation for teams. Time is a critical element for teams and any effort towards change that drives improvement needs to fuel learning about the systems and processes that support vascular healthcare for patients. A two by two matrix facilitates the discussion related to feasibility and impact and the selection of which projects and in what order.

Impact and Feasibility Matrix

Map the identified vascular health opportunities on the Impact/Feasibility grid. Then prioritize and select the QI topic(s) collaboratively as an interprofessional team.



3. Forming a Team & Assessing Stakeholder Support

Forming a Team:

Identify team members for your QI initiative. Think about all the team members that touch the process(es) that are related to the improvement work and the role they play. It is also important to consider those team members that can influence your QI work, as well as those who may be affected by the changes you may make in your improvement efforts.

QI PROJECT	Your QI Team	
	Name:	Role

A stakeholder is any person or group that can claim the project's attention, resources or its deliverables, or is affected by its output.

- Stakeholders may or may not be part of your organization.
- Your QI project team will be a subset of your stakeholders.



Stakeholder Assessment Tool:

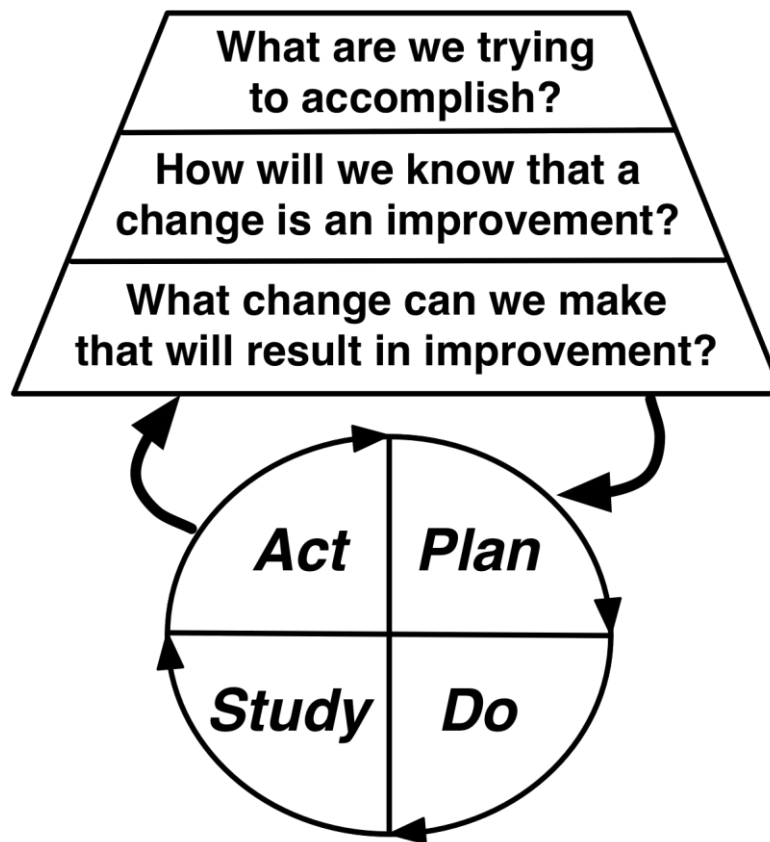
1. Enter name and role of stakeholder.
2. Rank from 1 (low) to 5 (high) each individual on all characteristics.
 - Power and Influence
 - Support and Commitment
 - Skill Set or Expertise
 - Need for/Vested Interest in
 - Stage of Change, or Preparedness to Participate
3. Determine who must be further engaged in the QI initiative.
4. Determine who can assist in this effort.

STAKEHOLDER ANALYSIS

Name	Role	Need for / Vested Interest in Skill Set or Expertise Support and Commitment Power and Influence	Stage of Change						

3. Implementation of Quality Improvement Initiatives in Vascular Health

The Model for Improvement is a common quality improvement methodology. The methodology asks 3 questions and includes an iterative, test of change cycle known as the PDSA - plan, do, study, act.



*Langley, Nolan, Nolan, Norman, Provost;
The Improvement Guide, 1996.*

Setting the Aim - the aim statement answers the question "what are we trying to accomplish" and is often framed as a SMART goal.

- S – Specific
- M – Measureable
- A – Achievable
- R – Realistic and Relevant
- T – Time bound

Examples of Vascular Health related aim statements include:

- Improve screening rates for End Stage Renal Disease (ESRD) with patients diagnosed with diabetes by 50% by March 31, 2018.
- Improve the healthcare journey experience of patients with vascular health diagnoses by December 31, 2018.

Establishing measures – developing and collecting a family of measures including outcome, process, and balance measures answers the question “how will we know that a change is an improvement?”

Outcome measures capture what is important to the patient and reflects how the overall system is working.

Process measures reflect how steps in the system are performing.

