Primary Care Practice Facilitation Curriculum

Module 20: Creating Quality Improvement Teams and QI Plans

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Primary Care Practice Facilitation Curriculum

Module 20. Creating Quality Improvement Teams and QI Plans

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Module 20. Creating Quality Improvement Teams and QI Plans

Instructor's Guide

Practice facilitator (PF) competencies addressed in this module:

- Basic coaching skills in quality improvement (QI) methods and change management
- Cultural competency in primary care practice

Time

- Pre-session preparation for learners: 90 minutes
- Session: 120 minutes (30 minutes optional)

Objectives

After completing this module, learners will be able to:

1. Identify the main elements of a QI plan for a primary care practice.
2. Create a practice-level key driver model.
3. Use the QI Plan Generator with a practice to help them create a preliminary QI plan for their practice.

Exercises and Activities To Complete Before and During the Session

Pre-session preparation. Ask the learners to review information in items 1-2. (90 minutes)

1. The content of this module.
2. Developing and Implementing a QI Plan. Health Resources and Services Administration; April 2011. Available at: http://www.hrsa.gov/quality/toolbox/methodology/developingandimplementingaqiplan/index.html.

During the session. Presentation (30 minutes)

1. Present key concepts from the module.
2. Present key concepts from Developing and Implementing a QI Plan.

Discussion. Ask questions and explore answers with learners. (15 minutes)

1. What are your experiences developing QI plans for organizations and your lessons learned?
2. What are the key take-home points from HRSA's Developing and Implementing a QI Plan and this Module about developing a QI plan and program that you can use with your practices?
3. What is a key driver model, and why can it be helpful to you in your work with practices?

Activity for learners (30 minutes)

1. Divide into pairs or small groups. Assign roles: Practice Facilitator and Participant(s) (optional).
2. Ask learners to create a practice-level key driver model for the WeServeEveryone Clinic (see Appendix), which is interested in improving diabetes care.
3. Have the Practice Facilitator "facilitate" the process.

Activity for learners—optional (30 minutes)

1. Still in pairs or small groups, create a draft QI plan for the WeServeEveryone Clinic using the QI Plan Generator (see Appendix).
2. Have the Practice Facilitator "facilitate" the process.

Discussion. Ask question and explore answers with learners. (15 minutes)

1. What did you learn from the previous exercise(s)?

Module 20.

Forming a Quality Improvement Team at a Practice

Improvement work invariably involves work across multiple systems and disciplines within a practice. The quality improvement (QI) team or committee is the group of individuals within a practice charged with carrying out improvement efforts. The team often reports to the organization's chief executive officer, but sometimes to another practice leader. To be effective, the team should include individuals representing all areas of the practice that will be affected by the proposed improvement, as well as patient representatives. This module covers the formation of QI teams; for more on optimizing teams, refer to Module 30, Building Teams in Primary Care. See also Module 22, Running Effective Meetings and Creating Capacity for Practices to Run Effective Meetings.

The QI team meets regularly to review performance data, identify areas in need of improvement, and carry out and monitor improvement efforts. For these activities, the teams will use a variety of QI approaches and tools, including the Model for Improvement (MFI), Plan Do Study Act (PDSA) cycles, workflow mapping, assessments, audit and feedback, benchmarking, and best practices research.

The QI team should have a clearly identified "practice champion" who is committed to the ideal and process of continuous improvement. This individual should be interested in building capacity in the practice for ongoing improvement and implementing effective processes that will enable improvement. Such processes may include gathering and reflecting on data, seeking out best practices, and engaging those individuals involved in all aspects of each process or activity. The role of the QI team champion is to ensure that the team functions effectively and fulfills its goals for the organization.

Who Should Be on a Quality Improvement Team?

The Institute for Healthcare Improvement (IHI) recommends that every QI team include at least one member who has the following roles[1]:

- **Clinical leadership.** This individual has the authority to test and implement a change and to problem solve issues that arise in this process. This individual understands how the changes will affect the clinical care process and the impact these changes may have on other parts of the organization.
- **Technical expertise.** This individual has deep knowledge of the process or area in question. A team may need several forms of technical expertise, including technical

[1] Adapted from the Institute for Healthcare Improvement. Science of Improvement: Forming the Team. Available at: http://www.ihi.org/knowledge/Pages/HowtoImprove/ScienceofImprovementFormingtheTeam.aspx.

expertise in QI processes, health information technology systems needed to support the proposed change, and specifics of the area of care affected. For example, a team implementing an intensive care management clinic for people with poorly controlled diabetes might need technical expertise in change management, the clinic's electronic health record, and the patient treatment protocols that will be used.

