



Quality Improvement & Innovation Partnership

Developing Improvement Capability with an External QI Coach and Team-Based Care

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MARCH 9, 2010



OBJECTIVES

- Discuss the process followed by QIIP to develop and implement an external QI coach role;
- Describe the role of the external QI coach in building capability and capacity in team-based primary healthcare.





CONTEXT DRIVING A NEW MODEL OF CARE

- Inadequate outcomes for chronic disease
- Acute vs. chronic care focus
- Lack of illness prevention and health promotion
- 10% of Ontarians with no family physician (in 2005)



CONTEXT DRIVING A NEW MODEL OF CARE

- Lengthy waiting times
- Need to improve provider satisfaction/retention
- Limitations of fee for service reimbursement for physicians
- Adding more physicians only a partial solution; needed to better utilize other staff



THE APPROACH TO CHANGE

Transformation of Primary Healthcare through:

- Policy – Family Health Care for All
- Funding – Family Health Teams
- Dedicated Support for QI - QIIP



THE APPROACH TO CHANGE

- Family Health Teams (FHTs) as a new model of primary healthcare in Ontario
 - Team-based care
 - Rostered patients
 - Chronic disease management and prevention
- The Quality Improvement and Innovation Partnership (QIIP) as a provincial organization to support FHTs
 - Networking, resources and supports
 - Quality improvement



PROFILE OF FAMILY HEALTH TEAMS (FHTs)

- 171 FHTs funded in 4 waves across Ontario
- Various stages of implementation
- 31 more to be funded in next 2 years
- Currently involve over 20% of comprehensive care family physicians in Ontario
- Usually 3 - 25 family physicians across practice sites & Nurse Practitioners, Nurses and other allied healthcare professionals
- Funded by capitation
- Rostered populations



PROFILE OF QIIP

MISSION

The Quality Improvement and Innovation Partnership will be the provincial leader in quality improvement methods for primary healthcare.

VISION

Ontario's primary healthcare system will be recognized as providing exemplary primary healthcare driven by a commitment to continuous quality improvement.

GOAL

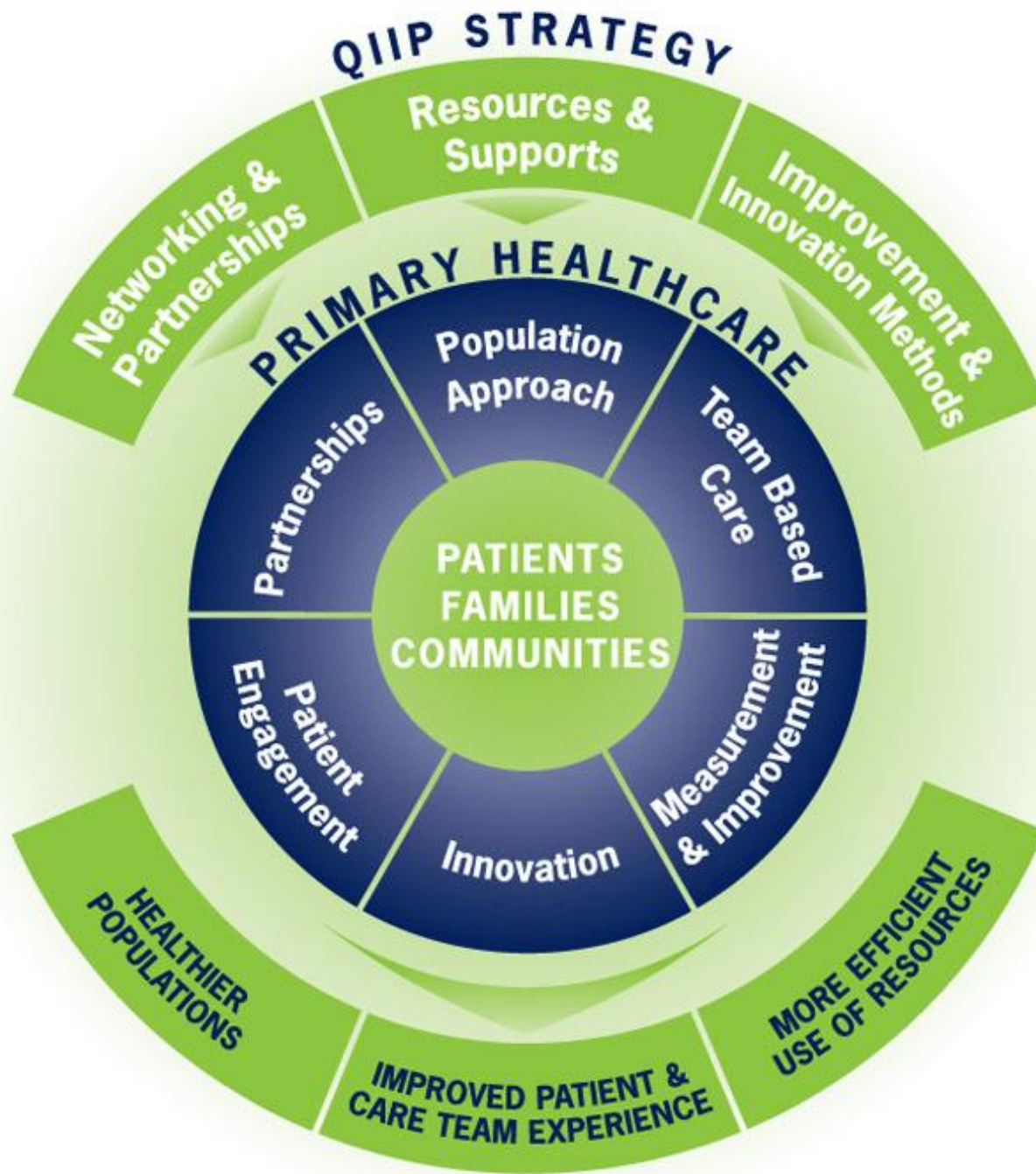
To advance the development of a high-performing primary healthcare system.



