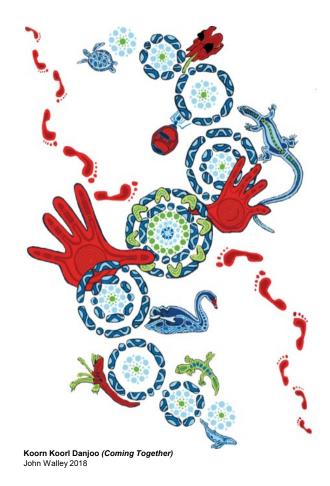


# RHW Conference Practice Management Workshop





WA Primary Health Alliance acknowledges and pays respect to the Traditional Owners and Elders of this country and recognises the significant importance of their cultural heritage, values and beliefs and how these contribute to the positive health and wellbeing of the whole community.





# Introductions

WA Primary Health Alliance

#### Better health, together

As part of the Australian Government's Primary Health Network initiative, WA Primary Health Alliance operate across the state, improving access to healthcare closer to home for those at risk of poor health outcomes

**Todays Presenters:** 

Simon Benge Sam McMillan Sharon G<u>oo</u>d Team Leader, Digital Health Manager, Primary Care Transformation Primary Care Navigator

# **Practice Assist**

- Practice Assist aims to support GPs, general practice staff and other primary health care providers working on the frontline across Western Australia
- The Practice Assist Help Desk is your one-stop-shop for trouble-shooting your practice management queries and challenges. The Help Desk is manned Monday to Friday, 8am to 5pm, by staff who have extensive experience in establishing, running and building great general practices

Our friendly Help Desk staff may be able to answer your query then and there over the phone or email, point you in the right direction to find the resources you need in our Resource Library or can arrange for a Practice Assist staff member to visit your practice for more extensive support

You can contact the Practice Assist Help Desk via phone 1800 2 ASSIST (1800 2 277 478) or by email practiceassist@wapha.org.au





Practice Management Workshop Program Outline

0900 - Intro and acknowledgement

0915 – Digital Health

1015 - Quality Improvement

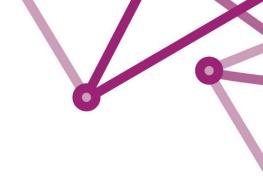
**1030 – Morning Tea Break** 

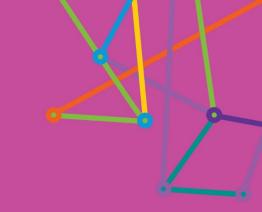
1100 – QI Activity

1115 - COVID Vaccine Information Navigation

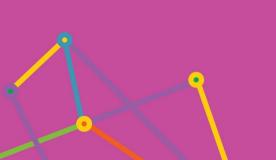
1145 – Q&A

1200 - Closing summary





# Quality Improvement



#### What is Quality Improvement?

- Quality (noun): how good or <u>bad</u> something is
- Improvement (noun): an <u>occasion</u> when something gets <u>better</u> or when you make it <u>better</u>

#### **Quality improvement in general practice**

Quality improvement is foundational to contemporary high performing primary care. It includes team based approaches, peer review, reflective practice, best practice, and data analysis. It can improve uptake of evidence-based practices for better patient outcomes, better professional development, and better system performance.

The Royal Australian College of General Practitioners defines continuous quality improvement as an ongoing activity undertaken within a general practice with the primary purpose to monitor, evaluate or improve the quality of healthcare delivered to practice patients.



https://www1.health.gov.au/internet/main/publishing.nsf/Content/46506AF50A4824B6CA25848600113FFF/\$File/Practic e-Incentives- Program-Quality-Improvement-Incentive-Guidelines.pdf

# Why do Quality Improvement Activities?

#### Why this is important

Making quality improvements to the practice's structures, systems and clinical care that are based on the practice's information and data will lead to improvements in patient safety and care.

Practice team engagement with the practice's safety and quality systems is essential to help the practice implement its quality improvement activities.

# QI Standard 1

# Quality improvement

Our practice undertakes quality improvement activities to support the quality of care provided to our patients. The Standards encourage quality improvement so that you can identify opportunities to make changes that will improve patient safety and care.

Quality improvement can be achieved in a number of ways, one of which is the regular review of your practice's structures, systems and clinical care.

Improvement needs to be based on the practice's own information and data, which can be collected in a variety of ways, including feedback from patients and the practice's team, and audits of clinical data.

All members of the practice team need to have opportunities to contribute to the practice's quality improvement activities.



#### Practice Incentive Program - QI

- The Practice Incentives Program (PIP) Quality Improvement (QI) Incentive is a payment to general practices that participate in quality improvement to improve patient outcomes and deliver best practice care. The PIP QI Incentive rewards general practices for undertaking continuous quality improvement activities in partnership with their local Primary Health Network (PHN).
- The ten Improvement Measures do not assess an individual general practice or General Practitioner performance. They represent key health priority areas, including those chronic diseases which reflect the highest area of disease burden for the Australian population, and their associated risk factors.





#### PIP QI

The Practice Incentives Program encourages general practices to continue providing quality care, enahncing capacity, and improving access and health outcomes for patients.