- **Day-to-day leadership.** This individual is the lead for the QI team and ensures completion of the team's tasks, such as data collection and analysis and change implementation. This person must work well and closely with the other members of the team and understand the full impact of the team's activities on other parts of the organization as well as the area they are targeting.
- **Project sponsorship.** This individual has executive authority and serves as the link to the QI team and the organization's senior management. Although this individual does not participate daily with the team, he or she may join meetings periodically and stays apprised of its progress. This member can assist the team in obtaining resources and overcoming barriers to implementing improvements.

The optimal size of a QI team is between five and eight individuals, although this may vary by practice. The most important requirement is not size, but diversity of the participants. The team needs a diverse group of individuals who have different roles and perspectives on the patient care or other processes under consideration. This group should include whenever possible input from the end user of health care, the patient.

Potential members of a QI team might be:

- Chief executive officer
- Medical directors
- Physicians
- Nursing staff
- Physician assistants
- Medical assistants
- Patient representatives
- Operations manager or director
- Health educators
- Community health workers
- Peer mentors
- Patients
- Community representatives
- Directors of clinical services
- Practice managers
- Medical records staff
- Receptionists
- Lab technicians

- Pharmacy or dispensary staff
- Case managers
- Physical plant operations
- Billing department staff
- Finance director

Creating a Quality Improvement Plan With a Practice

One of the first tasks for the QI team is to identify goals and associated performance metrics for its improvement work. It is useful to have preliminary performance data available for setting improvement goals whenever possible. Goals are fluid and will likely change as more information is gathered on practice performance and functioning and as the team achieves preliminary goals and is ready to move on to new ones.

Resource for Developing a QI Plan with Community Health Centers
From the National Association of Community Health Centers

Establish a Quality Management Plan:
http://www.nachc.com/client/documents/clinical/Clinical_NMD_Your_QM_Plan.pdf

Using Key Driver Models to Focus Quality Improvement Plans

Key driver models are roadmaps to particular outcomes that help focus the work of a facilitation program, and of facilitators and facilitation teams. Key drivers define the pathway to a desired transformation. Key driver models graphically display the strategies and activities needed to achieve goals and aims of the practice improvement effort (DeWalt, et al., 2010).

Facilitation programs typically use two levels of key driver models:

- one at the *programmatic level* that outlines the facilitation program's overarching goals and underlying model for change, and
- one at the *practice level*, which tailors the programmatic model to the needs and priorities of individual practices.

