

PPC QUALITY IMPROVEMENT FRAMEWORK

Frequently Asked Questions

Introduction

To facilitate delivery of a planned, proactive model of care across the network of practices operating in Counties Manukau Health, all practices are required to engage in the PPC Quality Improvement Framework in order to be eligible to access PPC intervention funding for their enrolled patients.

The framework is predicated on continuous quality improvement and improvements in the model of care. This will result in enhanced capability and capacity across the primary care sector.

Why are we doing this?

The CMDHB Board recognises the variation in care and outcome in primary care across the district. The approach aims to develop an enhanced network of practices capable of delivering high quality care through robust, embedded quality improvement and achievement of minimum standards of care for patients with LTCs.

Therefore, we are building this programme to:

- Build capability in quality improvement methods and processes;
- Improve practice systems and processes to ensure reliability, safety and quality of care; and
- Promote a culture of improvement across the entire district.

What is the rationale for Quality Improvement?

There is a strong body of evidence supporting quality improvement in primary care. Reviews of research indicate that greatest improvements in health status were associated with QI strategies targeting health systems and patients (Tricco et al., 2012). Additionally, local experience through EPC, PPC, MDCIP and Safety in Practice suggests improvement in health and health system outcomes when practices engage in quality improvement and new models of care. Safety in Practice programme has been running across the Auckland region since 2014 over 70 general practices and shows significant improvements in specific quality and patient safety measures. Quality improvement is also reflected in Cornerstone requirements; specifically the need to have a Quality Improvement Activity (Indicator 29.5).

Do I have to participate?

If you wish to continue to access PPC Interventions funding, you will be required to participate in the Quality Improvement Framework. However, you may wish to no longer access PPC funding with this stipulation. If this is the case, please speak to your PHO contact person in the first instance.

What does my practice need to do?

This is dependent on if your practice is participating in Enhanced Primary Care (EPC). If you're participating in EPC, you will need to meet a separate set of requirements.

If you're not part of EPC, your practice will be required to do the following:

- Practice owners sign a **Letter of Commitment** outlining expectations of involvement
- Establish a **Practice Improvement Team** which will include at least two clinical staff (including a GP) and a Practice Manager
 - Two team members must attend at least two **Quality Symposiums**
 - This team meet at least monthly to review progress
 - One member must be identified as an **Improvement Champion** who has been endorsed by the practice owner and PHO. This champion must have been completed recognised QI training or attend DHB-led training by 31 Dec
- Hold **Improvement Team Huddles** at least once a month (or ideally weekly) to discuss:
 - Practice population including risk stratification, identification of health need, monitoring of health outcome data;
 - Progress implementing the improvement project including analysis of data, reflection on changes made and planning of next change cycle; and
 - Care plan audit data and change ideas for developing PPC model.
- Completion of a **Team Culture Survey**, or agreed equivalent, and participate in an externally facilitated discussion (unless exemption provided)
- Develop a **Practice Improvement Plan**, which will document your improvement ideas which we will focus on, in order to improve outcomes and experiences of your patients with LTCs. It will include:
 - One improvement project that is recommended to be a **Care Bundle** with monthly audit data (minimum four) supporting the improvement project (or approved other project as detailed below)
 - Activity demonstrating 10 peer-reviewed **Care Plan Audits** every two months (or 5 for small sole GP practices) using a standardised scoring guide with incorporation of identified change ideas
 - Records to demonstrate achievement of requirements
- Agree to engage with a Quality Improvement support team who may visit the Practice as guided by the CM Health Long Term Conditions Clinical Governance Group to discuss data and support the practice with the improvement plan and other quality improvement activity

Do I receive funding if I participate in the Quality Improvement framework?

Yes, you will receive two payments of \$1,875 to cover practice time and involvement in the Quality Symposiums, team culture survey, care bundle audits, care plan audits and other improvement activities as appropriate.

What Improvement Project could we do?

The DHB recommends selecting from a range of **Care Bundles** that have been developed and tested as part of the regional, long-running Safety in Practice programme.

Specific **Enhanced Primary Care** modules (i.e. Portals, GP Triage or Understanding Telephony) are also available as projects. For those practices participating in the CMDHB **Health Coach Pilot**, this could be your improvement project.

If you require more information about what could qualify as an improvement project contact your PHO facilitator. An exemption process will need to be followed if eligible.

What is a Care Bundle?

Care Bundles ensure that patients receive optimum care at every contact. They are a structured way of improving processes of care to deliver enhanced patient safety and clinical outcomes. The process for achieving reliability is by testing individual measures to ensure they are the correct measures, and then testing a combination of measures (i.e. a care bundle). Therefore the key measure in a care bundle is the composite score which measures the level of compliance with all measures for all patients.