PROFILE OF QIIP

Strategic Objectives

- To introduce, integrate and spread quality improvement methods
- To build a learning community among primary healthcare practices to share and spread improvements and innovation
- To advance the use of performance measurement to plan, test and evaluate improvements in the organization and delivery of primary healthcare
- To partner with other quality initiatives and programs related to primary healthcare





QIIP's QI WORK TO DATE

- Three provincial level Learning Collaboratives (following IHI's BTS methodology)
 - 121 teams from primary healthcare practices
 - Collaborative 1 (May 2008 – September 2009)
 - Collaborative 2 (November 2008 – January 2010)
 - Collaborative 3 (March 2009 – May 2010)
- Three domains of focus for improvement
 - Chronic Disease Management (diabetes)
 - Preventive Care (colorectal cancer screening)
 - Office Practice Redesign (access & efficiency)



The Change Agent: **PRACTICE FACILITATOR TO QI COACH**

Building capability and capacity



THE PRACTICE FACILITATOR

- Practice Facilitators & FHTs – building capability on 2 levels
- Training focus for regionally based positions
- On-going learning – individual and group including:
 - 6 week online facilitation course
 - Model for Improvement - PDSA
 - process mapping and lean methodology
 - advanced access and office efficiency
 - spread and sustainability
 - data management and measurement

PRACTICE FACILITATOR COMPETENCIES

Competency	Clinical Knowledge	QI Methodology	Facilitation	Communication	Information Management
	MOHLTC – Primary Care Funding & Delivery Design, FHT Background	QI History, Learning Model - Collaboratives (BTS Concepts)	Group Facilitation	Conflict resolution	Hardware knowledge (BlackBerry; ACER laptops)
	CDPM Framework and Change Concepts	Improvement Processes (PDSA, AIM)	Coaching	Effective written & verbal communication	Software knowledge
	Diabetes Guidelines	Lean Processes	Team Development	Feedback	Reporting, Data Analysis, Interpretation & Presentation
	CCO - Guidelines	Measures – Process vs. Outcome	Change Management	Virtual Office navigation	Electronic Medical Records (EMRs) – data input /extraction, data discipline
	Clinical Office Redesign	Sustainability & Spread	Interprofessional Practice	Presentation skills	
		Process Mapping	Meeting Management	Email, Teleconference and Webinar	
		QIIP Tools	Facilitation Tools		



LESSONS LEARNED

- Challenge of external role to PHC teams;
- The many roles of the position;
- Data and measurement are key;
- Readiness for the QI work is crucial;
- Leadership support makes all the difference.

QI knowledge is important but.....



Quality Improvement
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THE EMERGING QI COACH

Reflecting on our learnings - Redefining a Position



OVERVIEW

- Building capacity and capability for QI work in primary healthcare;
- Demonstrating the effectiveness of an external, collaborative role;
- Identifying the coach as a key role in the development of a “culture of quality.”



THE QI COACH

- External, collaborative position
- Focus on QI integration & application in primary healthcare teams
- Building capacity & capability
- Geographical representation across Ontario





QI COACH COMPETENCIES - REFERENCE & CONTEXT

- CanMEDS¹: a framework for education;
- The seven roles of the QI Coach describe the application of relevant knowledge, skills and concepts as observable behaviors.

1.<http://rcpsc.medical.org/canmeds/index.php>



QI COACH COMPETENCIES

- 7 roles
 - QI Expert
 - Communicator
 - Collaborator
 - Systems Thinker
 - Manager
 - Scholar & Educator
 - Leader
- Elements, definition & description
- Key & enabling competencies

Population health; determinants of health; clinical microsystems

As Systems Thinkers, QI Coaches recognize the interaction and relationship of the many complex systems that determine population health.

