

# Foundation of Quality Improvement

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## What is Quality Improvement?

Quality Improvement (QI) is an essential part of modern primary care. It is an active and intentional approach that helps to monitor, evaluate, and improve the quality of healthcare services delivered to patients.

[The Royal Australian College of General Practitioners \(RACGP\)](#) defines QI as 'One or more activities undertaken by a practice to monitor, evaluate, or improve the quality of healthcare it delivers'.

The process of enhancing healthcare quality includes various activities, such as

- clinical audits
- practice reviews
- surveys on patient satisfaction and knowledge
- service improvement
- program evaluation

Quality improvement can be achieved by employing the following:

- a team-based approach
- peer review
- reflective practice
- best practice
- data analysis

In healthcare, several crucial factors must be considered to ensure the best possible outcomes for patients. Quality improvement in general practice can address one or more of the current [NSW health strategic outcomes](#):

- Patients and Carers have a positive experience and outcomes that matter
- Safe care is delivered
- People are healthy and well
- Our staff are engaged and well-supported
- Research and innovation, and digital advances inform service delivery
- The health system is managed sustainably.

Improvement often requires multiple attempts, as the desired outcome may not be achieved on the first try. Continuous Quality Improvement (CQI) is an ongoing endeavour to improve service or care through consistent implementation of change, leading to predictable results.

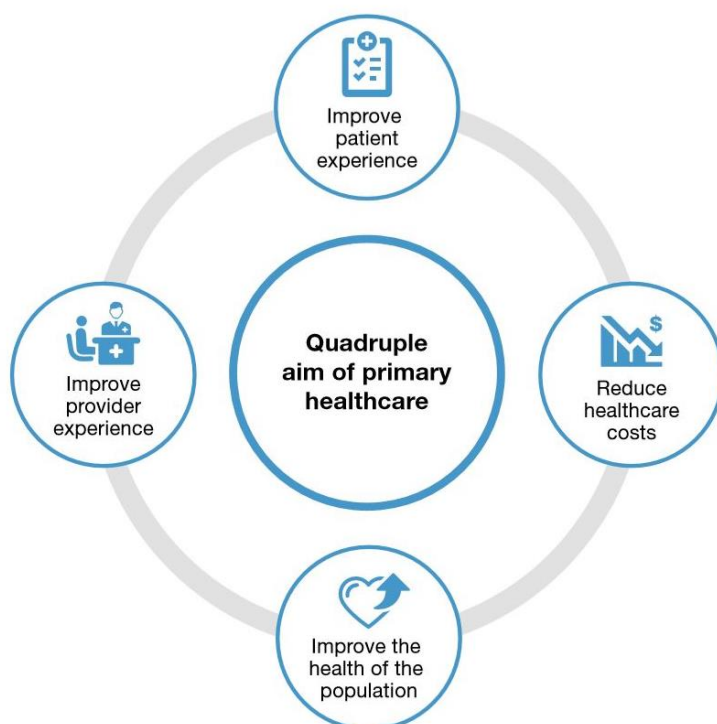
## Why Undertake Quality Improvement?

Continuous quality improvement (CQI) offers numerous benefits to enhance the quality of care and services provided. This approach promotes stakeholder input and ownership, enabling organisations to identify changes in care and service needs and enhance systems to monitor and track change.

### 1. Quadruple Aim for Primary Healthcare

CQI provides a platform for demonstrating sustainable results, which is essential in ensuring that organisations remain at the forefront of delivering the highest quality care and services.

The benefits and outcomes of QI are divided into four categories ([Quadruple Aim](#)), serving as a framework for enhancing primary care outcomes.



Source: [RACGP](#)

#### 1.1 Enhancing the patient experience

- Patient experience is a key factor in quality healthcare and is linked to safety and effectiveness. Measuring and analysing experiences can improve quality governance, accountability, and patient choice
- By implementing QI, patients are empowered to have an active role in their healthcare, thereby establishing a long-term therapeutic relationship with a regular GP and practice.

### **1.2 Improving the health of the population**

- QI assists in identifying gaps and/or opportunities in current services in relation to population needs, such as identification of at-risk patients, and addressing the prioritisation of preventative care
- Better health outcomes
- Reduces disease burden
- Improves physical and mental health.

### **1.3 Reducing healthcare costs**

- Reduces non-value activity and ineffective use of resources
- Improved safety for staff and patients in the practice.

### **1.4 Improving provider satisfaction**

- Improved team collaboration can increase service provider satisfaction and contribute to the long-term sustainability of the workforce
- QI enables adequate support for GPs to deliver excellent care and implement systems to address burnout and increase job satisfaction
- Encourages a quality improvement culture in the practice.

## **2. RACGP Accreditation – QI Module**

Accreditation and professional development serve as strong pillars for supporting quality improvement in general practice.

The RACGP has developed the [Standards for General Practices \(5th edition\) \(the Standards\)](#) 'with the purpose of protecting patients from harm by improving the quality and safety of health services.' General practices are assessed against the RACGP Standards, which are regarded as the benchmark for high-quality care.

The Standards are divided into three (3) modules:

- Core module
- Quality improvement module
- General practice module

Improving the quality of healthcare is a top priority for every medical practice. The Quality Improvement module is an essential tool that can help practices identify and address any limitations in practices' systems and procedures.

