



QIIP PROVINCIAL LEAD GIVES PRESENTATION IN NEW ZEALAND

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Quality starts with the small things

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Sending a card to patients on their 50th birthday with kind regards and a reminder to come see the GP is just one small and simple way of achieving quality improvement, psychiatrist Nick Kates says. Also the director of the Hamilton Family Health Team programme in Ontario, Canada, Professor Kates says using the half century milestone means practices can spread the recall of, and thus reengage, this particular age group evenly over a year. "And the patients really like it too," he told a seminar at Auckland University this morning.

Teaching and learning

Professor Kates is the vice-chair of the McMaster University's psychiatry and behavioural neurosciences department and is part of the family medicine department as well as the Ontario lead for the Quality Improvement and Innovation Partnership. He's in New Zealand to learn from the Kiwi experience (Canada lags behind New Zealand in areas such as electronic health records) as well as share his experiences with family healthcare teams and quality improvement in Canada.

Do more, with less

Given the economic situation worldwide, many economies are asking their health sectors to do more with the same, or less, funding, Professor Kates says. But that doesn't mean quality improvement needs to take a back seat, and it doesn't need to take up as much time as perhaps it does currently, he says. Professor Kates cites an example of a patient



Psychiatrist and director of Canada's Hamilton Family Health Team programme Nick Kates gave a presentation at Auckland University this morning about small ways to improve quality in primary care.

satisfaction survey for a general practice - this could take up to five months to actually execute once multiple meetings are held to make multiple decisions about the questions, the wording of the questions, and smaller decisions, right down to the colour of the paper the survey uses.

Slick patient survey

However, the same can be done by a group brainstorming a few questions, then one clinician trying the questions on three or four patients, and asking if the questions are okay and if there's anything else the practice should be asking. That clinician goes back to the group, after which questions are re-angled, some added, others subtracted, then two clinicians try them out on patients over a few days and welcome ideas from patients. "Within a week you have a survey that not only works, you have the right questions too," Professor Kates says.

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