QI Coaches recognize the relationship between the complex systems that drive the outcomes and processes of the healthcare system overall and the primary healthcare system in particular. QI coaches are skilled in applying clinical practice guidelines to the QI process

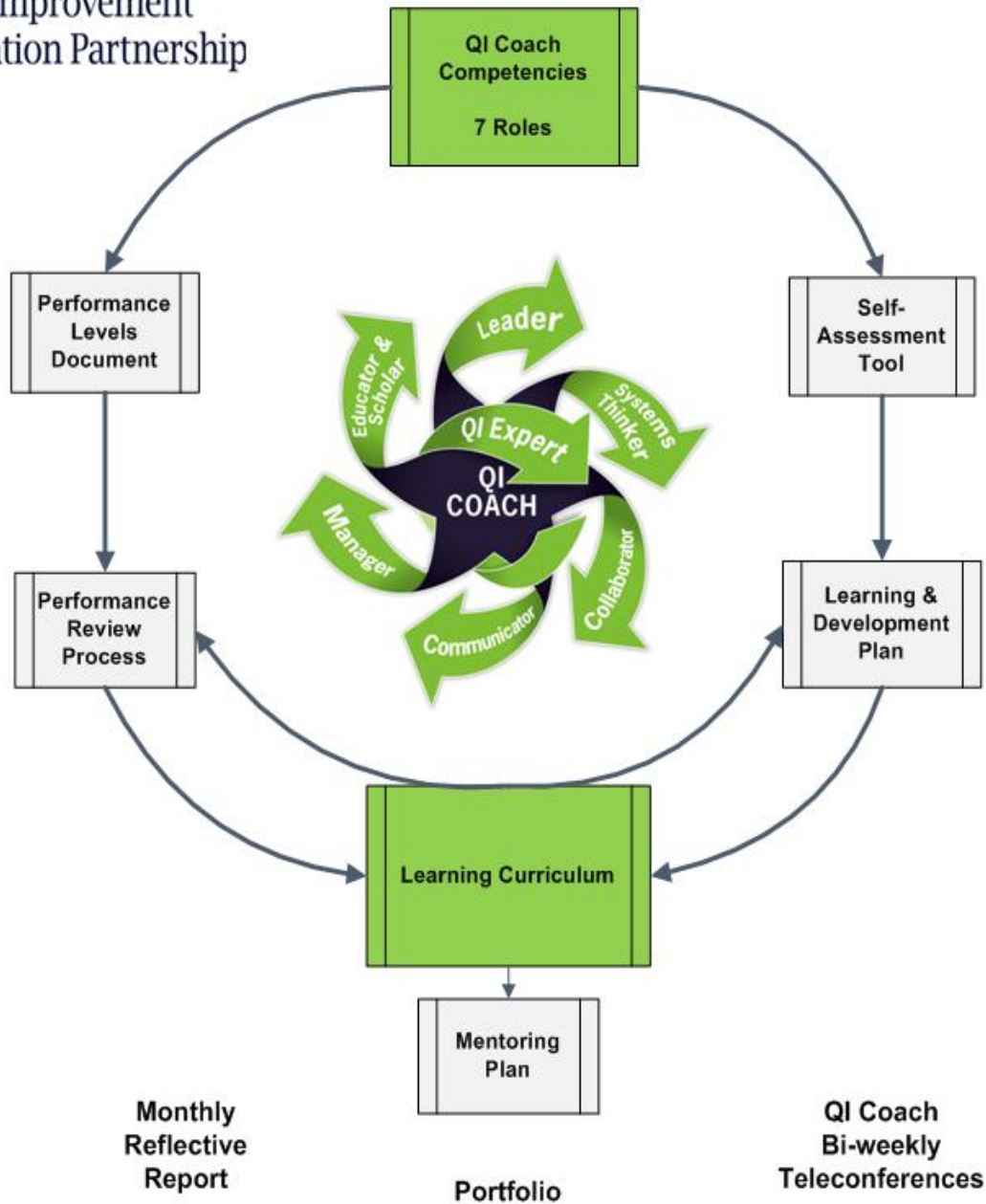


QI COACH COMPETENCIES

- **Key & enabling competencies – Systems Thinker**

1. Identify the complex systems that represent the healthcare system

- 1.1. Identify the systems and interconnectedness of the healthcare system in Ontario;
- 1.2. Describe the opportunities for improvement of processes and systems across healthcare sectors focusing on primary healthcare as the foundation;
- 1.3. Define the relevant frameworks that describe the systems within healthcare.





SUCSESSES

Coach as change agent

A focus on professional development



PROFESSIONAL DEVELOPMENT FOCUS

- Learning self-assessment
- Learning & development plans
- Learning curriculum
- Self-reflective process (monthly exercise)

