

**PRACTICE QUALITY IMPROVEMENT (PQI) PROJECT**  
**FACULTY RESOURCE MANUAL**  
**FAMILY MEDICINE RESIDENCY PROGRAM**

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## 1. What is practice quality improvement?

A **commitment to continuously** improve the quality of healthcare, focusing on the preferences and needs of the **people who use services**. It encompasses a **set of values** (which include a commitment to self-reflection, shared learning, the use of theory, **partnership** working, leadership and an understanding of context); and a **set of methods** (which include measurement, understanding variation, cyclical change, benchmarking and a set of tools and techniques)”

*Royal College of General Practitioners, United Kingdom*

Our main objective is to improve the quality of our medical home (see <https://patientsmedicalhome.ca/>). The quintuple aim and six dimensions of quality provide us with a framework to think about when considering improvement projects.

The Quintuple aim:



The six dimensions of quality:

- Timely
- Efficient
- Equitable
- Safe
- Effective
- Patient-Centred

*Q - What are we trying to improve?*

*A – Life, the Universe, and Everything (AKA - Our medical home)*

## 2. Why is practice quality improvement important?

We all strive to do better, however sometimes the best intentions have bad outcomes. The road to hell is paved in good intentions. Quality improvement science can help us determine if our intentions and actions are beneficial or not. By testing and evaluating our actions we can determine how best to improve.

Regulatory bodies such as the College of Physicians and Surgeons of Alberta (CPSA) now require us to report on our quality improvement activities. By participating in quality improvement and resident quality improvement activities you will be able to indicate that you have used objective data and quality improvement methods and that you are confident and can teach others how to do quality improvement.

*“We are what we repeatedly do. Excellence, then, is not an act, but a habit.”*

*“the fact that there’s a highway to hell and only a stairway to heaven says a lot about anticipated traffic numbers”*

*Q - Why do quality improvement?*

*A – To avoid going to hell*

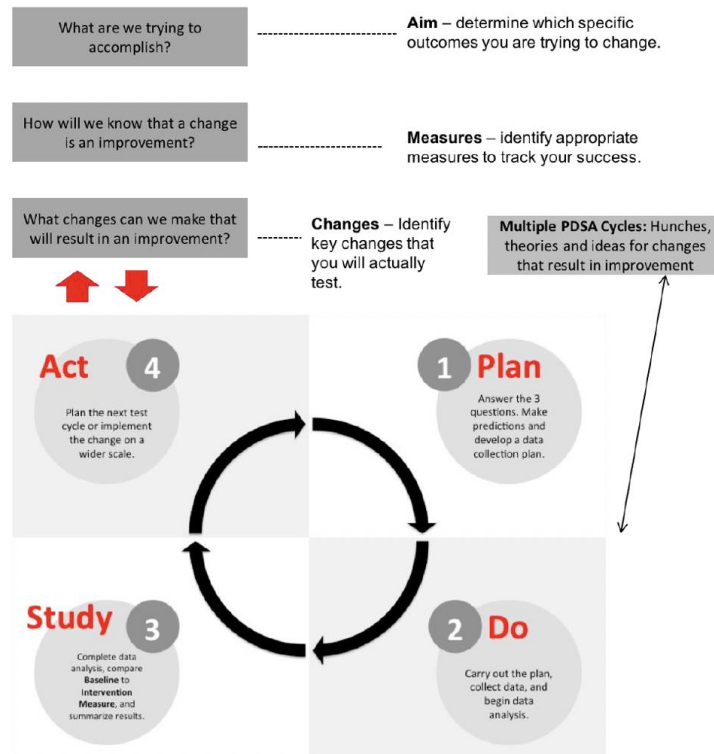
### 3. What's your role as faculty advisor on your resident's practice quality improvement activity?

Quality improvement is a **team activity**. Your resident will require your input and engagement on their quality improvement project. The resident's quality improvement project needs to focus on an area of improvement identified by the practice. This could be a new project or an ongoing quality improvement activity that your practice is engaged in. If you and your practice are not able to engage in a quality improvement project, your resident has an option to do a simple audit instead. The resident's PQI manual has details on how to conduct a quality improvement project and/or an audit.

