



physician leaders'
network |

Physicians Leading Quality Improvement

Presented By:

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Your Presenters



June Austin

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- Faculty - Alberta AIM, Institute for Healthcare Improvement (IHI)
- Senior Generalist Consultant - AMA

Dr. Janet Craig

- Primary Care Physician
- Faculty for Alberta AIM
- Teaches family medicine residents and medical students

Before we begin



www.pcnpmo.ca/PLN

The Physician Leaders' Network





Learning Objectives

- Identify, describe and begin to consider application of effective physician leadership behaviours to drive improvement in your clinic/PCN
- Review the Model for Improvement & PDSA to effectively test and spread change
- Summarize a step-wise approach to lead improvement work with your team



FOUNDATIONS OF QI LEADERSHIP



“Attention is the currency of leadership”

- Ronald A. Heifetz,

The Practice of Adaptive Leadership

5 Key Leadership Behaviours



1. Discovery of opportunities for improvement
2. Commitment to learning
3. Work with your team to create shared vision
4. Support testing and implementation
5. Sustain and spread

“Discovery”

- Ask questions and observe to better understand your current performance
 - “What do we think are the biggest challenges in our clinic? What’s causing these challenges?”
- Pay attention to quality data and experiences from various sources
 - “What can be learned from HQCA reports? From internal EMR reports? ”
 - “What are others doing differently? What can we learn from them?”
- Be aware of system wide results
 - From provincial/national quality reports (Alberta Auditor General, Commonwealth Fund, etc.





“Commitment to Learning”

- Do site visits to learn from other physicians/teams
- Connect with colleagues and mentors
- Attend educational and skill development opportunities
- Share learning with your team or bring them along



Work to Create Shared Vision



- Talk about the quality you want to provide
 - “To provide our patients with same day appointments for any problem every day. Let’s talk about what that means ...”
- Be consistent in your goals and values, share with your team
 - “ Quality PMH is our priority; when we know who our patients are, we can monitor and offer the best possible care. Let’s talk about what we need to do to get there...do we currently know who our patients are?”
- Engage with team members
 - Create a safe and engaging environment for exchange of ideas, even if they are opposing,
 - Be open to their thought and ideas
 - Provide meaningful opportunities for contribution and remove barriers to participation

Support Testing and Implementation

- Be the first physician to test a change
- Review the team’s ongoing efforts and provide input and positive encouragement on a regular basis;
 - “What have we learned about better ways we can track screening status for patients coming in each day?”
 - “What are we testing this week related to our priority on the better care planning process?”



Sustain and Spread



- Continue to schedule regular team meetings, make ‘improvement updates’ an ongoing agenda item
- Support the team to standardize and adopt successful tests of change
 - Work with management to create policy and procedure with clear plans for regular review
- Share successes and progressive learnings across the clinic, the PCN and provincial groups