The lifelong learner



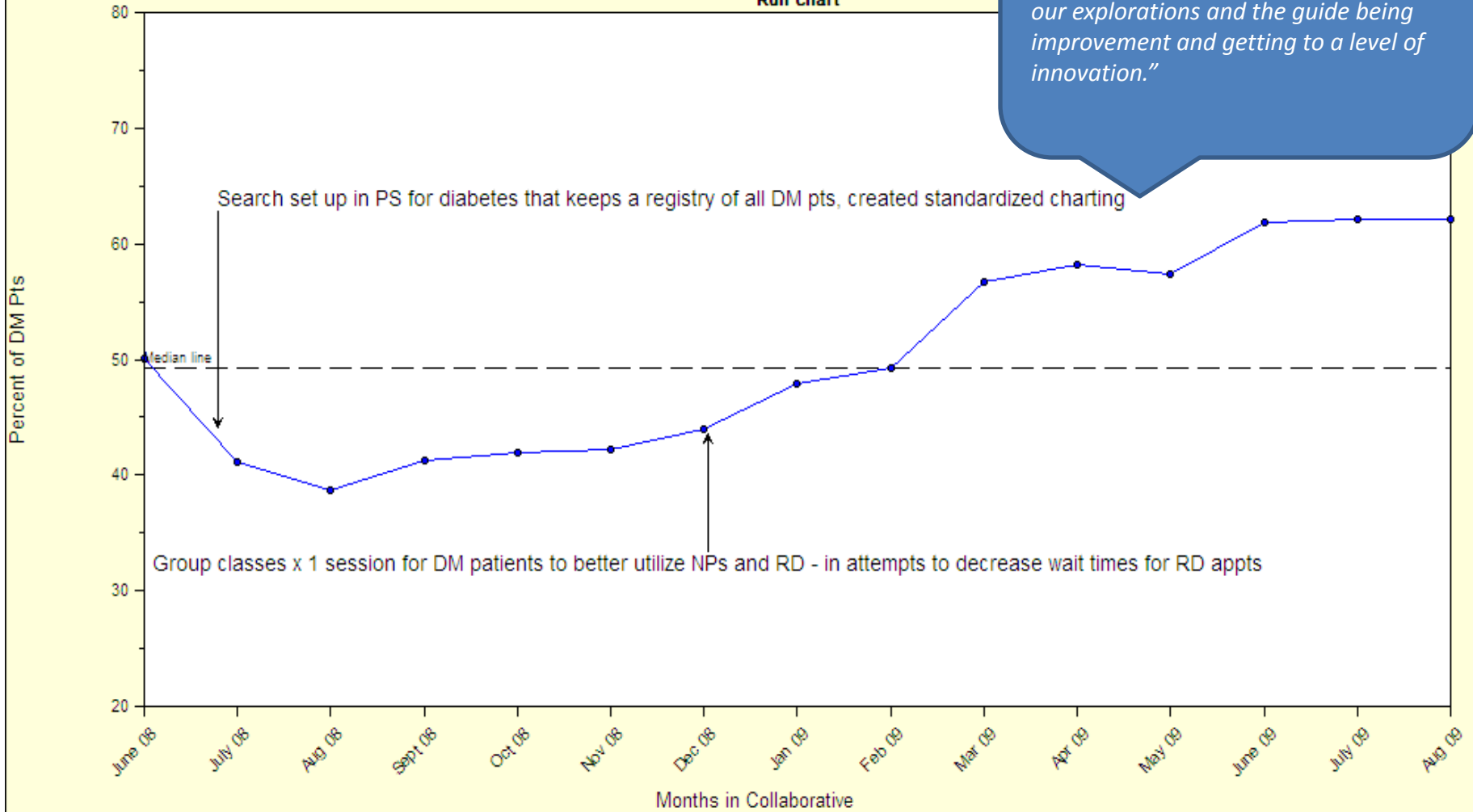
EFFECTIVENESS

- Team success through effective coaching:
 - assessing for readiness;
 - focusing on incremental improvement;
 - capacity & confidence building within teams;
 - focusing on sustainability & spread;
 - linking to leadership;
 - the elusive culture of quality.
-

Percent of DM Patients with A1c<=7

Month	June 08	July 08	Aug 08	Sept 08	Oct 08	Nov 08	Dec 08	Jan 09	Feb 09	Mar 09	Apr 09	May 09	June 09	July 09	Aug 09
A1c <=7	50.000000	41.071429	38.709677	41.269841	41.935484	42.187500	43.939394	47.887324	49.275362	56.716	58.2	57.5	61.8	62.0	62.0

Run chart



"We have met on a weekly basis and that in itself was one of the most important components; having time to expose each other to our own thoughts, our explorations and the guide being improvement and getting to a level of innovation."