The Care Bundle data collection tool is a way of sampling whether optimum care is being delivered. This approach is therefore very different from traditional auditing approaches that are designed to identify whether individual measures are being implemented.

Care Bundles are:

- 4-5 elements
- All or none compliance (binary Y/N)
- Encourage local definition/customisation
- Backed by evidence
- Mix of easy and hard
- Avoid being too specific
- Spread over patient journey/functions
- Occur in same place and time where possible
- Creates teamwork and communication
- Multiple functions of care essential
- Clinical decision on use is respected but needs to fall into 80/20 rule

Which Care Bundles can we chose from? Where do I find them?

Care Bundles are located on the Ko Awatea website (<http://koawatea.co.nz/project/ppc-quality-improvement-resources>) along with a number of other resources.

There are a number of Care Bundles to select from. Some are more developed than others as some have been tested and utilised for a number of years. Therefore, we recommend practices new to Quality Improvement select a more developed Care Bundle. Those practices that decide to use a 'Developing' Care Bundle may be asked to feedback to continually improve the tool.

Care Bundles audit data is to be sent to your PHO and then will be made available to the DHB.

Care Bundles are included below:

	Established	Developing
Safety	<ul style="list-style-type: none"> • Warfarin Management • Medication Reconciliation • Results Handling • DMARDs • NSAIDs • Opioid Prescribing 	<ul style="list-style-type: none"> • Paediatric Prescribing • Polypharmacy • Antenatal and Immunisation*

Quality and Long Term Conditions	<ul style="list-style-type: none"> • Cervical Smears • COPD Management • CVDRA 	<ul style="list-style-type: none"> • Gout • Diabetes – Opportunistic • Diabetes – Targeting Care • Heart Failure* • Transitions of Care* • CVD Management - Triple Therapy* • TIA*
---	---	---

*In development

Do the Care Bundles align with System Level Measure (SLM) Programme?

Some of the Care Bundles mentioned in the table above align the conditions focuses for the System Level Measures programme. Many of these are still in development and, as such, subject to change.

What are Care Plan Audits?

A requirement of PPC in the last twelve months has been completion of **audits of individualised PPC care plans**. The importance of this requirement has been emphasised in this new framework. A standardised assessment template has been made available to your PHO. Please contact them for this resource or visit the PPC QI Resource page (<http://koawatea.co.nz/project/ppc-quality-improvement-resources>).

Audit data is sent to your PHO and feedback to the DHB. The aim of the audit is to review data and plan relevant activities to improve the quality of care plans for patients.

What is an Improvement Team Huddle?

A huddle is a brief practice meeting held at a set time. All staff in the Proactive Improvement Team will attend the huddle. Each huddle should take no more than 15 minutes and could occur monthly or weekly. These are different from normal team meetings as they have an improvement focus. The following items are discussed each huddle:

- Practice population including risk stratification, identification of health need, monitoring of health outcome data;
- Progress implementing the improvement project including analysis of data, reflection on changes made and planning of next change cycle; and
- Care plan audit data and change ideas for developing PPC model.

Which Team Culture Survey do I use?

Your PHO may have a preference regarding which team culture survey they would like your practice to use. However, there are five surveys to choose from:

- Team Climate Inventory – an online survey will be made available for data collection and collation if you wish to utilise this
- RNZCGP’s Team Climate Assessment Measurement
- Enhanced Primary Care’s Staff Survey
- Health Navigator’s Primary Care Team Assessment
- Safety in Practice’s Safety Climate Survey

Your PHO facilitator will organise for your practice to complete the survey and will help collate results as your PHO may have a preference of survey. Following this a PHO and/or DHB representative will come into the practice to facilitate a discussion of findings.

What if I have done a Team Culture Survey recently?

If you have recently completed a survey, speak to your PHO contact person. You may not need to complete another survey.

I work in a small practice; do we still need to complete the Team Culture Survey?

Yes you still required to complete the team culture survey unless you feel like you should be exempt due to only having two staff members within the practice team. Speak to your PHO contact person if you wish to apply for an exemption.

What happens beyond the 31st March 2019?

CMDHB is currently in the process of co-designing PPC with stakeholders including providers and consumers. This will be presented to the Board for final decision making along with the evaluation outcomes.

Who can I go to for support?

PHO, DHB and Ko Awatea resources have all been committed to supporting the QI framework. In the first instance, get in touch with your PHO contact person. They will be able to put you in touch with someone with the expertise and time to assist. Alternatively, as you work through your **Practice Improvement Plan**, this will communicate to your PHO your needs to support improvement.

Who can I go to for more information?

In the first instance, get in touch with your PHO contact person. They will be able to brief you on the requirements and how to fulfil them.