

## Guide for completing the Continuous Quality Improvement (CQI) Template

Intended users:	General practitioners, GP registrars, Practice nurses, Practice managers and non-clinical staff and PHN staff
Date endorsed:	29 <sup>th</sup> July 2019
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### Introduction

This Guide describes the different sections and headings of the CQI Template ([document CQIT007D](#)). It is intended to help PHN Practice Support Teams (PST) and individual clinicians and staff interpret the questions and consider the actions that may be required to answer those questions according to the 'Ask-Do-Describe' approach. The CQI template is provided in Table 1 with summary descriptions.

**Table 1. CQI Template**

Sections	Ask-Do-Describe
<b>Why do we want to change?</b>	
• <i>Gap</i> : What is the gap in care or CQI opportunity?	Identify a gap in our care or an important CQI opportunity
• <i>Benefits</i> : What are the benefits of changing?	Describe the value of CQI for clinicians, the practice and patients
• <i>Evidence</i> : What evidence or opinions support changing?	Gather evidence or reach consensus for undertaking the CQI activity
<b>What do we want to change?</b>	
• <i>Topic</i> : What is the topic?	List the potential CQI topics or areas and agree the top priority
• <i>Scope</i> : What is the scope of the change (CQI)?	Specify the scope of the CQI project
<b>How much do we want to change?</b>	
• <i>Baseline</i> : What is the current performance	Quantify or understand our baseline performance
• <i>Sample</i> : How many patients will be involved?	Specify the sample and sample size
• <i>Target</i> : What is the target?	Set a realistic target
• <i>Preparedness</i> : How prepared is the team to undertake CQI?	Clarify whether our team is ready, willing and able to undertake CQI

<b>Who are involved in the change?</b>	
• <i>Leads, contributors</i> : Who are the practice Leads, contributors, stakeholders	List the GP and non-GP CQI Leads and everyone else involved
• <i>External</i> : What external stakeholders are involved?	List the PST team members and roles and responsibilities, if applicable
<b>When are we making the change?</b>	
• <i>Deadlines</i> : When is what happening, and who will be doing it?	Set preliminary project time lines
<b>How are we going to change?</b>	
• <i>Potential Solutions</i> : What are the potential solutions and actions?	Identify potential solutions and choose the most acceptable and feasible action
• <i>Select</i> : Select a solution or action	Select a solution or action that is feasible for all implementers
• <i>Implement</i> : How were the changes implemented, and what happened?	Implement the action and describe what happens
• <i>Record, share</i> : How is the CQI documented and how are the results shared?	Record meetings, actions and important events
<b>How much did we change?</b>	
• <i>Performance</i> : What is the performance after the change?	Measure post CQI performance and compare it with the baseline results
• <i>Worthwhile</i> : Was the CQI project and the associated effort worthwhile?	Evaluate the impact of the project (positive, negative) and whether it was worthwhile
• <i>Learn</i> : What are the learning points and needs?	Identify the learning points and needs
<b>What next?</b>	
• <i>Sustain</i> : How will the change be sustained?	Describe how worthwhile changes will be sustained
• <i>Monitor</i> : How will performance be monitored?	Describe how (if) performance will be monitored in future

## Section 1: Why do we want to change?

This question can be asked in two different ways, depending on the emphasis:

1. **Why** do we want to change?
2. Why do **we want** to change?

The most common answer to the first question would be *'because there is a perceived or actual 'gap' between current and desired performance'*. It is essential to describe the 'gap' as clearly as possible. For example: 'A substantial proportion of patients with a coded diagnosis of diabetes has not had a HbA1c test recorded in the last twelve months'. The initial description of the gap should be non-emotive and refrain from speculation about the potential reasons. Gaps tend to be in the practice structures, processes or patient outcomes (see the Donabedian Framework).

If the emphasis in the question is instead 'why do **we want** to change', a different answer is required. The 'we' could be individual clinicians or the practice manager or team – all of which may have different reasons for 'wanting' to participate in a CQI project. For example:

- Individual clinicians may participate in CQI for RACGP CPD points, a personal interest or because they are nominated by their practice teams
- Practice managers may participate in CQI to meet accreditation standards, fulfill PIP and

governance requirements and to ensure their practices remain viable businesses.

The question 'why do we want to change' can be answered by describing:

- The 'gap' between baseline and desired performance
- The value of the change for patients, individual healthcare professionals and the practice team.
- The evidence base or consensus that supports the change

There are at least three ways to identify potential gaps that are suitable for CQI activities:

- Review current performance – data and reports from data extraction software tools like Primary Sense and Pen Cat can be particularly useful;
- Review and reflect on feedback or patient safety incidents;
- The 'gap' has been identified as a local or national priority by professional organizations

#### **Top tips**

- CQI projects are more likely to be successful if there are benefits for all stakeholders, and if all perspectives are understood and accommodated.
- CQI projects are more likely to succeed if team members 'want' to participate.