#### Who in the practice is responsible for QI?

• Team Based Approach

Criterion QI1.1 - Quality improvement activities

#### Indicators

QI1.1 A Our practice has at least one team member who has the primary responsibility for leading our quality improvement systems and processes.

QI1.1>B Our practice team internally shares information about quality improvement and patient safety.

QI1.1 C Our practice seeks feedback from the team about our quality improvement systems and the performance of these systems.

QI1.1>D Our practice team can describe areas of our practice that we have improved in the past three years.

Who is leading change in your practice?

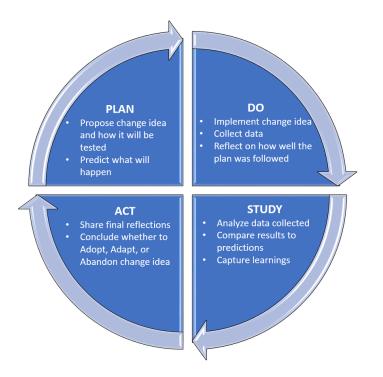
Who is your team?

Feedback – how do you do this in your team

Who's responsible for recording and sustaining the change?

#### How do you do Quality Improvement?

- Plan Identify an improvement, Internal Meetings, Data Reports, Staff Suggestions, Patient feedback. Set Improvement goal, if I make X change then Y will improve.
- **Do** Carry out the plan, gather data, document any problems and observations.
- **Study** Analyse the data, compare to predictions, capture all learnings
- Act Share with your Practice Team, decide if you want to sustain that change in practice or trial a new change idea
- We call this process PDSA cycle



# PDSA Resources on Practice Assist

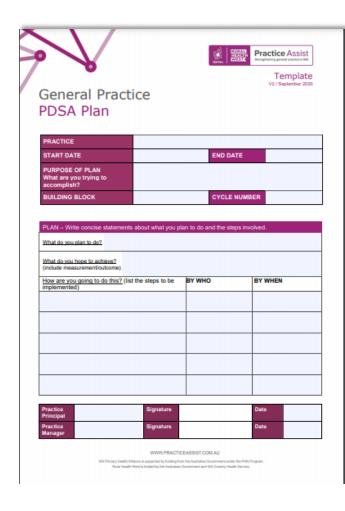
 Commence QI Activity (PDSA Start date) and document the commencement of the <u>PDSA</u> on your Quality Improvement Register +/- <u>Quality</u> <u>Improvement PDSA Log</u>

#### PLAN

- What do you plan to do (goal)?
- What do you hope to achieve (include measurement) ?

DO

- How are you going to do this (break down the steps and people involved to do this)?
- What did you observe?
- Were there any unexpected events?



## **PDSA** Continued

#### STUDY

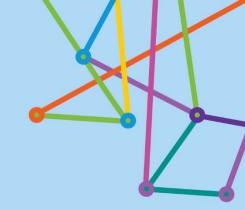
- What did you learn?
- Has there been an improvement?
- Did you meet your measurement goals?
- What could be done differently?

ACT

 What did you conclude from this cycle? Implement change in a sustainable way, change systems or try a different approach?

STUDY – After implementa met your goal and documer				
What did you learn?				
Has there been an improvement?				
Did you meet your measurement goal?				
What could be done differently?				
ACT – Write what you came away with after this implementation, whether it worked or not. If it did not work, what can you do differently in your next cycle to improve the outcome? If it did work, are you ready to spread it across your entire practice?				
What did you conclude from this cycle?				
Practice Principal	Signature		Date	
Practice Manager	Signature		Date	





# **Quality Improvement Activity**



## Lets do a PDSA together

#### • PIP QI – Quality Improvement Measures

The Improvement Measures are:

- 1. Proportion of patients with diabetes with a current HbA1c result
- 2. Proportion of patients with a smoking status
- 3. Proportion of patients with a weight classification
- 4. Proportion of patients aged 65 and over who were immunised against influenza
- 5. Proportion of patients with diabetes who were immunised against influenza
- 6. Proportion of patients with COPD who were immunised against influenza
- 7. Proportion of patients with an alcohol consumption status
- Proportion of patients with the necessary risk factors assessed to enable CVD assessment
- 9. Proportion of female patients with an up-to-date cervical screening
- 10. Proportion of patients with diabetes with a blood pressure result.

#### Proportion of patients aged 65 and over who were immunised against influenza



#### Why get immunised against influenza?

<u>Influenza</u> is a very contagious infection of the airways. It is especially serious for babies, people over 65 years of age and pregnant women.

## PDSA Resources on Practice Assist

Identify QI Activity – a PIP QI data measure and it leads to better health outcomes of our +65 patients. Checked data for last influenza immunisation and only 55% of +65 active patients were vaccinated at the clinic.

Grab a pen and a post it note and we are going to write the following questions and answers and discuss

#### PLAN

- What do you plan to do (goal)?
- What do you hope to achieve (include measurement)?

DO

- How are you going to do this (break down the steps and people involved to do this)?
- What did you observe?
- Were there any unexpected events?

# PDSA

#### STUDY

- What did you learn?
- Has there been an improvement?
- Did you meet your measurement goals?
- What could be done differently?

ACT

- What did you conclude from this cycle?
- Implement change in a sustainable way, change systems or try a different approach?





#### Thank you