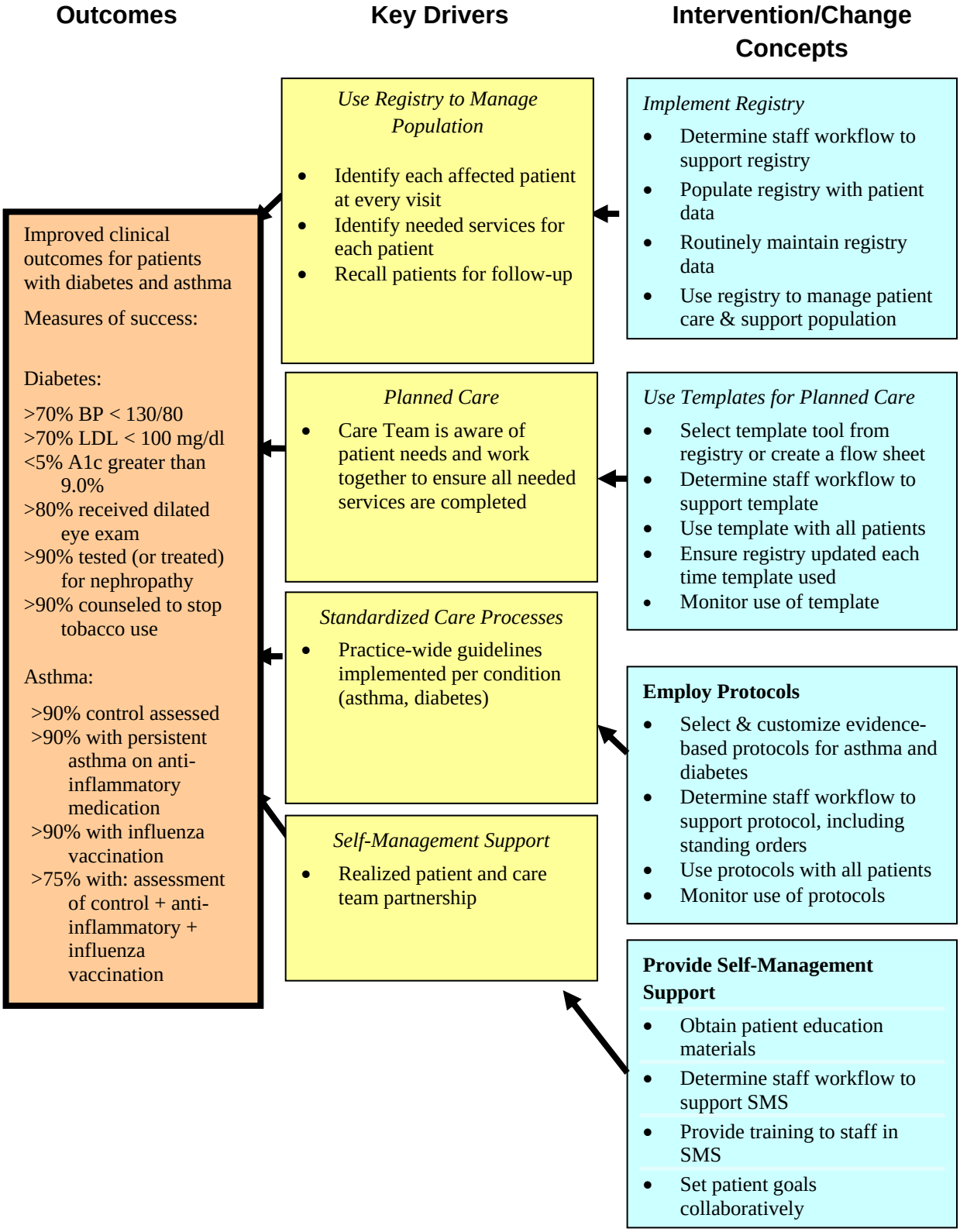
Program-level and practice-level key driver models include:

- **desired outcomes** for the practice improvement effort,
- **big changes or "key drivers"** that are most likely to accomplish these goals, and
- **specific changes or actions** that must occur to produce the desired big changes.

Example of a key driver model. Figure 20.1 shows a program-level key driver model for improving outcomes for patients with diabetes and asthma based on the Care Model (see Module 24). This key driver model was developed for the Improving Performance in Practice Initiative funded by the Robert Wood Johnson Foundation.

The far left column shows specific QI goals. The middle column contains the organizational and care processes thought to improve care and patient outcomes. These key drivers function as a menu from which practices can choose where to start to achieve their goals. The far right column contains the "change concepts" or action items/steps to implement a particular key driver.

Figure 20.1. Key driver model for Care Model implementation (sample based on Margolis et al. 2010).



Using a key driver model with a practice. Typically, your program or project funder will create the key-driver model for the facilitation intervention you will be helping to implement in your practices. You will want to review the model with the practices you are working with and get their input into it. In some instances, you will make some modifications to it based on their feedback and you will want to communicate this information to your program director and supervisor so they can continue to refine the model.

You can use the key driver model to help your practices think about the overall improvement effort, and the different processes and areas involved in achieving improved performance and outcomes. You can also use it to help practices identify areas in which they feel they need to improve and want to focus their efforts and also areas in which they believe they are excelling and might serve as exemplars for others in your practice panel. You can also use the model to help leadership and QI team members think about the sequence in which changes should be implemented. Which improvements or changes need to take place before others? What does that mean for staffing and planning the work? Which areas will require outside expertise?

In general, the QI plan for the improvement work you will be doing with the group should be based on the practice-level key driver model to reflect the change concepts included in the model. You will also want to ask the practice to identify items not represented on the key driver model that they are interested in changing and make these additions accordingly.