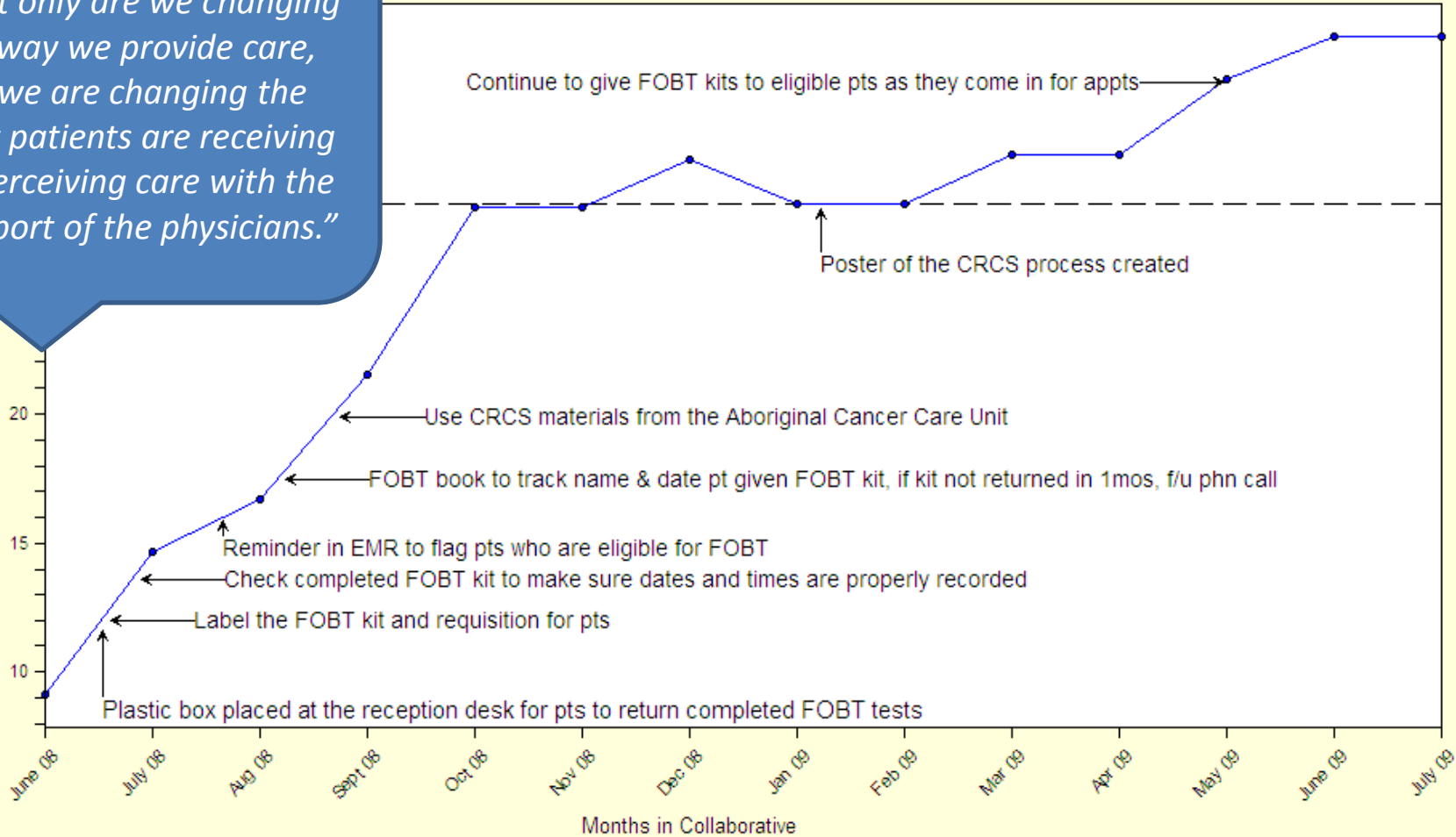
Percent of Patients 50-74 with FOBT Screening or Colonoscopy

Sept 08	Oct 08	Nov 08	Dec 08	Jan 09	Feb 09	Mar 09	Apr 09	May 09	June 09	July 09
25.510	27.976190	27.976190	29.824561	28.104575	28.104575	30.000000	30.000000	32.926829	34.567901	34.567901

Run chart

Percent of Pts 50-74 years

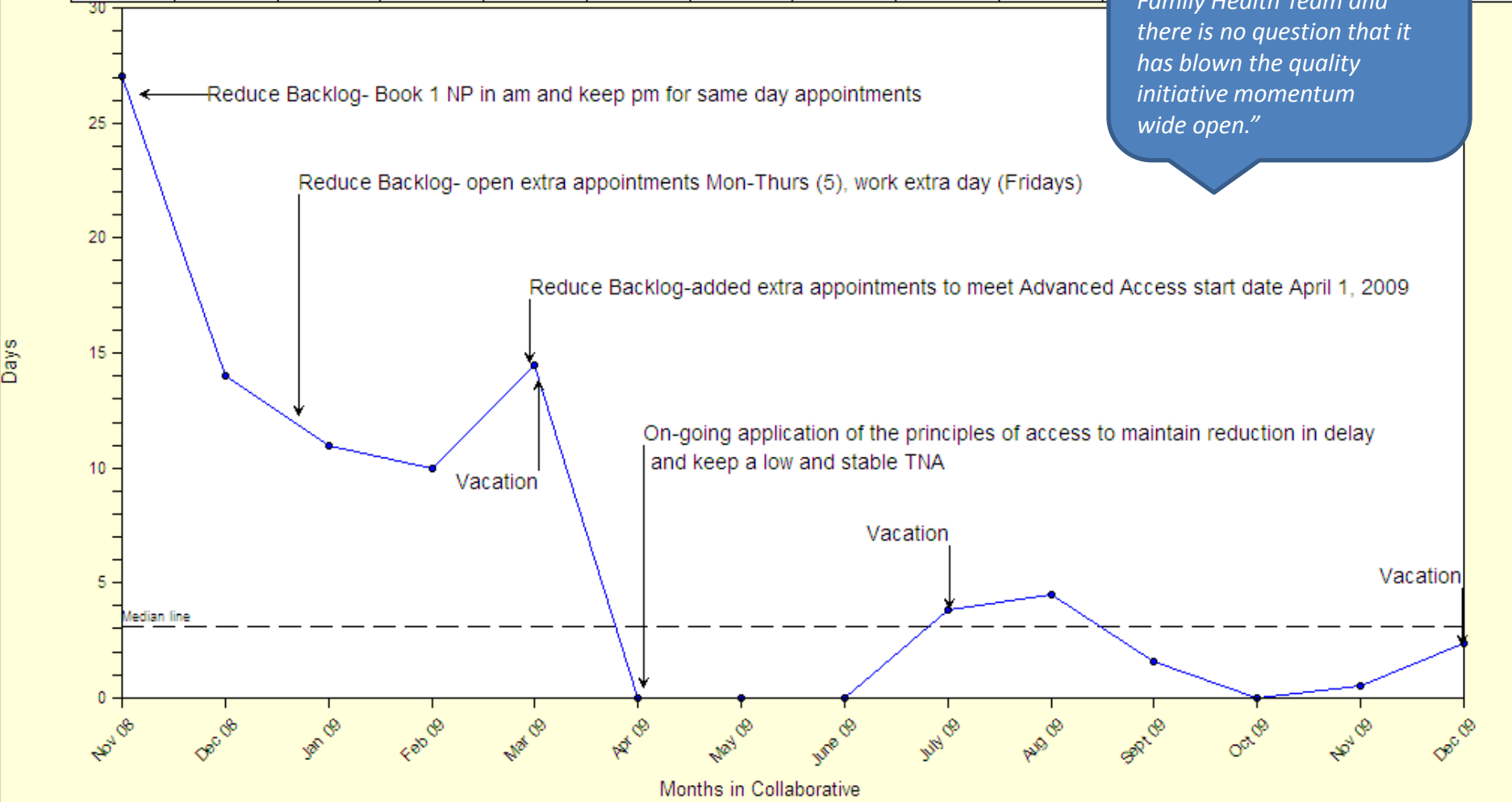
“Not only are we changing the way we provide care, but we are changing the way patients are receiving & perceiving care with the support of the physicians.”