By adhering to these benchmarks, a practice can ensure that they are providing the highest level of care to their patients.

### **3. Practice Incentive Program Quality Improvement (PIP QI)**

The Practice Incentive Program Quality Improvement (PIP QI) Incentive commenced on **1 August 2019** and is one of eight Practice Incentive Payments (PIP) available to eligible general practices.

The PIP QI incentive is a quarterly payment to general practices that participate in continuous quality improvement activities to improve patient outcomes and deliver best-practice care.

The purpose of the PIP QI Incentive is to recognise and support general practices that are committed to enhancing the medical services offered to their patients, particularly in areas of health priority.

To qualify for the PIP QI Incentive payment, a general practice must satisfy two requirements:

**1. Participate in Continuous Quality Improvement in partnership with SWSPHN**

PIP QI Incentive rewards practices for participating in continuous quality improvement activities with their PHN. They can focus on specified improvement measures or choose other areas based on their clinical information system data and practice population needs.

**2. Electronically submit the PIP Eligible Data Set to SWSPHN**

The PIP Eligible Data Set comprises data collected against specific Improvement Measures. General practices are required to submit the PIP Eligible Data Set from their clinical information system on a quarterly basis to their local PHN. The PHNs utilise the de-identified data to provide feedback to general practices, which in turn assists them in identifying key priority areas and quality improvement activities.

To understand the PIP QI requirements and PIP data governance arrangements, please refer to the relevant guidelines listed in [The Department of Health and Aged Care](#).

## Key Components of Quality Improvement

### 1. Quality Improvement Team

The inclusion of the right individuals on an improvement team is essential to the success of any improvement effort.

To build a successful improvement team these steps are to be considered:

- Review the aim of the QI project
- Consider the system that relates to the aim
- Ensure the team includes members familiar with all parts of the process
- An executive sponsor who takes responsibility for the project's success.

According to the [Institute for Health and Science](#) (IHI), effective teams are comprised of members representing three different kinds of expertise within an organisation:

#### 1. Clinical leader

A team needs an authoritative figure to implement changes and tackle issues. The clinical leader is aware of how changes affect the system and their clinical ramifications.

Example: General practitioner provides clinical advice aligning with the quality improvement goals.

#### 2. Technical expertise

A technical expert knows the subject and understands the process of care. An expert on methods of improvement provides technical support by aiding the team in identifying what to measure, designing simple measurement tools, and guiding data collection and interpretation.

Example: Practice nurse contributes to the QI planning process and supports the implementation of the QI plan such as data cleansing, patient education and recall and reminders.

#### 3. Day-to-day leadership

The project's day-to-day leader oversees tests and data collection and comprehends the system's details and the consequences of any modifications. They also collaborate effectively with physician champions.

Example: Practice manager oversees the implementation and planning of QI activities and ensures all staff members are aware of their roles and responsibilities.

Each area of expertise should be represented on the team to drive improvement successfully, with one or more individuals possessing each type of expertise, or one individual having expertise in multiple areas.

## 2. Quality Improvement Methodology – Model for Improvement

The Model for Improvement (MFI) framework is one way to support CQI. The MFI framework allows ideas to be broken down into achievable and sustainable steps. It enables the practice's QI team to be more effective at introducing improvements.

The MFI consists of two equally important parts – the 'thinking' part and the 'doing' part. It is designed to be a circular rather than a linear process. The aim is to cycle back and forth through both parts as often as required to achieve the desired outcome.

- The 'thinking' part: Three fundamental questions to identify areas of improvement and address solutions.
- The 'doing' part: The Plan-Do-Study-Act (PDSA) cycle to test changes. The PDSA cycle guides the test of a change to determine if the change is an improvement.



Source: [Institute for Healthcare Improvement](#)

### Part 1 (Thinking): The three fundamental questions

- What are we trying to accomplish? (Setting aims)  
This question provides an opportunity to set your goal.  
It should be Specific, Measurable, Achievable, Relevant and Time-bound (S.M.A.R.T)
- How will we know that a change is an improvement? (Establishing measures)  
This question allows you to develop measures to track your goal. Using quantitative measures, i.e., measures that are represented by a numeric value, can determine if a specific change leads to an improvement.
- What change can we make that will result in improvement? (Selecting changes)  
This question asks which ideas will be tested/used to achieve the goal. It helps to develop objectives.



## **Part 2 (Doing): PDSA cycle**

A Plan-Do-Study-Act (PDSA) cycle helps to implement a planned change by breaking it down into small, manageable stages.

**Plan:** Plan the test, including an outline of how to collect data. What are your predictions?

**Do:** Document any barriers or challenges after running the test on a small scale.

**Study:** Analyse the results and compare them with your predictions.

**Act:** Based on what you have learned from the test, plan your next implementation steps.

The use of a PDSA cycle can prevent the implementation of unsuccessful ideas on a larger scale, and consequently avoid wasted time, effort, and money.

## **To Learn More about QI and MFI**

- [The Institute of Healthcare Improvement \(IHI\)](#)
- [The Royal Australian College of General Practitioners \(RACGP\)](#)
- [Clinical Excellence Commission](#)
- [South Western Sydney PHN QIPC](#)