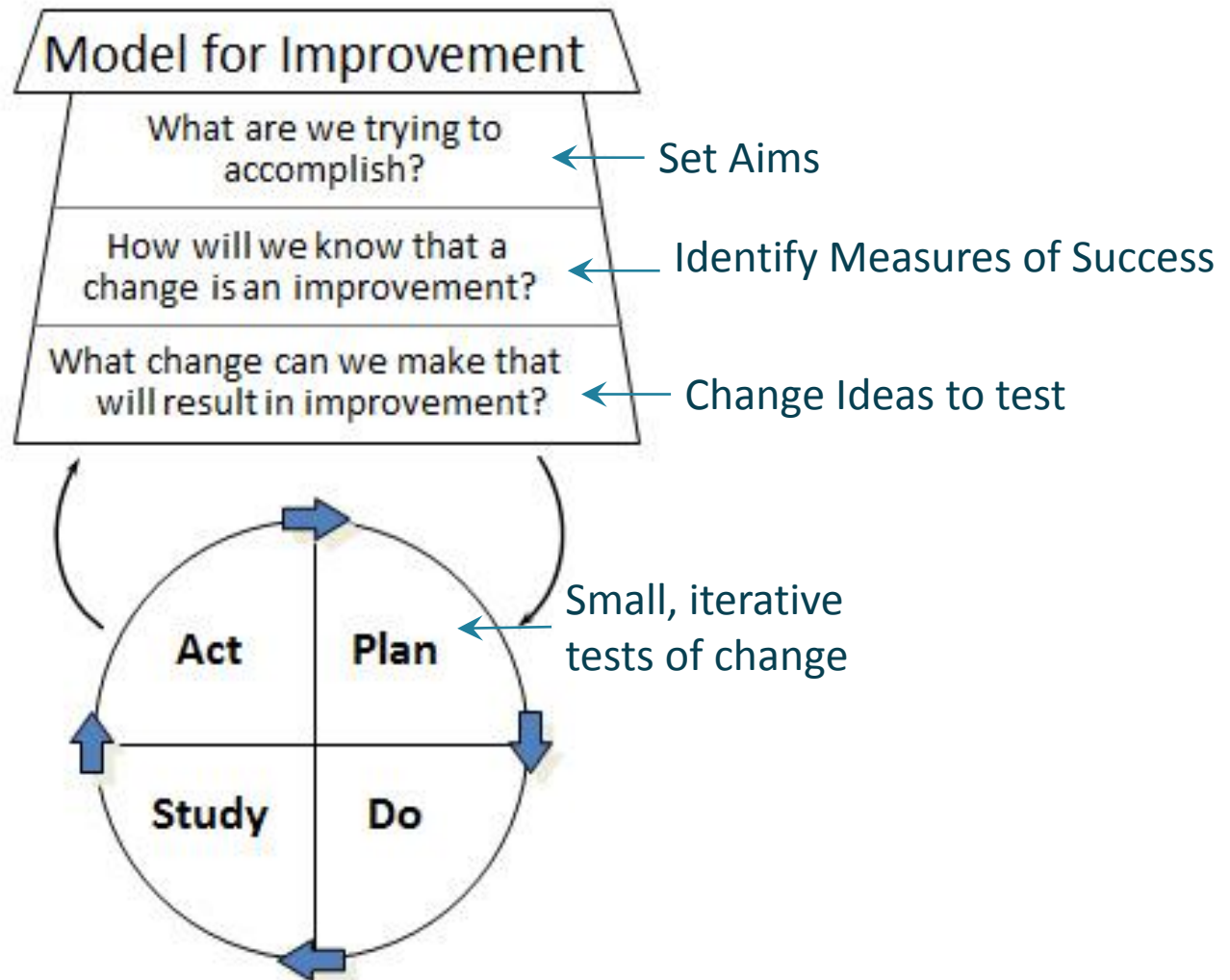
HOW DO I DO THIS? “A PROVEN QI FRAMEWORK”



