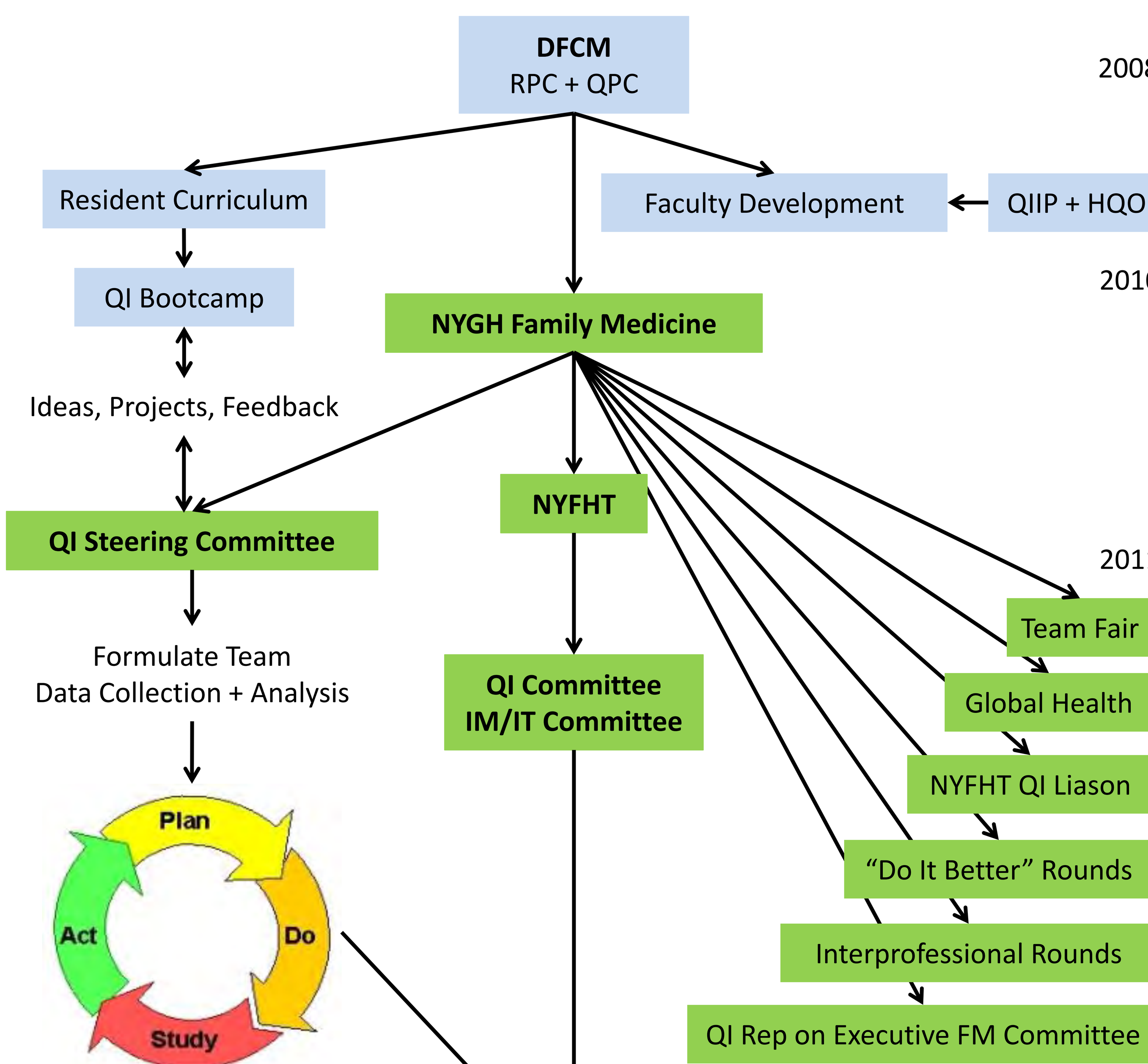
Quality Road Map: Teaching QI in the Community

Josephine Lee , MD. Joanne Laine-Gossin, MPC, MD, CCFP. and Harvey Blankenstein, MD, CCFP, FCFP.