You and your resident's steps in completing a quality improvement project

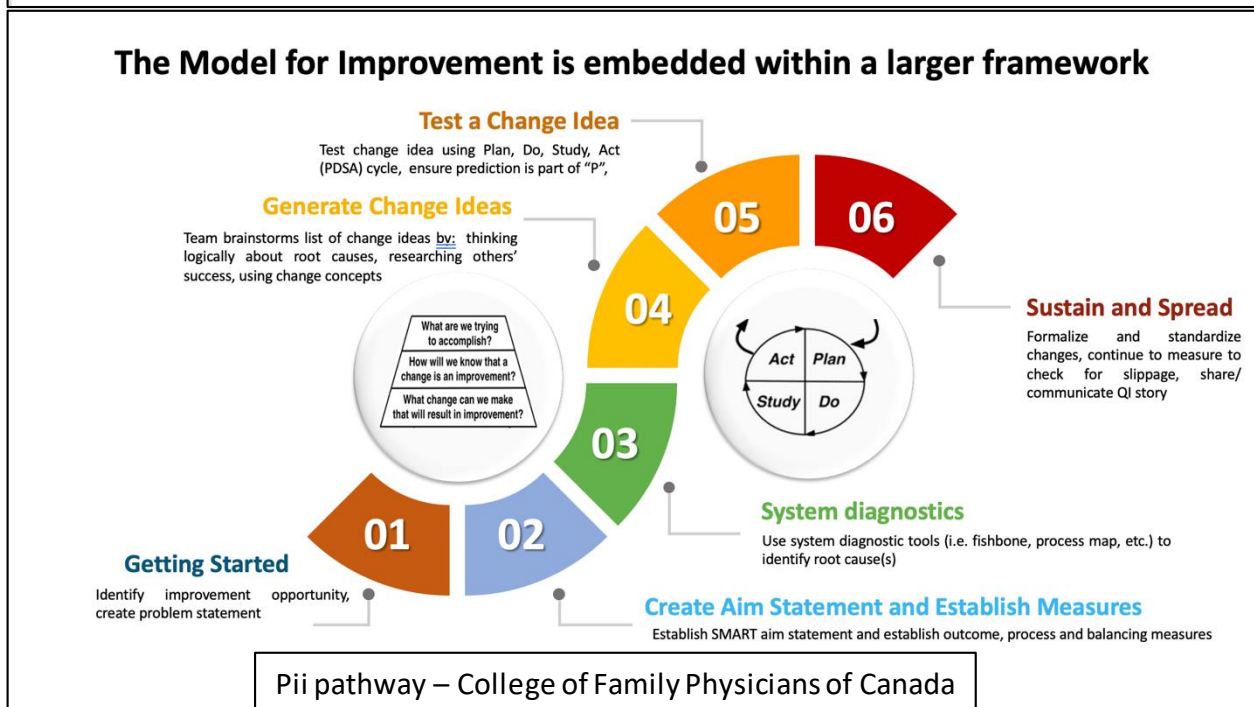
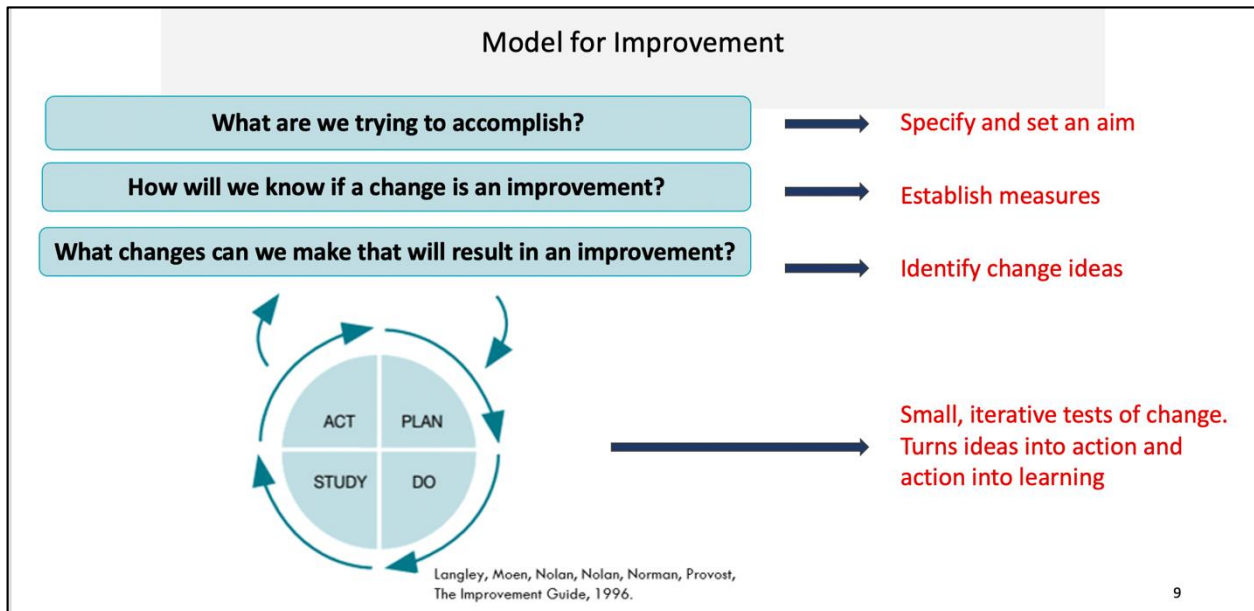
- a. Identifying an area to improve
- b. Asking three questions
  - i. What are we trying to accomplish?
  - ii. How will we know if a change is an improvement?
  - iii. What changes can we make that will result in an improvement?
- c. Test 1-3 change ideas using 1-3 PDSA cycles
- d. Present findings