Average Time to Third Next Available Appointment

Month	Nov 08	Dec 08	Jan 09	Feb 09	Mar 09	Apr 09	May 09	June 09	July 09	Aug 09	Sept 09	Oct 09	Nov 09	Dec 09
TNA	27.0	14.0	11.0	10.0	14.5	0.0	0.0	0.0	3.8	4.5	0.0	0.0	0.0	2.4

“QIIP has been an impactful learning experience for our Family Health Team and there is no question that it has blown the quality initiative momentum wide open.”





QI COACH PERSPECTIVES

“I’ve been involved in QI work with healthcare teams for many years. This is the first time in my career where I’ve experienced an organization being so strategic in building capacity to support teams that are working on quality improvement.”

“While the QI skills and knowledge are necessary, I can be a more effective QI Coach if I have established a respectful relationship with the teams I have the privilege of working with; each team then drives the way in which I can support them in their QI journey.”



QI COACH PERSPECTIVES

“As a Quality Improvement Coach, I have found it truly rewarding to coach Family Health Teams in Ontario in embracing quality improvement initiatives and integrating QI into their culture. It is wonderful to share with teams their excitement and enthusiasm as they realize their successes in improving patient care. This is what it is all about.”

“Doing this work feels more like a calling than a job. Is it easy? Not on your life! However, there is a great deal of satisfaction in helping teams improve their practice, knowing this translates to improved quality of life for both teams and their patients. I find the need to be patiently persistent in this job and to find the right balance between validity and reliability. There is no lack of challenges or new things to learn, but that makes it interesting.”



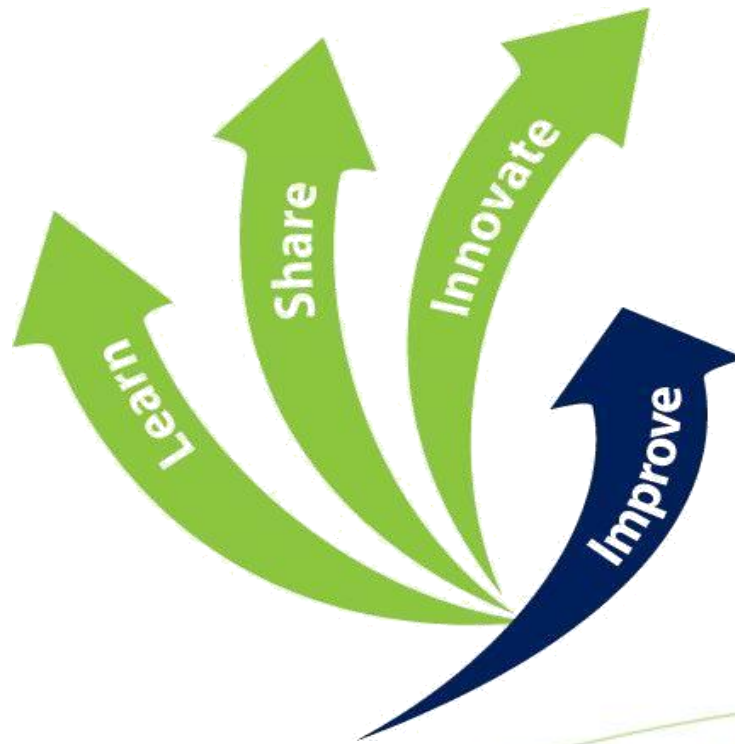
WHERE NEXT?