Introduction

Quality Improvement (QI), which is predicated on continuous study and improvement in health care delivery, has increasingly become an integral component of primary care in Canada. One of the driving forces behind this change is the recent Ministry guidelines released by Health Quality Ontario (HQO) which recognize that quality improvement activities result in sustained improvement in operational efficiency and clinical outcomes. The majority of peer-reviewed research in this area has been completed at academic medical centers, with little mention of QI initiatives in community settings, when in actual fact, it is community primary care physicians who are responsible for providing the majority of primary care services in Canada. We present the development and refinement of a QI curricula delivered in a community primary care setting in Canada. Family medicine resident QI training was used as the primary vehicle for QI delivery and capacity-building amongst department members , which has helped sustain and spread QI initiatives. Using QI tools, we have demonstrated the process of implementation of this curricula, including driving/sustaining forces and barriers, so that other similar communities across Canada can learn from our experiences and implement a similar curriculum in their respected communities.

Process Map



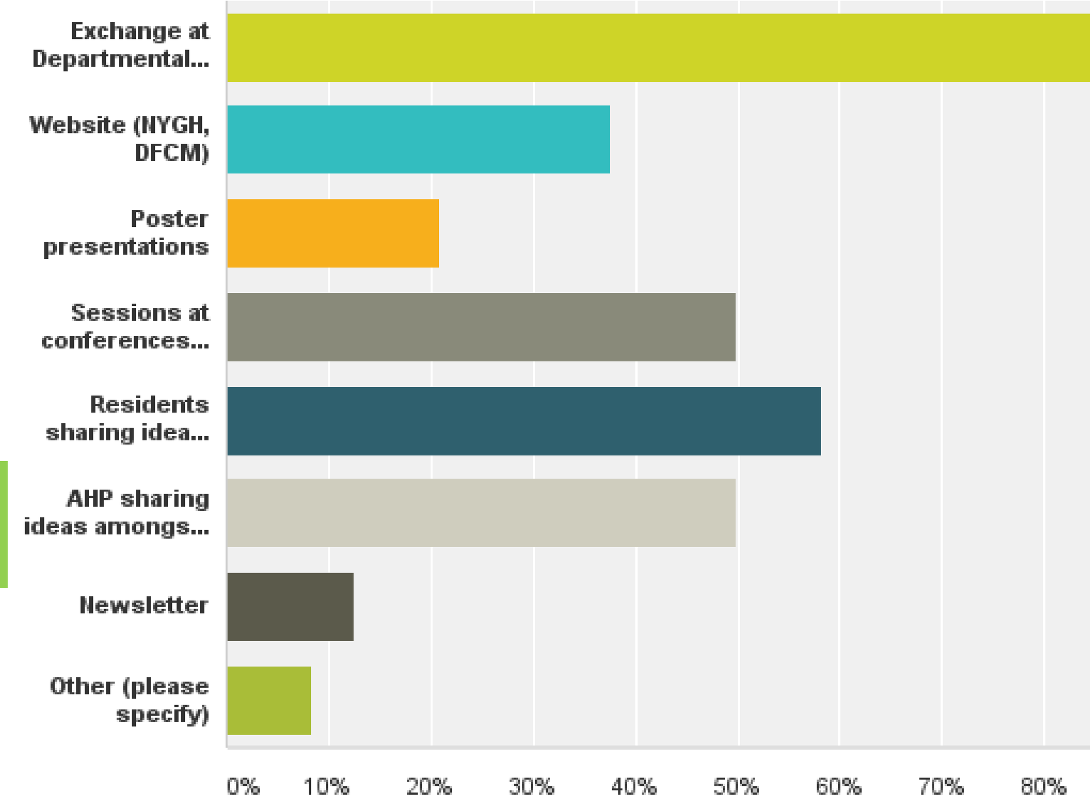
Training	Capacity	Continuity
QI Bootcamp (site-specific)	DFCM online resources and Dropbox	NYFHT Data Manager and QIDSS
Resident QI sessions by local HCP + AHP	Evaluate resident projects by all faculty	Presentations at rounds, conferences, posters
Buddy mentoring (PGY2 to PGY1)	AHP participation in Bootcamp & CME	NYGH online database of local projects
Local faculty development (refresher course)	Liaising with FM Research, PD	DPT Software
Experienced-Based Design Workshop	CPCSSN	CPD rounds promote self-reflection
	Gordon Cheeseborough Chair in Family Medicine Research	