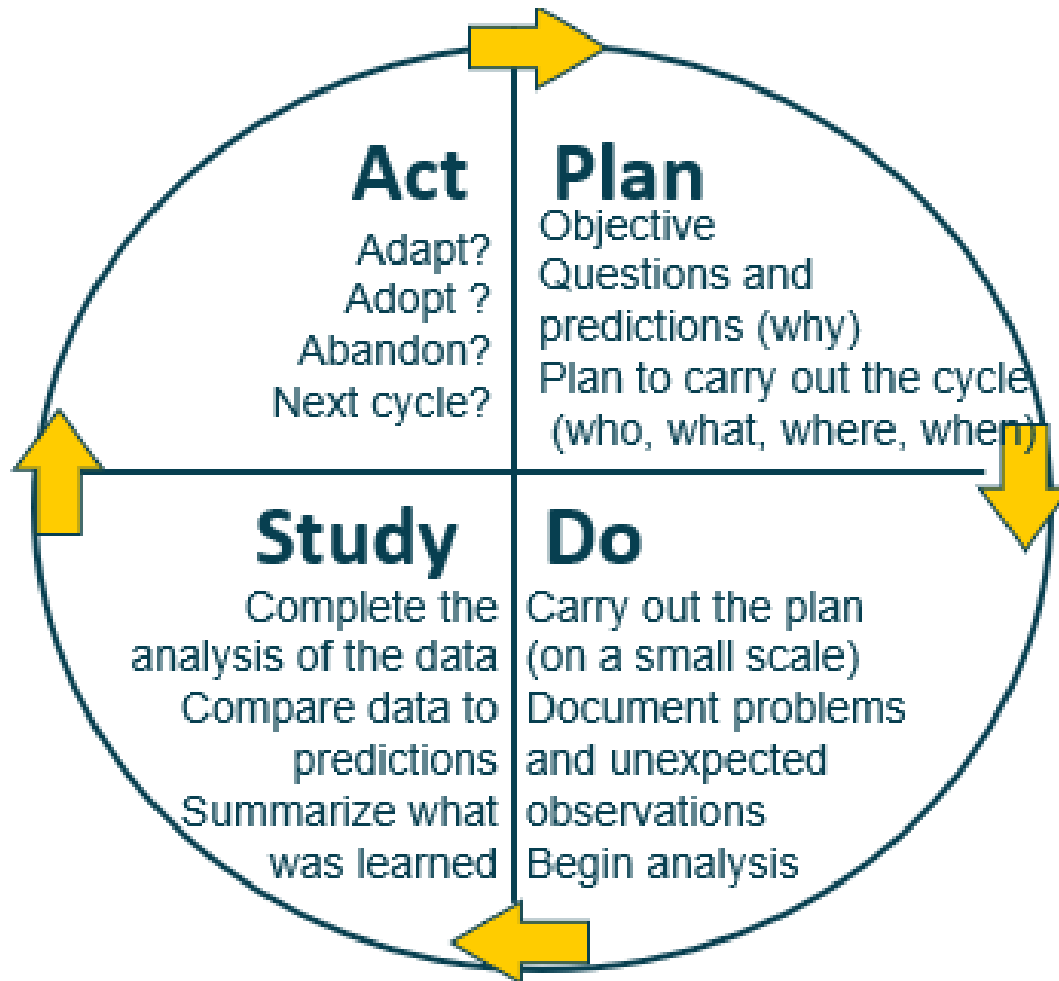
Key Points

- Increase the chance of success; use a deliberate approach to improvement
- Most improvement requires change; however not all changes lead to improvement
- Test vs. implement
- Learn your way into sustainable improvement