If your facilitation program does not have a key driver model for the change work the practice wants to do, consult the guide *Developing and Running a Primary Care Practice Facilitation Program* (Knox, et al., 2011). You will find guidance on creating a key driver model, including a couple of samples showing different forms key driver models can take.

A first step in developing a key driver model is to choose goals that are clearly defined. Goals and outcomes should be SMART:

- Specific
- Measurable
- Attainable or Achievable
- Relevant
- Time bound

When defining its change goals, the practice should include numeric targets. It is important to distinguish between goals that will be accomplished during the period you are facilitating (if it is time limited) and longer-term goals. They should be based on the results of the practice assessment and focus on the areas needing improvement.

As you work with the practice on developing its practice-level key driver model, point out materials and resources to support the improvement activities and tasks associated with each key driver. For example, the *Integrating Chronic Care and Business Strategies in the Safety Net Toolkit* (AHRQ, 2008) contains many tools useful to practices implementing the Care Model.

You will need to familiarize yourself with resources that you can use to support these changes in the practice.

As part of developing this plan, you will also need to help the practice establish an inventory of the resources, assets, and personnel talents that currently exist in their practice and can be leveraged to support Care Model implementation and its associated key drivers and change concepts.

Creating a Quality Improvement Plan

A practice-level QI plan should provide guidance to the practice on who will participate from the QI team, how often the group will meet, and what its goals and key activities will be. In addition, the plan should lay out the process that will be used to drive improvement in the practice, such as the MFI and PDSA cycles, how these are to be documented, and the way current and ongoing status is going to be monitored using data. Among other things, a good QI plan includes:

- A statement of the quality vision.
- A description of the program structure.
- A diverse membership for the QI team or committee.
- A meeting schedule.
- A defined process for how QI will be conducted.
- A list of improvement goals or priorities that are specific, measurable, achievable, relevant, and time bound.
- A plan for how both the plan and the goals will be evaluated.
- A plan for how performance data will be acquired and reported.

An important role you can play as a practice facilitator is to assist practices in developing a plan or to review the plan they already have. In addition to practice-level QI plans, you can also work with practice members to develop project-level plans that specify participation, methods, and goals for particular improvement projects or initiatives. The contents of these plans can mirror that of the practice-level plan but focus on the details of the specific improvement project.

Monitoring Progress on the Quality Improvement Plan

With newly formed QI teams, another role you can play is to help the team develop systems that will allow them to track progress toward their improvement goals and monitor their performance on key quality indicators. To do this, you will need to work with practice leadership and staff to set up data systems that can produce practice performance reports on key quality metrics on a monthly or quarterly basis. As much as possible, you should assist the practice to automate the development of these reports to minimize staff burden or to design the data collection process so staff can carry it out in addition to their existing duties. An elegant system that cannot be sustained is no better than having no system at all.

You will need to work with the QI team to develop a standard template for the performance report and identify the time period for reporting. You will also need to help them identify the staff needed to prepare the reports and the time they will need for this task. In addition, you will need to work with the team to revise staff job descriptions and performance evaluation to include this task. You will also need to help them train staff on these tasks.

A QI dashboard or data wall can be a useful tool for QI teams to help them track progress toward key improvement goals. QI dashboards or data walls are one- to three-page summary reports that provide a graphic summary of progress toward key process and outcome metrics. Often they include a "stoplight" system of red, yellow, and green color-coding to signal that an activity or performance metric is on track, partially off track, or having serious problems. It can be helpful to include a dashboard of progress toward the elements of the key driver model if such a model was included as part of the QI plan. In addition, it can be useful to include copies of any PDSA cycles that are underway or completed with the dashboard to enable the QI team to easily review its progress.

The performance reports will create a written record of the team's progress and help increase ownership and accountability in the QI team and the practice for follow-through on improvement work. It also can help you identify QI teams that have hit a roadblock and may need some additional assistance from an expert consultant or a facilitator with a different set of skills. You can add this expertise to your facilitation team if it is needed.