DFCM = Department of Family and Community Medicine; RPC = Residency Program Committee;
QPC = Quality Improvement Program Committee; NYGH = North York General Hospital;
NYFHT = North York Family Health Team; QIIP = Quality Improvement and Innovation Partnership;
HQO = Health Quality Ontario; QIDSS = Quality Improvement Decision Support Specialist;
DPT = Data Presentation Tool; CPCSSN = Canada Primary Care Sentinel Surveillance Network

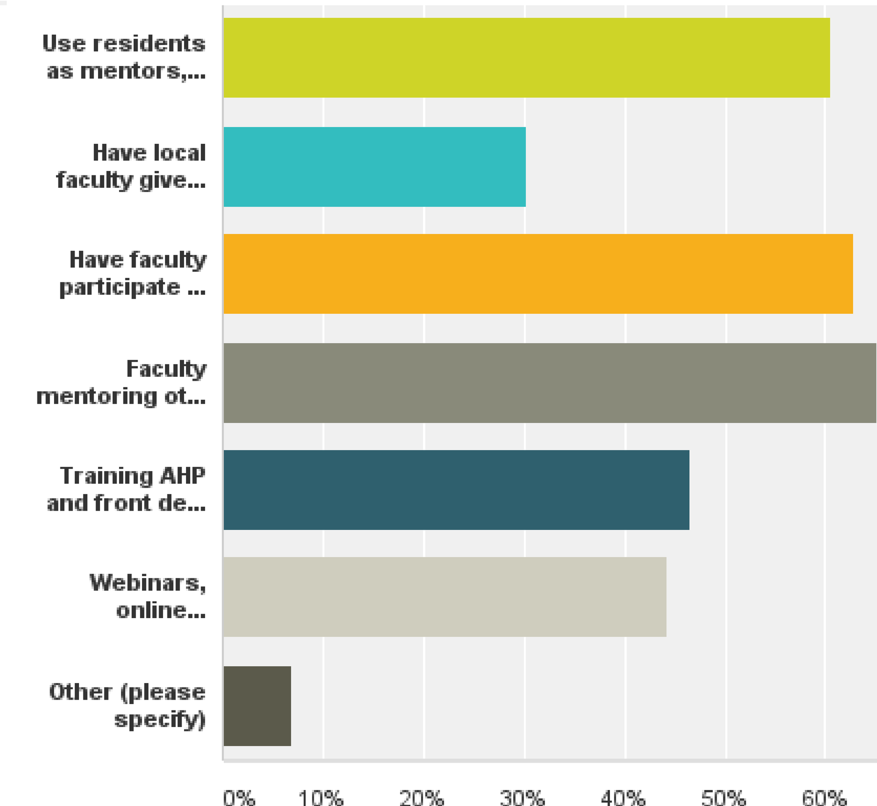
Results

- 18 community sites are involved in North York, Ontario. North York family physicians were surveyed (n=43).
- **81%** of physicians were involved in 1 or more QI projects in the past year (compared to 47% in 2011)
- **74%** planned to continue QI work, 5% did not, and 21% were unsure.