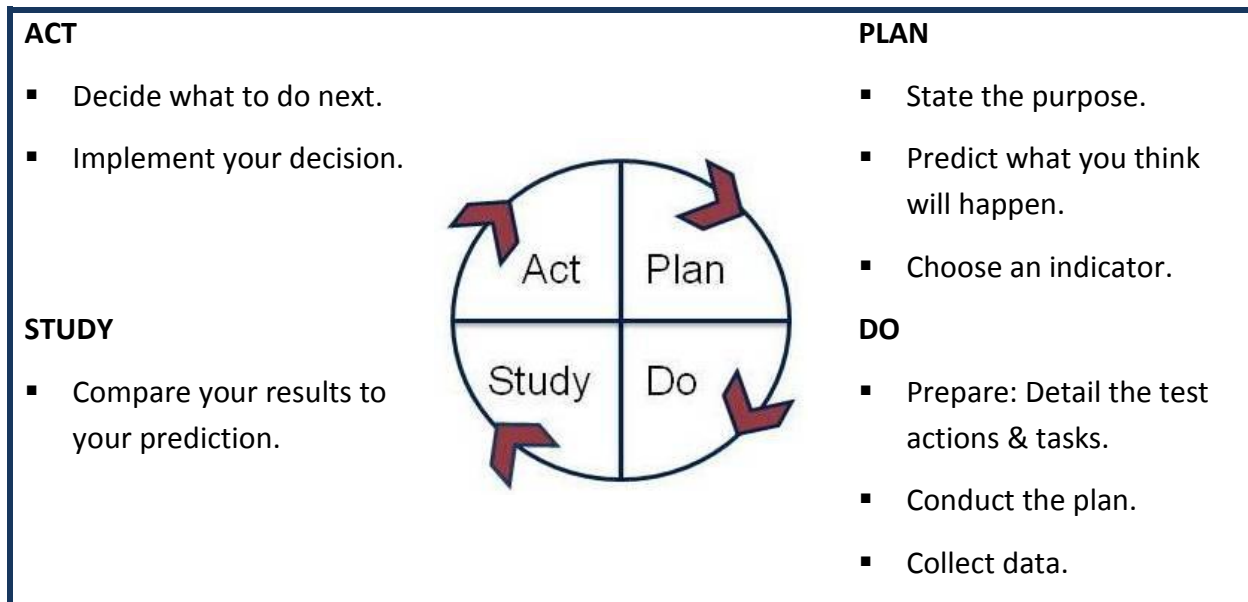
Balance measures look at a system from different directions/dimensions. What might happen to the system as we improve process and outcome measures?

Examples of Vascular Health related measures include:

- % of patients diagnosed with diabetes who are screened for estimated glomerular filtration rate - eGFR (PROCESS MEASURE)
- % of patients with a vascular health diagnosis who have completed a patient experience survey (PROCESS MEASURE)
- Number of patients who have successfully ceased smoking (OUTCOME MEASURE)
- % of patients with hypertension with blood pressure within evidence-based guideline target (OUTCOME MEASURE)
- Time required in hours to facilitate integrated care between primary care and specialty services for patients diagnosed with end-stage renal disease. (BALANCE MEASURE)

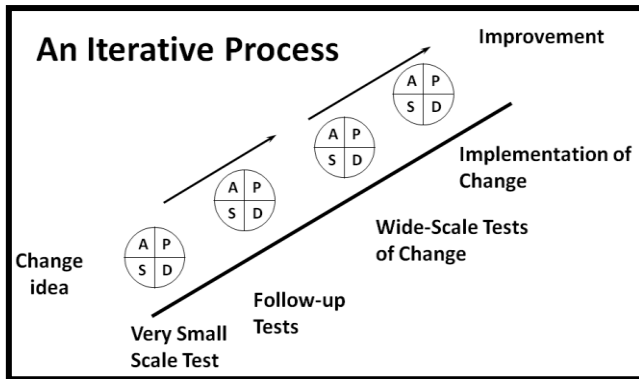
Testing change ideas – Small, iterative tests of change using the PDSA cycle provide the answer to the question “what change we make will result in improvement”.

Teams can brainstorm or share and network to develop ideas to test. Change ideas often relate to process improvements within care delivery that if successful will improve outcomes. This visual highlights the actions in each of the four steps of the PDSA cycle.



Examples of change ideas include:

- **Testing group visits** as a process to improve ESRD screening rates for patients diagnosed with diabetes
- **Updating the smoking status section** of the EMR/HER/patient chart with each visit **including an action plan** based on result.
- **Survey 10 patients per week** with vascular health diagnoses for their feedback on experience related to care transitions.



Documentation of tests of change ideas is important for communication within teams and also to support spread of impactful changes once they are ready for implementation. An example of a PDSA worksheet is included here: *Adapted from IDEAS, May, 2014*

PROJECT TITLE: _____

Cycle #: _____

Date: _____

Is this cycle used to test, implement or spread a change?