Learning Community
Effectiveness & Evaluation



Quality Improvement
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QIIP LEARNING COMMUNITY – A LEARNING MODEL



Our Vision

The QIIP learning community is a virtual place for primary healthcare teams to learn, share and innovate with one another in order to improve patient care. This site is your community for quality improvement efforts in chronic disease management, prevention, office practice redesign, and technology innovation.

 [Watch Our Video](#)

Become a Member

Join others in learning, sharing and innovating for improvement.

> [Request Membership](#)

> [Find other members](#)



IMPROVEMENT & INNOVATION

- What is QI?
- Evidence for QI in Primary Healthcare
- Model for Improvement
- Methods & Tools for Improvement
- Reliability, Sustainability & Spread



QI SHOWCASE



A changing profile of the achievements primary healthcare teams are realizing as a result of their efforts to integrate quality improvement in their practice.

ACTION GROUPS

The virtual workspace for teams actively engaged in the application and integration of QI in clinical care. The place for teams to learn, share, innovate and improve.

LEARNING COMMUNITY EVENTS



CAMH Survey of Ontario Primary Care Service Providers

Thu, 25 Feb 2010 00:00:00 GMT



Integrating Nurse Practitioners Across the Continuum of Care

Mon, 29 Mar 2010 00:00:00 GMT



Collaborative 3 Congress

Sun, 09 May 2010 18:00:00 GMT

> [View all events](#)

LEARNING COMMUNITY NEWS



Communication with fellow members made easier



Instant Messaging & VoIP-Update



Skype application is now available



New Training Guides Added

Improvement and Innovation

Improvement



What is QI?

- [Definition](#)
- A System for Profound Knowledge
- The Case for QI in Primary Healthcare
- Model for Improvement - Plan, Do, Study, Act (PDSA)
- Change Concepts
- Data for Improvement



Methods & Tools for Improvement

- Project charter/tree diagram
- Driver diagram
- Process mapping
- Value stream mapping
- Affinity diagram
- Fishbone diagram (Cause & Effect diagram)
- Pareto chart
- Scatter diagram
- Force field analysis
- Brainstorming
- SIPOC
- Communication/handoff circles; spaghetti diagrams
- Creative thinking tools (DeBono's Six Thinking Hats)
- Run charts
- Control charts
- Patient surveys



Request Membership

[CAMH Survey of Ontario Primary Care Service Provid...](#)
February 25 - May 31

QIIP was contacted recently by the Centre for Addiction and Mental Health (CAMH) regarding a project...

[Integrating Nurse Practitioners Across the Continu...](#)
March 29

The health care transformation taking place in Ontario is no smallpart due to the advanced practic...

[Collaborative 3 Congress](#)
May 09 from 6:00 PM - May 10 till 3:00 PM

[Agenda to be posted...](#)

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Learning Community News
[Communication with fellow members made easier](#)
Luay Lawrence - 2 weeks ago

Learning Community News
[Instant Messaging & VoIP-Update](#)
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Learning Community News

Office Practice Redesign

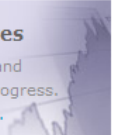
Innovation Centre

Customize team created documents for use in your practice. [View documents](#)



Monthly Measures

Post your measures and monitor your team progress. Online reporting area.



Tools & Resources

Practical tools and resources for use in your practice. [View tools and resources](#)



Pillars of Understanding:

Learn

Share

Innovate

Improve



Improving patient access to primary healthcare providers and reducing delays at the appointment is the focus of office practice redesign. Action group members are addressing the principles of access and the work flow at their offices to see improvements in their access and efficiency measures.



[Charter](#)



[Measures](#)



[Pre-work Manual](#)



[PDSA Template](#)



[Progress Score](#)

Office Practice Redesign Group Discussions

You can create/post your ideas by emailing OfficePractice@learningcommunity.qiip.ca

[CBC Podcast on Reinventing Family Medicine](#)
Pierrette Price Arsenault - 3 days ago

[Using the 'briefcase' area... seeking your suggestions](#)
Tricia Wilkerson - 2 weeks ago

[on a scavenger hunt](#)
Jackson Liz - 4 days ago

[Engaging Receptionists in Access](#)
Cheryl Chapman - 13 days ago

[Very cool!!!!](#)
Nancy Dahmer - 5 days ago

[What are the Key Steps in setting up Advance Access?](#)
evelyn gillson - 8 days ago

[Contingency Planning For Longer Vacations i.e. one month](#)
Alice Strachan - 7 days ago

[Topic Area for Discussion Board](#)
Alice Strachan - 7 days ago

[What are the key things I need to know to get started?](#)
Tricia Wilkerson - 3 months ago

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[Sample News: Divergent Thinking and Creativity](#)
Tricia Wilkerson - 4 days ago

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Diabetes Management

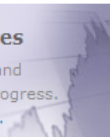
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Pillars of Understanding:

Learn

Share

Innovate

Improve



"Diabetes care depends upon the daily commitment of the person with diabetes to self-management practices with the support of an integrated diabetes healthcare (DHC) team." (CDA Clinical Practice Guidelines, 2008) Action group efforts are focused on improving both the self-management practice and the healthcare team support.