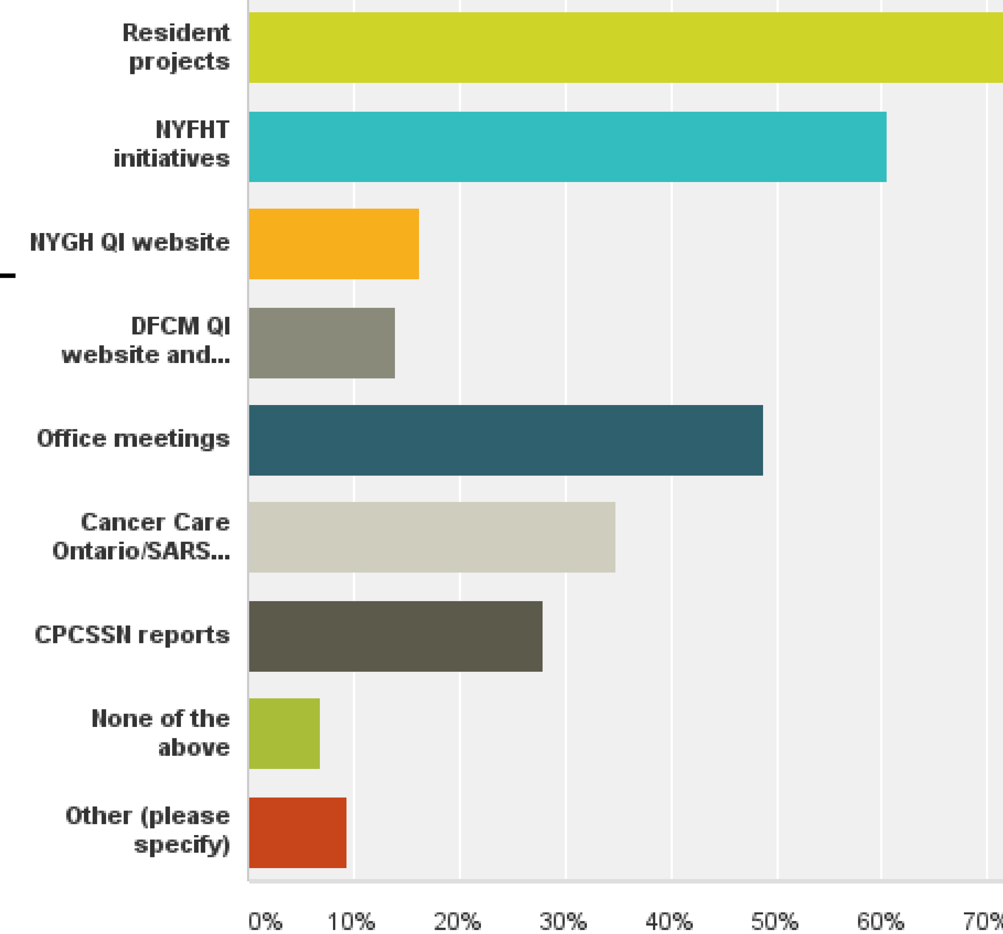
Helpful ways of spread/dissemination of QI initiatives is through