Plan:
Describe the following: objective of the cycle and details such as who, what, when, where, how the change will be tested or implemented

Data to be collected – who, what, when, where, how, and why it is important

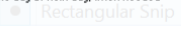
Predictions & questions

Do:
Carry out the test; document what happened, including problems and unexpected observations

Study:
Complete the collection and analysis of data. Compare the data to your predictions and summarize the learning

Act:
What changes need to be made? Plan for the next cycle

Aligning QI activities with Quality Improvement Plans (QIP)

AIM		MEASURE				CHANGE			
Quality dimension	Objective	Measure/Indicator	Current performance	Target for 2013/14	Target justification	Planned improvement initiatives (Change Ideas)	process measures	change ideas (2013/14)	Comments
Access	Access to primary care, when needed	Timely access to primary care, when needed: Percent of patients/clients able to see a doctor or nurse practitioner on the same day or next day, when needed 				Consider selecting initiatives such as: 1) Implement Advanced access principles 2) ...N)	Consider selecting process indicators such as: Time to third next available appointment		
		<i>Space for additional indicators</i>							
Integrated	Timely access to primary care appointments post-discharge through coordination with hospital(s).	Primary care visits post discharge: Percent of patients/clients who see their primary care provider within 7 days after discharge from hospital for selected conditions				1) 2) ...N)			
		<i>Space for additional indicators</i>							
Patient-centr	Receiving and utilizing feedback regarding patient/client experience with the primary health care organization.	Patient/client engagement: How often are you involved to the extent that you want to be in decisions related to your care?				1) 2) ...N)			
		Opportunity to ask questions: When you see your doctor or nurse practitioner, how often do they or someone else in the office encourage you to ask questions? Having enough time: When you see your doctor or nurse practitioner, how often do they or someone else in the office spend enough time with you?							
<i>Space for additional indicators</i>									

<http://www.hqontario.ca/Portals/0/Documents/qi/pc-qip-webinar-introduction.pdf>

System-wide quality improvement is the vision of the Ministry of Health and Long-term Care. Quality Improvement Plans are an important enabler for that goal. ³ Teams have an opportunity to highlight vascular health quality improvement work via their annual QIP.

The QIP is divided into sections that align to the Model for Improvement 3-questions:

What are we trying to accomplish?

AIM – Quality Dimension – Objective

How will we know that a change is an improvement?

MEASURES – Measure/Indicator – Current performance – Target 20XX-XX – Target justification

What change can we make that will result in an improvement?

CHANGE – Planned improvement initiatives – Process measures - Change ideas - Comments

4. Focusing on Sustainability & Spread of Vascular Health Improvements

SPREAD is the degree to which learning, best practice or improvement is adopted across an organization/system/region by those who would benefit from the change. Spread requires planning that ideally should occur at the beginning of quality improvement activity. The following questions can assist your team to ensure that the appropriate infrastructure and considerations have been made:

How will the change(s) be most effectively spread in the organization's context?
Does the spread of the change(s) have the necessary resources & infrastructure?
What is the organization attempting to spread?
Have individuals been identified to lead the spread of the improvement?
Have a set of measurements been created for the spread project?
Has a communication plan been developed prior to spreading a change?

SUSTAINABILITY occurs ‘When new ways of working & the improved outcomes become the norm’ or when you look at a process or outcomes in a year and observe that it has not reverted to the former way of doing things. Sustainability is often known in QI work as ‘holding the gains’ that have been achieved through QI activities.

From the work of the NHS in the UK, a focus on sustainability informed a series of questions that teams can use to reflect on the changes in their practices with respect to the potential of sustainability.

REFLECT ON THE CHANGES IN YOUR PRACTICE:	✓
Will front line staff be involved in development of the improvement project?	
Will the organization’s leadership team been actively engaged in the project?	
Is the improvement opportunity closely related to the priorities/strategy of the organization?	
Will the change make the work easier?	
How different might proposed processes be from the usual way of doing work?	
Might proposed process changes be able to adapt to internal or external changes in the environment?	
Will there be a monitoring system to measure the future performance of the improvement?	
Will the improvement project have the necessary resources & infrastructure to sustain the performance improvement beyond the lifespan of the project?	

5. Resources, Tools & References

¹ Interview Guide – Readiness & Capacity Assessment for Advanced Access in Primary Care, Health Quality Ontario. June, 2012.

² <http://clinicalmicrosystem.org/materials/workbooks/>

³ http://www.health.gov.on.ca/en/pro/programs/ecfa/legislation/quality_improve.aspx

Sections 2, 3 & 4 – Identifying Priorities for Primary Care QI; Implementation of QI Initiatives & Focusing on Sustainability & Spread of Vascular Health Improvements are attributed and adapted from the University of Toronto, DFCM Family Medicine Resident QI Curriculum, 2013.