## **Section 2: What do we want to change?**

If more than one 'gap' has been identified, prioritize the gaps and select only one to address first.

Clarify and agree the specific process, structure (system) or outcome that will be the focus of the change.

Evidence should be collected about the importance and clinical relevance of the 'gap'. For example, a practice identifies a 'gap' between the proportion of patients with diabetes who have had a HbA1c recorded in the last 12 months, and the number of patients they would like to have had a HbA1c recorded. The 'gap' is a process measure and there is high quality, international evidence that increasing the monitoring of diabetes improve care quality. In those instances where there may not be evidence the team should agree that the 'gap' is important.

## **Section 3: How much do we want to change?**

There are at least three ways to interpret this question. The first interpretation is that the question asks about the motivation of the team to change. The answer to this question is related to the 'why do we want to change' section.

The second interpretation of this question is that it asks how many things the team wants to change. The answer to this question helps to define the scope of the project. For example, a practice may choose to improve the number of patients with a recorded HbA1c. Another practice may choose to increase the number of patients with a recorded HbA1c, BMI, smoking status and BP.

- Define a feasible scope of practice
- Quantify or describe the current performance
- Set a realistic target (goal)

Determine the level of 'preparedness' of the team (the sum of being 'willing', 'ready' and 'able'). What is the motivation of individuals and the practice? What urgency (priority?) is perceived for changing?

The third interpretation of the question is that it asks by how much the team intends to improve a specific aspect of care.

#### **Top tips**

- CQI projects are more likely to succeed if teams or individuals choose a single aspect of care to improve. However, experienced teams are able to make several changes concomitantly
- CQI projects are more likely to succeed if teams set realistic targets. A target of 100% is seldom attainable.

## **Section 4: Who are involved in the change?**

Nominate a GP and non-GP to be CQI Leads for the team

Identify everyone else who is involved in the change and clarify their roles and responsibilities.

Identify the PST team members who are involved, and their roles and responsibilities.

The Practice Support Team (PST) can provide 'coaching' and individualized CQI assistance in a more efficient and effective manner if they work with nominated individuals from a practice. The recommended approach is for the team to nominate (self-nominate) one GP and one other member of staff who will have overall responsibility for the CQI project. The main responsibility of the lead GP (or 'clinical champion') is for clinical governance. Additional roles may include leading the project, communicating with peers and providing clinical advice. The non-GP team member would normally be the practice manager or practice nurse. However, other team members are able to have lead CQI roles. The role of the non-GP team member is crucial to the success of the CQI. This person is responsible for enacting the plan within the agreed time frames. She/he is also the usual point of contact for the PST.

## **Section 5: When are we making the change?**

Set realistic timelines for actions, meetings and the overall project

## **Section 6: how are we going to change?**

Brainstorm potential changes (solutions). Alternatively, select or develop a solution.

Select a solution or action that is acceptable and feasible for all implementers. Consider potential unintended consequences or risks of implementing the change

Test the solution (i.e change or action) on one or a small number of cases. If it is feasible, safe and acceptable, implement the change more widely.

Describe what happened when the change(s) was made

This question is a prompt for the PST or practice team about the documentation of the processes that support the CQI process. The answer to this question requires a more detailed answer than simply the

geographical location of an interaction between the PST and a practice, or a practice meeting. The characteristics of the interaction needs to be described as well.

It is essential to document all interactions between the PHN and practices. What type of interaction took place, i.e. telephone, e-mail, visit? When did the interaction take place and who did it involve? What was the purpose of the interaction?

From a practice perspective, it is important to document all practice meetings – especially the initial CQI meeting, and the meeting towards the end of the project for disseminating results and reflection. It is essential that informal and formal CQI and CQI related meetings are documented, even if the PST is not present. The following aspects of a meeting or interaction should be documented:

- Who is in the meeting or interaction?
- The time of the interaction or meeting
- The reason for the meeting
- The outcomes of the meeting or interaction.
- Are there any specific actions?

The reason for the meeting can be a summary or brief description only. It should not simply duplicate other sections of this template. For example, the reason for an initial meeting with a practice may be ‘To discuss the implementation of PIP QI and how the practice team can conduct a useful CQI project’.

Each test, change or solution should be described in practical terms with sufficient information that someone who was not involved would be able to replicate it, or understand its application. It is essential to describe what happened when the change was tested or implemented. Did the team members go along with it? Were there unexpected issues to deal with? Was the solution adapted from the original intention? Evidence about changes and solutions can be written descriptions. Photos, video clips and supporting documentation (for example a new patient registration form)

## **Section 7: How much did we change?**

Quantify or describe performance. Compare the results with the baseline levels of performance and with the improvement goal.

Reflect on the impact of the change – positive or negative? Was the change (CQI) worthwhile?

Reflect on the change process – what factors helped or hindered the CQI efforts? What can the team do different next time?

## **Section 8: What next?**

If the change is an improvement, consider how it will be sustained or spread.

Consider whether, when and how performance will be monitored in the future