[Charter](#)



[Measures](#)



[Pre-work Manual](#)



[PDSA Template](#)



[Progress Score](#)

Diabetes Management Group Discussions

You can create/post your ideas by emailing diabetes@learningcommunity.qiip.ca



[what is helpful about action group discussions](#)

Jackson Liz - 4 days ago
17 Views | 2 Replies



[Diabetes Flowsheet in Practice Solutions](#)

Tanya Spencer Cameron - 5 days ago
16 Views | 1 Reply



[self management training](#)

Tracy Howson - 12 days ago
39 Views | 4 Replies



[Help getting DM measures from my EMR](#)

Tricia Wilkerson - 3 months ago
90 Views | 1 Reply

Diabetes Management Folders

Title

[Innovation Centre](#)

[Measures](#)

[Pework Documentation](#)

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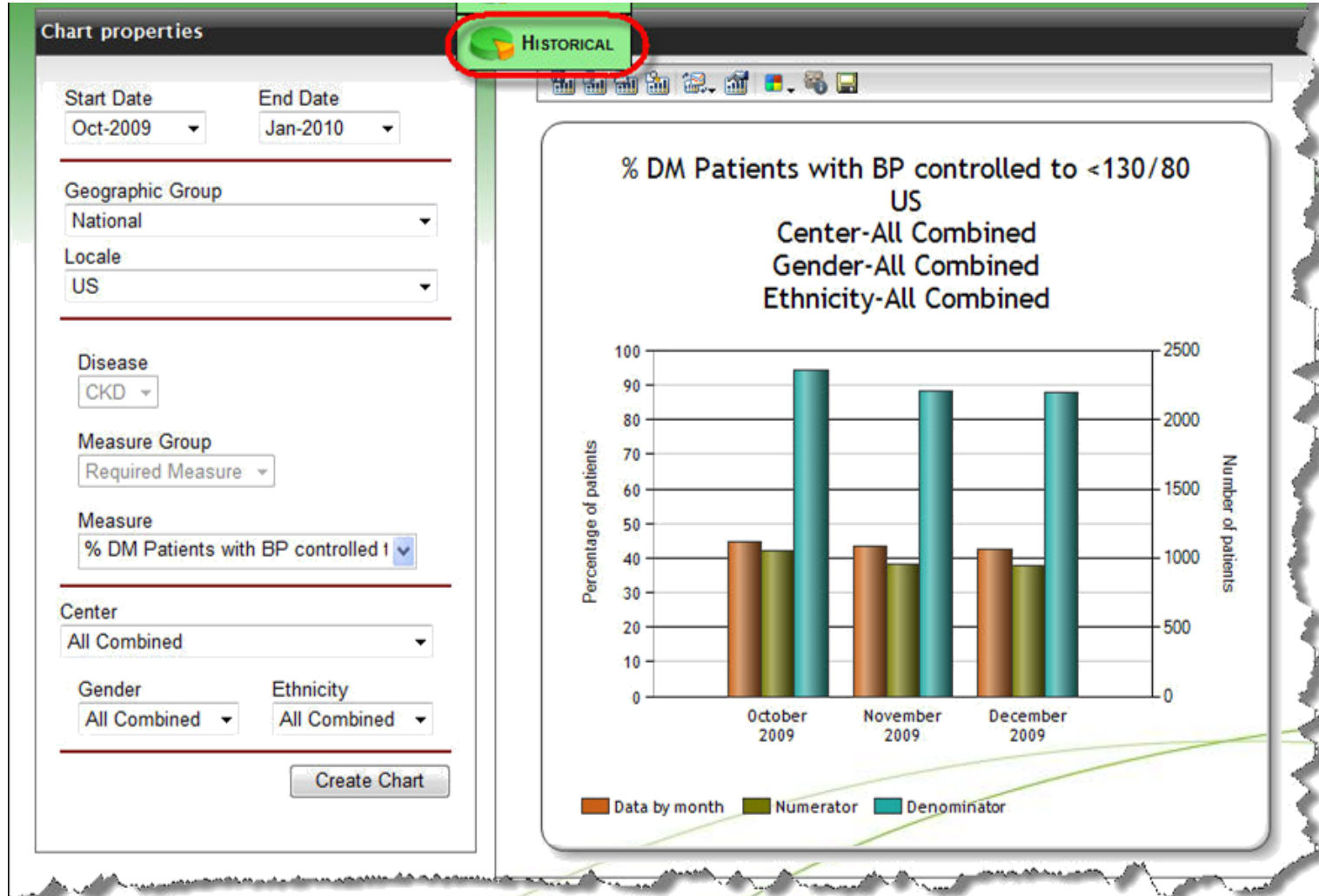
Action Group News

No articles have been created.

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EXAMPLE OF A HISTORICAL CHART





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THANK YOU!





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