#### The Model for Improvement – PDSA Cycles



Source: Langley, G.L., Nolan, K.M., Nolan, T.W., et al. (1996). The improvement guide: a practical approach to enhancing organizational performance. San Francisco: Jossey-Bass.

## The model involves asking three questions and steps to test change ideas



Quality improvement seeks out truth, beauty and understanding. This requires a non-judgemental attitude and a culture of curiosity. This culture creates a workplace that seeks out how to do better without blame or shame. It is about finding out what is right, as opposed to a focus on what is wrong.

*Q - What is not Quality Improvement?*

*A – Finding someone or something to blame for a problem*

#### 4. What are possibilities with residents – ideas on how you can work with your resident(s) on a quality improvement project

Of note, Quality Improvement is a team sport, so share the load, this activity can involve everyone in the practice including administration, nursing, patients, and residents. It takes a community to raise a resident.

(See below suggested time-line for a 6 month block time resident rotation)



*Q – What is SMART?*

*A – Specific, Measurable, Attainable, Relevant and Time-based*

## 5. What resources are available for Practice Quality Improvement

Doing practice quality improvement is not hard, however it requires organization, time, and resources. Since quality improvement is a team activity, organizing regular times for the team to get together is important. This can be done by including an agenda item of quality improvement on the regular meetings with the team.

### PEOPLE RESOURCES

- Expertise in the practice
  - For data - EMR and those with expertise using EMR data
  - Administration
  - Clinicians
  - Patients
- Expertise in the Department of Family Medicine
  - Quality Supervisor and Quality Coordinators
  - Research Director and Research Coordinator
  - Residents and Faculty
- Quality Improvement Workshops and resources can be made available through
  - The Department of Family Medicine Research Program
  - Some resources may be available through the Primary Care Networks
  - The Physician Learning Program at the University of Alberta

### DATA RESOURCES

- EMR data
- Department of Family Medicine practices - Family Medicine quality metrics data
- For practices contributing EMR data to CPCSSN – the Data Presentation Tool
- HQCA Physician reports
- College name to College of Physicians and Surgeons of Alberta (CPSA) - Physician data

### OTHER RESOURCES

- The College of Family Physicians of Canada
  - The Practice Improvement Initiative (<https://www.cfpc.ca/pii>)
- The Institute of Healthcare Improvement (IHI) (<http://www.ihl.org/>)

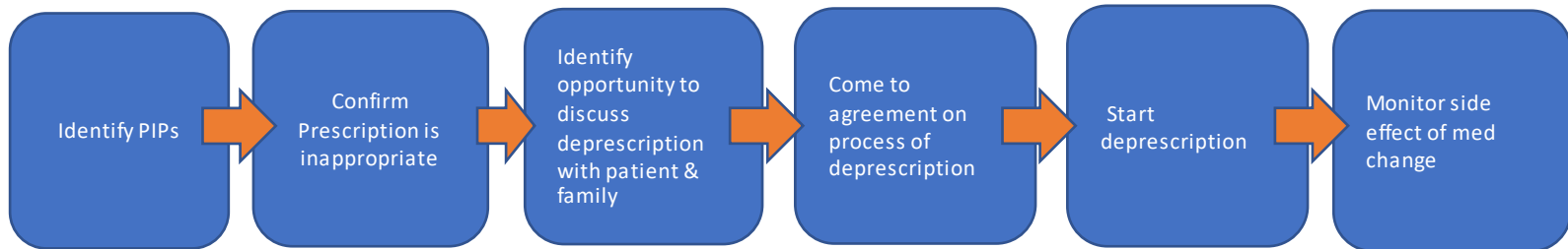
*Q - What do researchers and quality improvement practitioners have in common?*

*A – Organized curiosity*

## 6. Resources and Examples for Practice Quality Improvement

### QUALITY IMPROVEMENT PROJECT ON HEALTHIER PRESCRIBING IN OLDER PATIENTS

Example of process map to reduce potentially harmful prescriptions



Decide on which medications you want to address in your practice and then implement a change using the below resources and toolkits