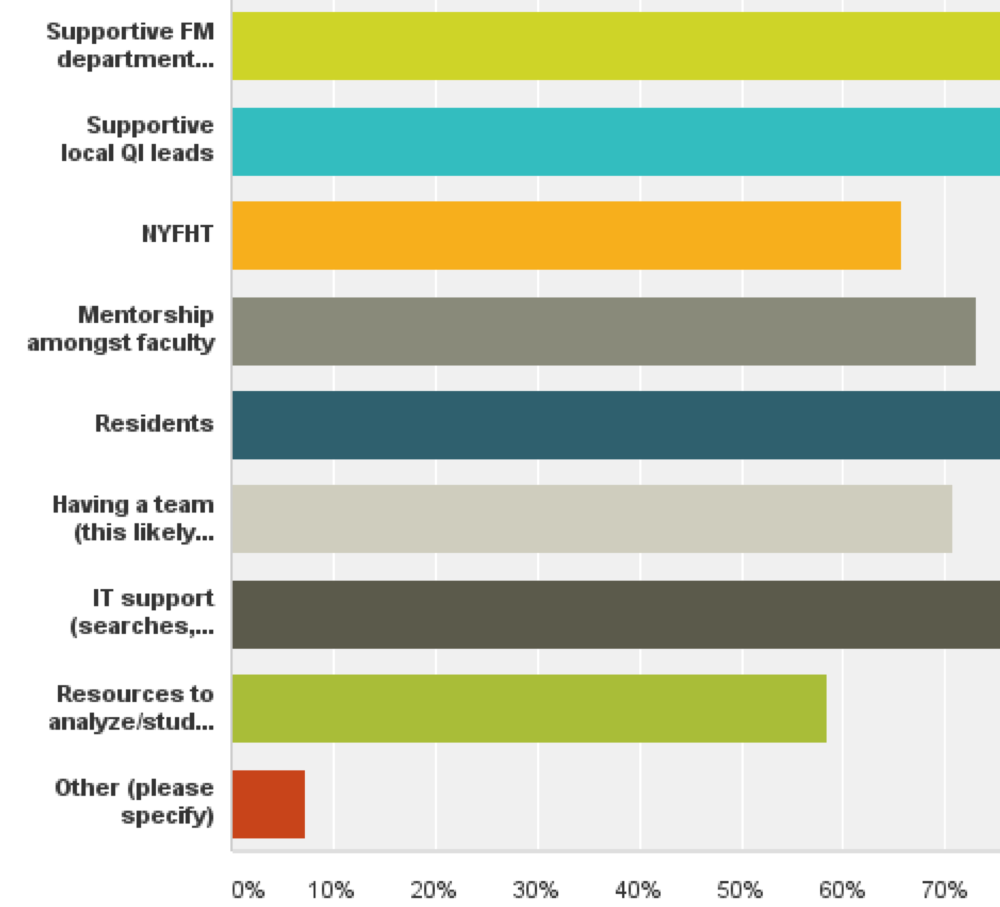
The following ways are helpful in building QI capacity (i.e. acquiring QI knowledge and applying it to office practice):



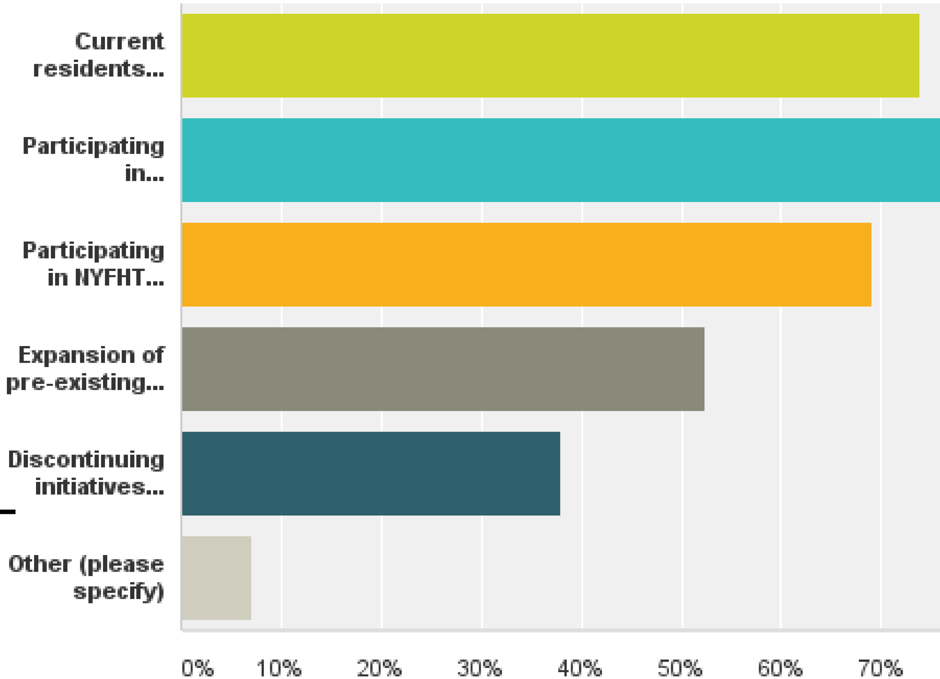
I find the following helpful in identifying and developing new QI initiatives:



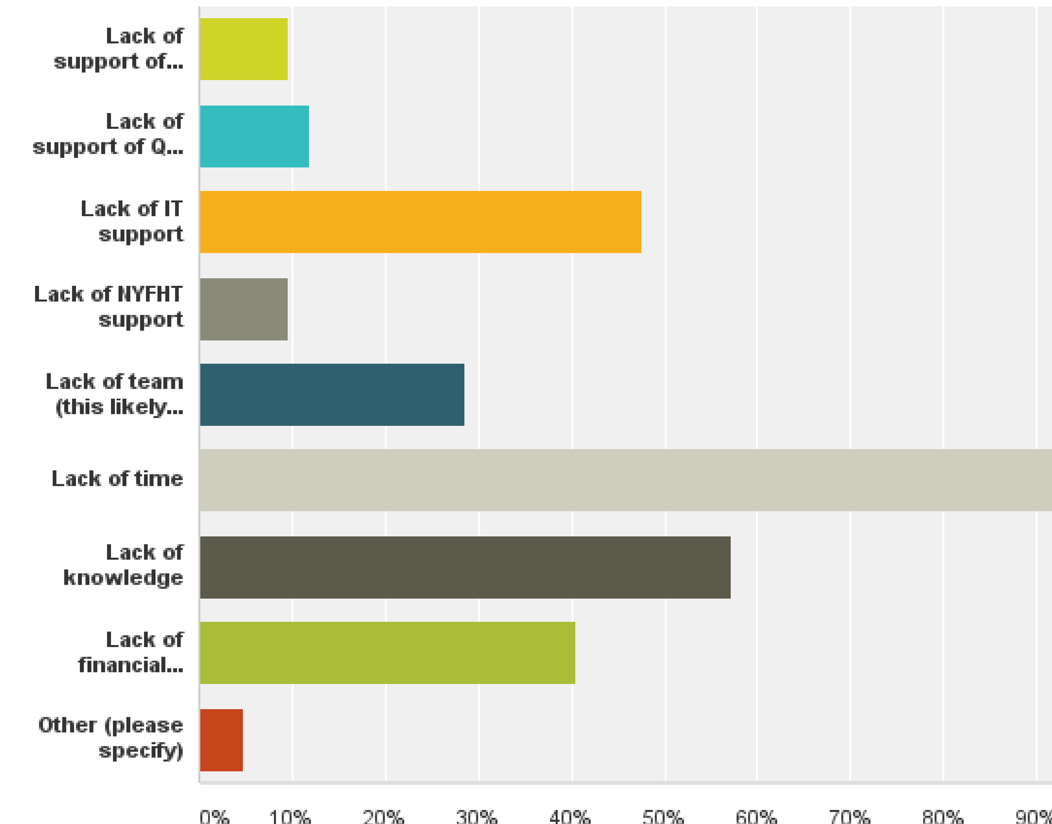
Enablers of QI work include:



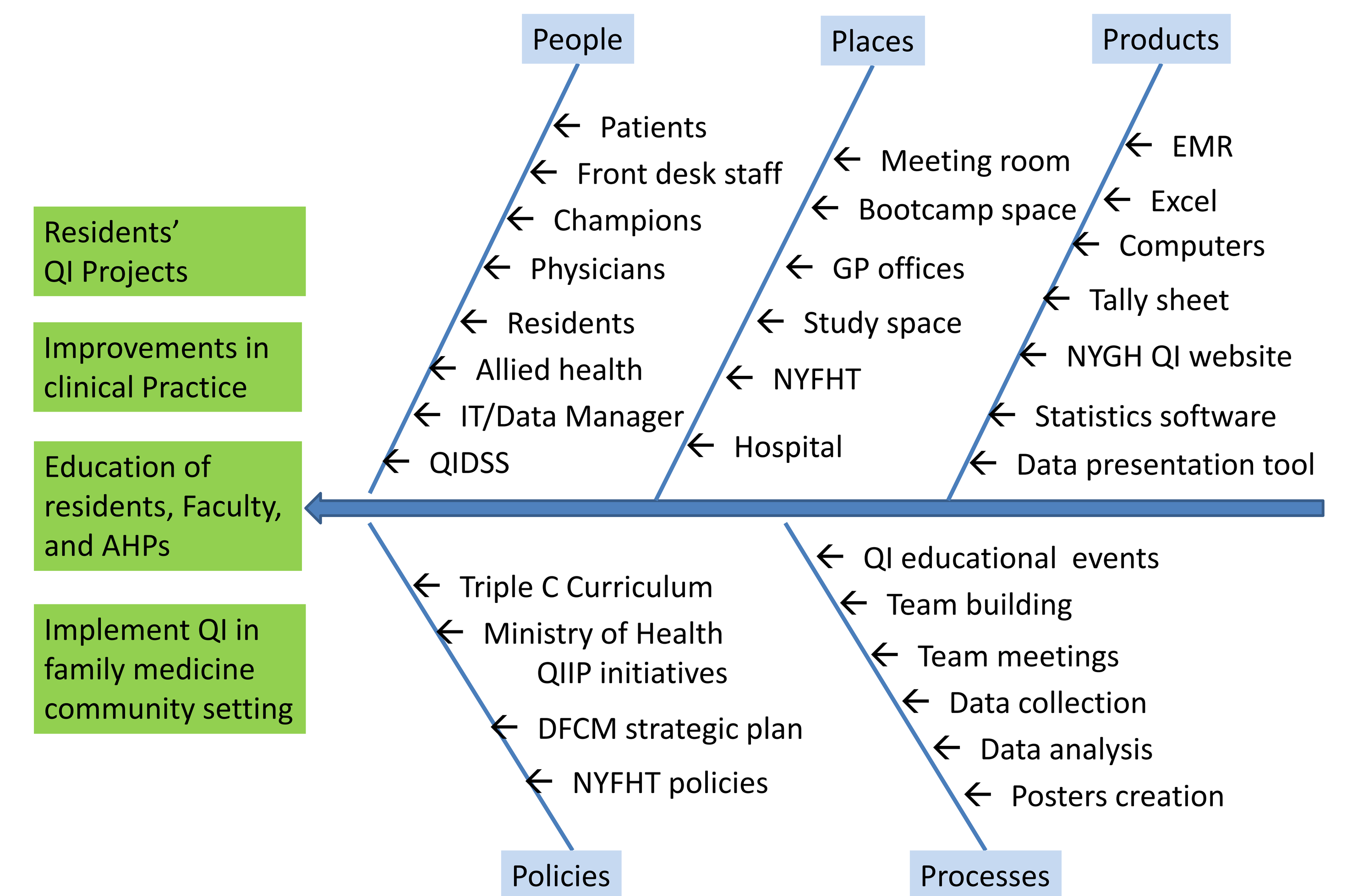
Continuity/sustainability of QI work is accomplished by