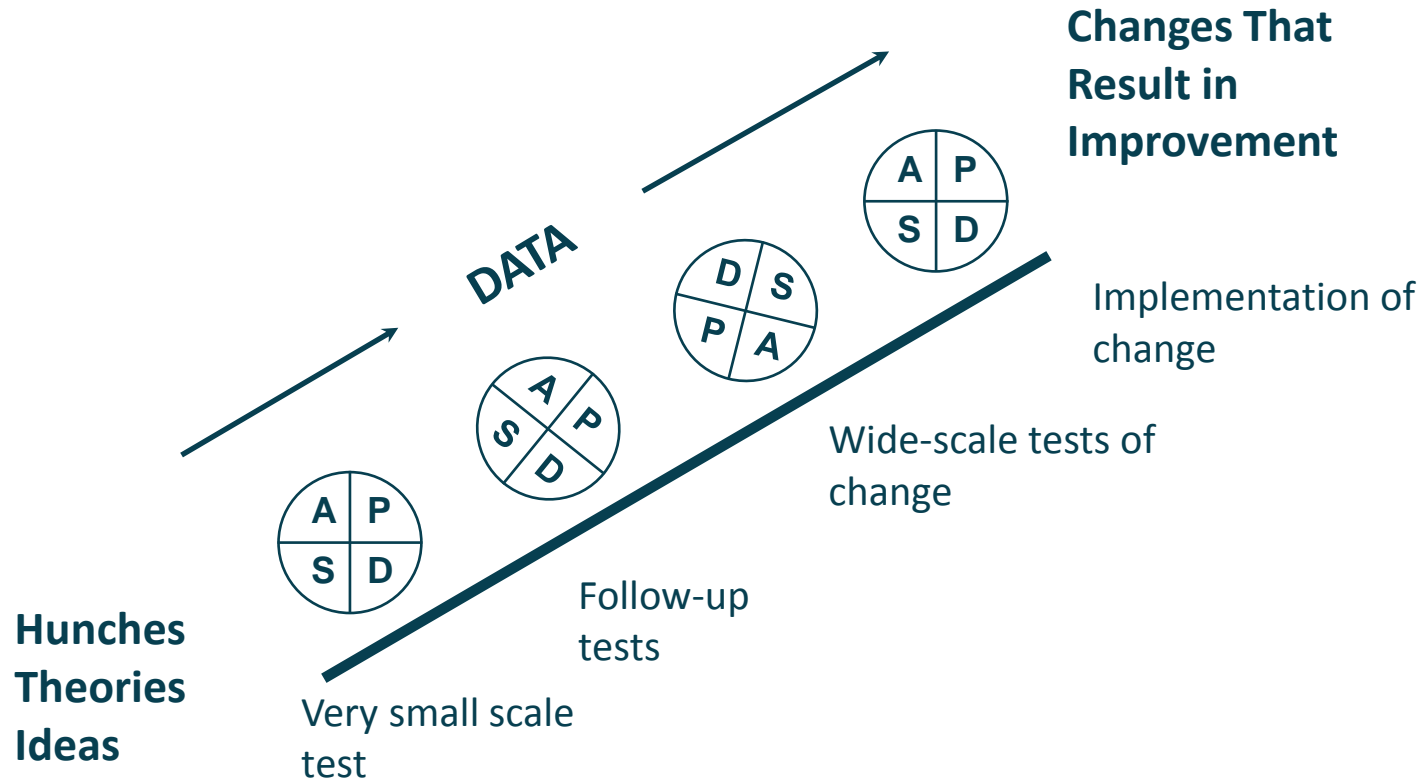
The Model for Improvement



The PDSA Cycle



The Cycles Build on Each Other...



Why Test?

- Increases degree of belief
- Allows you to document expectations
- Minimizes resistance
- Opportunity to learn and adapt
- Ability to evaluate costs and side-effects prior to full-scale implementation

QI in Short



1. Form a team
2. Set a measurable aim
3. Map the current practice
4. Identify measures
5. Identify potentially better practices
6. Test changes
7. Adopt successful tests
8. Sustain and Spread



DOES IT REALLY WORK?



Stories from the field...



Mammogram screening improvement – using the Model for Improvement

1. What are we trying to accomplish?
 - To improve the rate of mammogram screening
2. How will we know a change is an improvement?
 - The rate of mammogram screenings for eligible woman will increase (this is the measure / data to track)
3. What change(s) can we make that will result in improvement?
 - We can try to have physician remind pts (PDSA - Cycle 1)
 - We can try to have nurses call pts (PDSA - Cycle 2)
 - We can try to have reception call pts utilizing a script that underscores the concern of the physician and the relationship (PDSA - Cycle 3)



NOW WHAT?

Next Steps



- Think about what challenges you are currently facing in you clinic.
- Talk to your team
- Consider what you could do differently and how you would test it
- Tap into resources within your PCN or provincially to build skill, knowledge

More QI Tools



Tool

Model for Improvement & PDSA

Cause and Effect Diagram (related to Root Cause Analysis)

5 Whys (related to Root Cause Analysis)

Process Mapping

Value Stream Mapping

(Defect) Check Sheet

Pareto Diagram

Run Charts

Improvement Board

More Resources Available



- TOP Quality Improvement Guide
<https://www.topalbertadoctors.org/file/quality-improvement-guide.pdf>
- Your PCN
- Alberta AIM
- PLN webinar series
 - Engaging Others
 - Team Based Care
 - Patient’s Medical Home and Your Practice
 - And more coming soon

Summary Document



<http://share.albertadoctors.org/PHCP/default.aspx>

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