Sustained, ongoing collaborations for practice-based, data driven QI: 13 years of experience

Michelle Greiver, Chris Damaso, LiYang Liu, Karen Rothschild, Eric Lui, and Sue de Zwart

Department of Family and Community Medicine, University of Toronto; North York Family Health Team

Background

- Sustainable, data-driven QI in community based primary care is difficult to achieve
  - Infrastructure and processes for sustained QI may not always be present
- There are multiple competing priorities, including the need to provide clinical care, lack of time, lack of readily available data and lack of incentives
- We present an example of sustained QI in our practice

Context

- Community-based office in North York
- Part of the distributed North York FHT: 85 physicians and 50 Allied Health Professionals serve 85,000 patients.
- We formed a **QI team in 2009**, following a large-scale provincial initiative, the Quality Improvement and Innovation Partnership
- QI activities are ongoing

Objective

To describe an ongoing practice-based QI initiative and its results

- The initiative includes
  - Two physicians in the practice
  - Practice RN
  - Office Manager
  - Front Staff member
  - FHT Interprofessional Team members
  - Patient partner

QI Meetings

- The initiative is **led by the RN**
- Meetings:
  - In-person (with food)
  - Shifted to virtual during the pandemic
  - Currently hybrid
- Frequency
  - As decided by the team
  - Currently bimonthly
- Meetings are **structured**
  - Agenda, minutes
  - Data prepared by RN ahead of time
  - Ongoing PDSA cycles

QIIP Meeting Agenda

August 18th, 2022, 1-2 pm

1. Updates from AHPs

2. Review/discuss previous and current data on the following services:

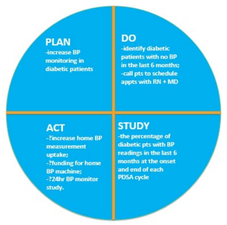
- Diabetes care: neuropathy & retinopathy screenings, BP and A1C (for Dr. Greiver and Dr. Liu). See file "2022-07-14 PDSA - Diabetes_MG.docx"

- Asthma management & Chlamydia screening (for Dr. Greiver). See file "2022-07-14 QIIP Summary - Dr. Greiver.pptx"

3. Preventive services report (Cancer Screening)
- SAR (Screening Activity Report) report comparison from Feb 28, 2022 to May 31, 2022 - see files: "Screening Activity Report - Dr. Greiver Feb 28, 2022.pdf", "Screening Activity Report - Dr. Greiver May 31 2022.pdf", "Report Overview - Preventive Services Dr. Greiver.pdf"

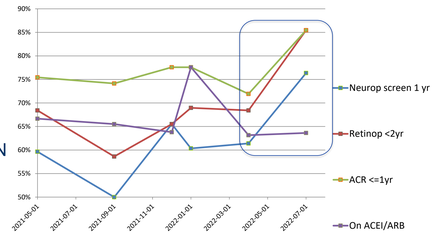
QI activities

- Examples of activities since 2009:
  - Chronic disease management
  - Advanced Access (third next appointment)
- Current areas of focus
  - Diabetes management
  - Asthma management
  - STI screening
  - Cancer screening



Example of PDSA and results, diabetes

1. Develop queries: list of patients with diabetes, no BP last 6 months
2. Screen patient if up-to-date with neuropathy and retinopathy screening, BP and A1C. Determine if patient needs to come to the office for neuropathy screen, BP check.
3. Lab req for A1C, MD note for optometry services if needed
4. Front staff member to call patients in the list to (i) make a virtual appointment with RN or (ii) make an in-person appointment with RN + MD
5. Send Ipswich Touch Test Instruction if patient does not want to come to the office for foot check



COVID-19

- COVID-19 affected quality of care
  - Disruption in usual processes (example, diabetes care scheduled at 3 months)
  - Negative impact on quality
- We had to pivot to **virtual care**
- PDSAs allowed us to rethink care, improve it and recover from COVID's effects
- We **invented new processes**
  - Scheduled, secure emailing of **Asthma Action plans** every six months

Email to patients—sent securely August 24 2020

Dear Patient

We are emailing you a copy of your asthma action plan. Asthma does not increase the risk of COVID-19, but it is important for you to manage this well. Please see https://www.lung.ca/lung-health/lung-disease/asthma/treatment

Current guidelines recommend using combined reliever / controller inhaler medications (example, Symbicort), even for as needed use. Inhalers combining reliever medication only (example, Ventolin) should no longer be used.

Results

- 15: Patients age 12 or older with asthma: 16; One patient moved out of the country; Cohort: 15 patients
- 15: Have email: 15; Emailed note, action plan, questionnaire: 15
- 12: Accessed the email: 12 / 15 (80%)
- 7: Completed asthma questionnaire: 7 /12 (58%); 6 out of 7 reported good control (green zone)

Reflections

- We have continued on our QI journey for 13 years
- A key aspect is **scheduling regular, ongoing meetings**
  - This keeps practice QI "on the radar"
- Meetings are structured:
  - Include data and PDSAs; include actions
- We share the work between team members
- We include a patient as part of our team

Conclusions

- QI processes in practice can be sustained
- Structured, regular QI meetings are needed
- Disruptive changes occur, such as COVID-19
  - We were able to continue
- A well functioning **Team promotes QI activities**
- QI can help to support Team functioning

- QR code for more information about NYFHT