Note: this module is based on Module 14 of the Practice Facilitation Handbook. Available at: http://www.ahrq.gov/professionals/prevention-chronic-care/improve/system/pfhandbook/

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DeWalt D, Powell J, Mainwaring B, et al. Practice coaching program manual. Princeton, NJ: Aligning Forces for Quality (AF4Q), George Washington University Medical Center; 2010.

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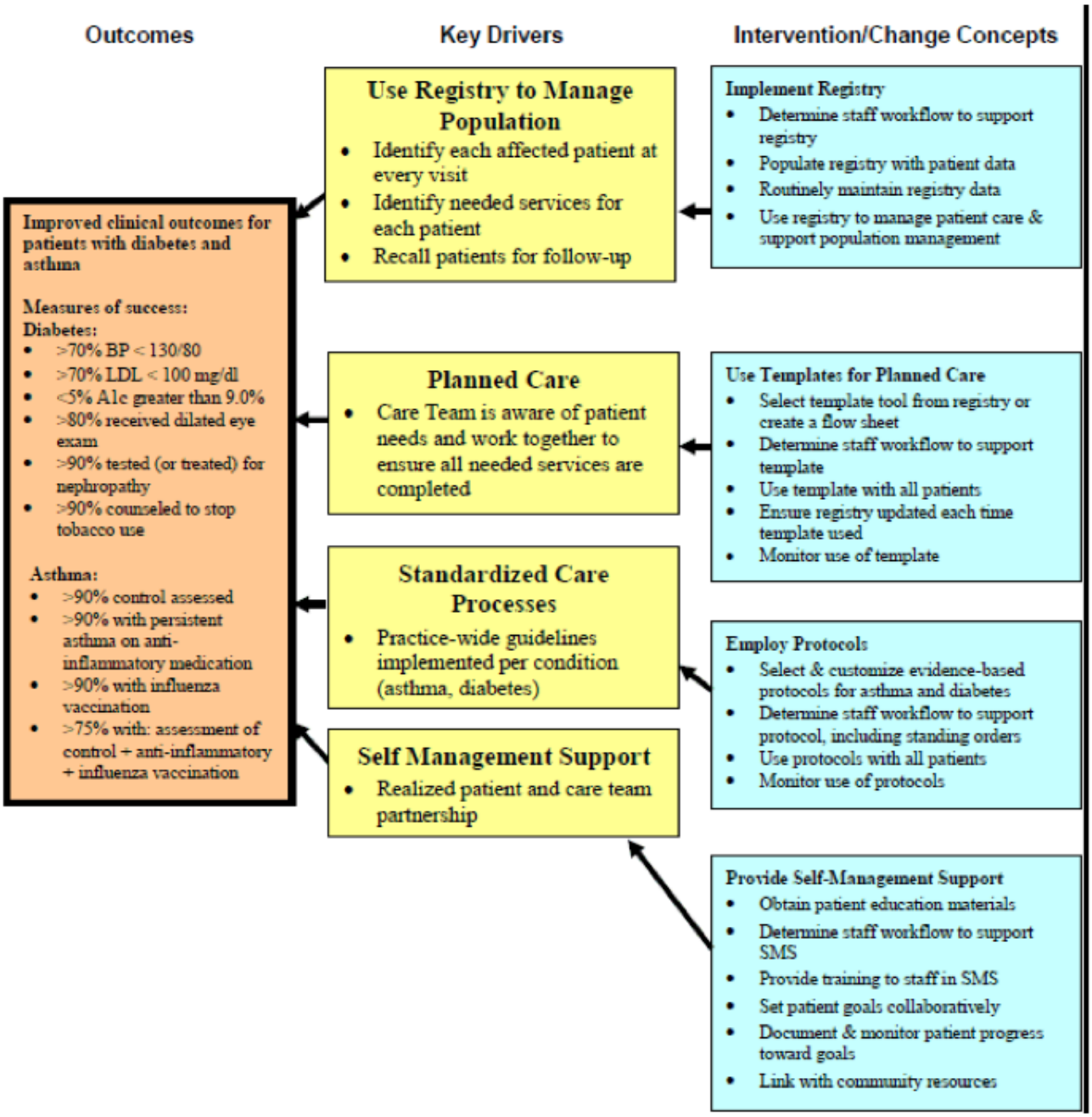
SMART Objectives. The Smart Bites Toolkit, p. 16-18. Institute of Medicine. Available at: http://www.iom.edu/About-IOM/Making-a-Difference/Community-Outreach/~/media/Files/About%20the%20IOM/SmartBites/SmartBitesToolkit.pdf. Accessed October 7, 2014.