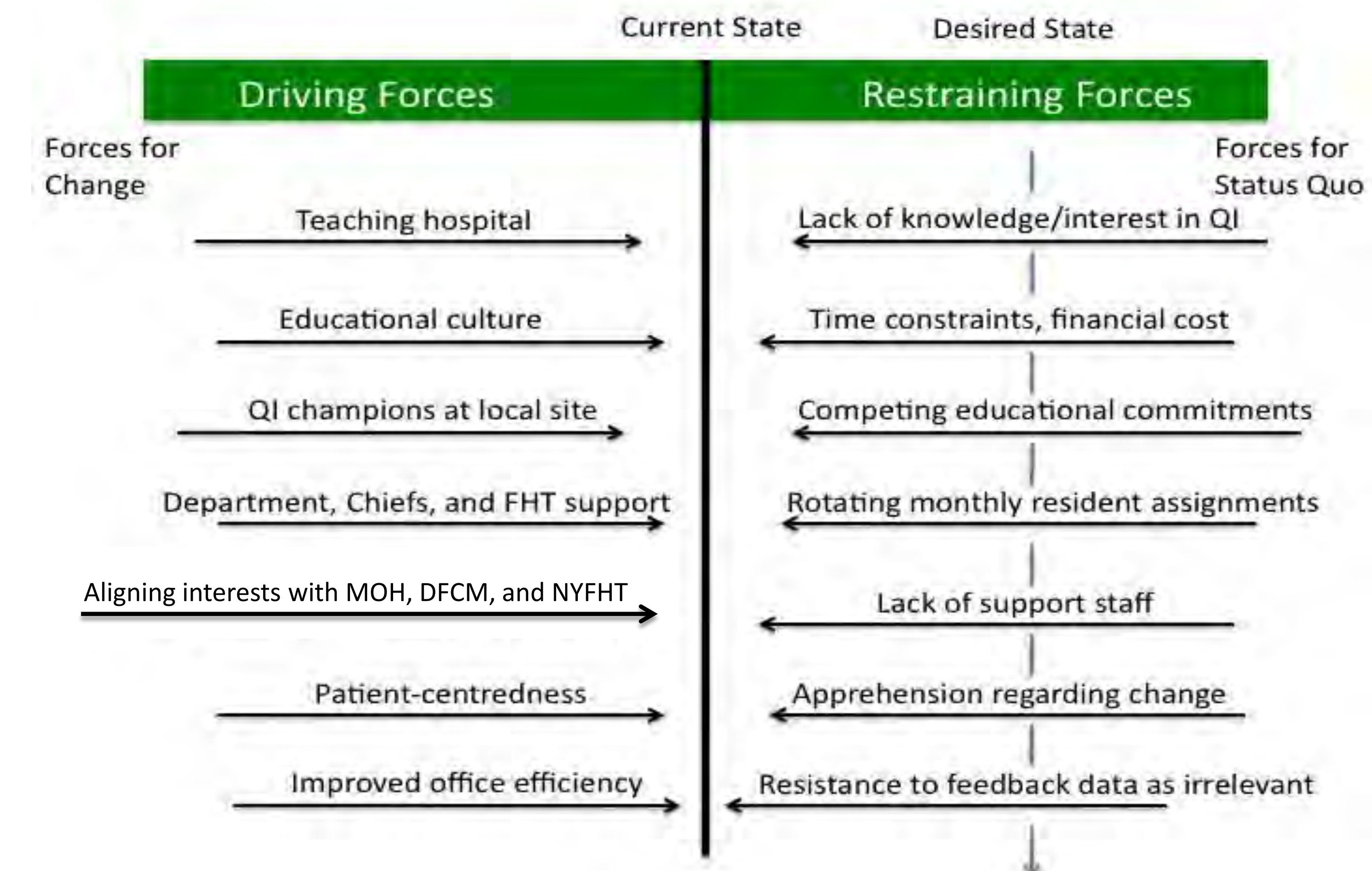
Barriers to QI work include



Fishbone (Ishikawa) Diagram



Current Force Field (2015)



Conclusions and Next Steps

The QI program at NYGH illustrates the successful integration of QI education in a community primary care setting. Through the resident's QI curriculum, residents have carried forward numerous successful projects at individual community offices. Our framework for implementing QI in a community setting could easily be adopted by community GPs. Training and spread of QI now occurs locally. Our poster highlights the importance of local leadership in sustaining the QI process. Capacity building was essential to successful QI implementation as we trained faculty and residents, motivated and mobilized people, standardized data input and management, among other tasks. The resident QI curriculum is becoming more rigorous with defined clinical standards and competencies. To ensure the sustainability and further development of projects year to year, a mentoring framework is in place to provide continuity and further development of ongoing QI projects with incoming residents. Efforts will be made to align the NYFHT QIIP plan with NYGH DFCM QI vison along with collaborating with ongoing QI at the hospital to ultimately drive a quality culture in our community family medicine department at large. These necessary next steps will undoubtedly result in meaningful changes that foster resident, community GP, and allied health involvement in QI projects longitudinally.