The mysleepwell (<https://mysleepwell.ca/>) site also has excellent resources to help patients with insomnia

Deprescribing Algorithms	Patient Education Materials	Deprescribing Toolkits	Webinars
<a href="#">PPI</a> <a href="#">Antipsychotics</a> <a href="#">Benzodiazepines</a> <a href="#">Sulfonylurea</a>	<a href="#">Patient resource for Use of PPI</a> <a href="#">Treating dementia with Antipsychotics</a> <a href="#">Sleeping pills in older adults</a> <a href="#">PPI patient decision aid</a> <a href="#">Deprescribing information pamphlets</a>	<a href="#">Drowsy without feeling lousy</a> (deprescribing Benzo toolkit) <a href="#">Bye Bye PPI</a> (deprescribing PPI toolkit)	<a href="#">Deprescribing in Primary care</a> (choosing wisely Canada) <a href="#">Shared decision making with pts</a> (deprescribing.org)



## Contact

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# Appendix A

## PQI check-list

### Complete BEFORE doing the PQI

#### 1. Question/Aim adequate and doable?

A meaningful and doable question that both resident and practice agree on

#### 2. Project does not require ethical approval?

- No comparisons are being made and this is not a research project hence consent is not required
- There are no risks or burdens beyond routine care
- The resident would normally have access to the information being collected
- The information does not go beyond that routinely collected in clinical care
- There are no risks of breaching confidentiality of any individual's information (i.e. could you identify a physician or patient from the results)
- The project does not infringe on the rights, privacy or professional reputation of participants (patients, providers, clinics)
- The project is sensitive to privacy and has no ethical issues (If unsure check with the **Research Program or Research Ethics Board**) To determine if QI is not Research (see <https://www.ualberta.ca/research/media-library/reo/human-ethics-files/forms-files/guidelines-for-differentiating-among-research.pdf>) If needed Request UofA Determination of Ethic Review (see <https://docs.google.com/forms/d/e/1FAIpQLSdF7zSkkCleXK-mwjgyIV9BSVLBaIOR6OYsXIIluw59G2io0A/viewform>)

#### 3. Decide on standards and discuss with advisor?

Based upon a critical review of the literature adapted to the practice setting

Signature of Resident \_\_\_\_\_ Date \_\_\_\_\_

Signature Faculty Advisor \_\_\_\_\_ Date \_\_\_\_\_

Signature of Preceptor \_\_\_\_\_ Date \_\_\_\_\_

## Appendix B

### ***OUTLINE OF THE WRITTEN PQI REPORT***

A written report of your project is to be presented to your faculty advisor and the community preceptor (an additional copy to the Department of Family Medicine is also requested). Your faculty advisor and/or community preceptor may also request an oral presentation of your project.

The PQI report should be in publishable format with the following headings:

- **Title page** – Include the title of the project, your name, the name of your primary community preceptor, faculty advisor's name, and date.
- **Introduction** – Start with a sentence or two summarizing the problem/area for improvement. (e.g. what is the problem, why is it important?). Provide a brief description of the setting and the team (e.g. roles and positions of the project team members). For a quality improvement project also provide an Aim Statement (e.g. articulate your project aim using the SMART acronym).
- **Methodology** – Describe: 1) What PQI measures you used to evaluate the interventions (e.g. outcome, process, and balance measures). 2) Describe change ideas and what change(s) were implemented. Where possible, describe why the proposed changes would be expected to address the problem/area for improvement. 3) Provide a detailed description of each iterative (PDSA) cycle used to implement the change ideas. 4) Describe the analytic approach used to evaluate the impact of the intervention (e.g. check sheets, run chart, histograms, scatter plots, pareto charts, audits, etc.).
- **Ethical implications** – Check with the UofA's ethics office for any ethical implications, and if needed request a determination of ethics review.
- **Results** – Present/summarize the main results of the PQI and/or anticipated results.
- **Conclusions** – State concisely what you are able to conclude, include implications of findings. Comment on limitations and future directions.
- **Acknowledgements** - Acknowledge the supports you received to complete your project.
- **References** – If included, check references for accuracy, completeness, and proper format (according to the Uniform Requirements for Manuscripts Submitted to Biomedical Journals; <http://www.icmje.org/>). References should be numbered in the order they appear in the text. List all authors when there are 6 or fewer; when there are 7 or more, list the first 6, then et al.

e.g. Godwin M. Conducting a clinical audit. Fourteen steps to better patient care. Can Fam Physician. 2001;47:2331-3.