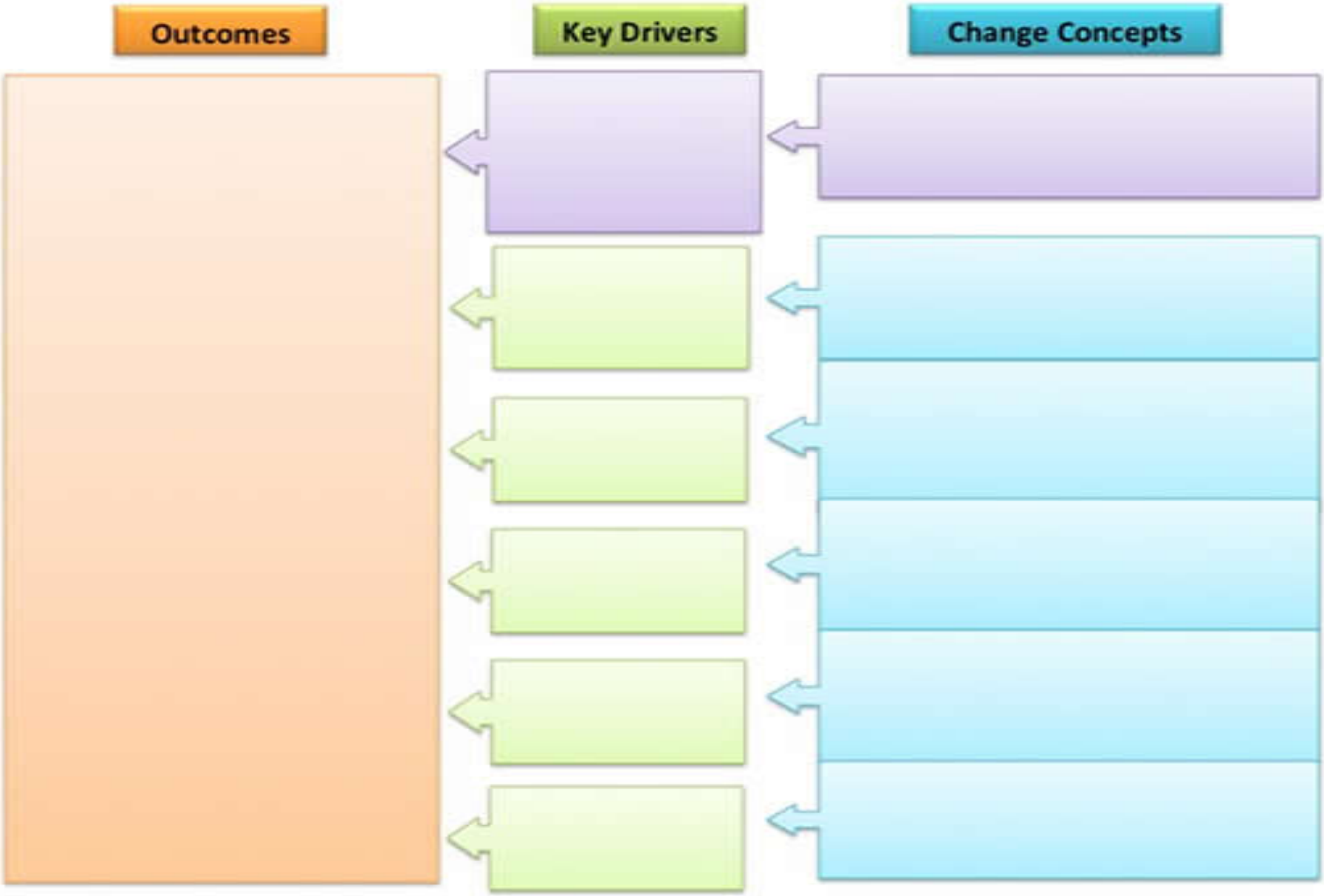
Appendix 20 A. IPIP Key Driver Model



Source: Margolis PA, DeWalt DA, Simon JE, et al. Designing a large-scale multilevel improvement initiative: the improving performance in practice program. J Contin Educ Health Prof 2010 Summer;30(3):187-96.

Appendix 20 B. Blank Key Driver Template

Practice: _____ Date: _____



Appendix 20C. QI Plan Generator

You can use the template below to generate a draft QI plan for your practice or organization. It is a starting place. You will want to add to the document over time. The most effective way to use this tool is as a team. Work together with others in your practice who are likely to participate in forming and running your QI program to create a draft plan. You can then use this draft plan as a tool to get your team up and running and as a starting point for a more comprehensive plan you will develop over time.

1. What are your organization's priorities and core values? You can identify these by generating a list of statements that represent your organization's mission and overall values. Example: We strive to put the patient first in all our work.

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QI Plan Generator

2. Describe your quality vision for your practice or organization and how it aligns with these values. This is the end to which all quality improvement efforts at your practice are working.

OUR QUALITY VISION IS:

Describe your quality improvement infrastructure. How will the quality improvement program be staffed and structured?

3. Who will lead your organization's quality improvement efforts? This is usually a Quality Improvement Committee or Team that oversees and monitors QI projects and activities. This committee may report to the board of directors or the head of the organization.

Who will lead your quality efforts and who will they report to? (Example: Our QI Committee will report to the CEO and will be chaired by...)

QI Plan Generator

4. Who will serve on the Quality Improvement Committee? The most effective committees include representatives from all areas of the practice (physicians, PAs, nurses, health educators, *promotores*, clerks, and patient representatives)

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5. What are the duties and responsibilities of the Quality Improvement Committee?

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6. What meeting structure will you use? Most committees meet monthly to bimonthly to set priorities, review progress and assure progress towards improvement goals.

How often will you meet? Where will you meet? When will you meet? Will you have a special retreat each year for setting priorities or reviewing progress?

QI Plan Generator

7. What quality improvement approach(es) will you use? Most healthcare organizations use the Institute for Healthcare Improvement's Model for Improvement (MFI) and Plan Do Study Act (PDSA) cycles to structure their improvement work.

8. What will you use to generate performance data? Who will be responsible for this? And how will they be supported in carrying out this function?

9. What are your annual quality goals? These are specific aims and outcomes that your QI committee and organization will work towards and direct resources towards in the coming year. It can help to use SMART when identifying improvement goals: Specific, Measureable, Attainable, Relevant, Time-bound.

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10. What goal will you work on first?

QI Plan Generator

11. QI teams are smaller groups that will work on each of the goals above. Who will be on each project team? Some teams can have dozens of staff members and patient representatives that are impacted by or involved with the process being improved.

Team 1

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12. Performance measurement. What indicators will you use to assess your current performance and progress over time for your first quality goal? Example: All staff will receive the PACT training module on patient-centered care and pass the knowledge assessment with a score of at least 90%.

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Communicating about your quality activities. What means will you use to communicate with your staff, leadership and patients about the quality activities being undertaken by the committee and improvement teams? Example: You might share meeting minutes, a QI committee report to the Board of Directors, an article in your newsletter or on your website.

13. Communicating with staff.

14. Communicating with leadership.

15. Communicating with patients.

Education. How will you provide staff and other with training and learning opportunities in the area of quality and process improvement? What skills and knowledge do you want them to develop?

16. Plan for educating your Quality Improvement Committee and Project team members

17. Plan for educating general staff and clinicians.

Evaluation. How will you track and evaluate your progress? You will want to evaluate both: 1. The effectiveness of the Quality Improvement Plan (this document) and how well it was implemented, and 2. The quality improvement projects the practice and committee undertook over the year. Some committees and teams use dashboards and datawalls as a way to visually present and display progress. These can be updated on a monthly or quarterly basis and can be a very helpful way to monitor progress over time.

18. Evaluation of Quality Improvement Plan effectiveness.

QI Plan Generator

19. Evaluation of Quality Improvement Plan effectiveness. Example of metrics: adherence to meeting schedule; number of successful improvement projects; use of systematic improvement process; diversity of improvement team. Metrics for assessing the effectiveness of your Quality Improvement Plan:

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20. Evaluation of Quality Improvement Project #1.

21. Evaluation of Quality Improvement Project #1. Metrics:

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