

OVER ALL GOAL

To enable primary healthcare teams to enhance the care experience and outcomes of the population they serve through continuous improvement in effective, efficient, accessible, comprehensive, patient centred, and team based primary healthcare.

	Activities	Outputs	Within-Collaborative Outcomes	Short-Term Indicators	Post Collaborative Outcomes
	<b>BUILD CAPACITY &amp; IMPLEMENT LEARNING COLLABORATIVES</b>	<b>BUILD CAPACITY &amp; IMPLEMENT LEARNING COLLABORATIVES</b>	<b>CAPACITY BUILDING</b>	<b>CAPACITY BUILDING</b>	
QIIP Team	<ul style="list-style-type: none"> <li>Secure expertise to advise/support the development &amp; implementation of the program</li> <li>Develop partnerships w/ key stakeholders including the MOHLTC</li> <li>Establish communication channels b/w QI Teams, QI Coaches, QIIP Team, &amp; other stakeholders</li> <li>Develop a recruitment strategy that targets PHCTs in Ontario</li> <li>Develop tools &amp; a reporting system for performance measurement</li> <li>Recruit &amp; prepare PHCTs</li> <li>Launch a LC for 3 cohorts of PHCTs to provide evidence-based change concepts re: (a) management of chronic disease (DM), (b) preventive intervention (CRCS), &amp; (c) ways to improve office efficiencies/access (OPR)</li> <li>Introduce &amp; reinforce the use of (a) MI, (b) the CDPM framework, (c) the concept of measurement for improvement, &amp; (d) VO resource</li> <li>Monitor QI Teams performance &amp; provide feedback regarding their progress (based on QI Team reported data)</li> <li>Modify program content based on experience &amp; feedback provided during implementation</li> </ul>	<ul style="list-style-type: none"> <li>Contract w/ external consultants specialised in QI methodology &amp; LC designs</li> <li>Establish a planning group that includes expert faculty &amp; PHCT representatives</li> <li>Prepare recruitment packages, letters, webinars, etc.</li> <li>Establish a VO (web-based technology) including a listserv to allow for efficient communication &amp; coordination</li> <li>Target 150 PHCTs to participate, including doing a readiness assessment</li> <li>Assist each participating PHCT in establishing a QI Team</li> <li>Deliver 3 2-day LSSs (about 4 months apart) &amp; a congress for each of the cohorts</li> <li>Develop learning materials &amp; resources (Pre-work Manual, Charters, Operational Definitions of Measures &amp; targets, Change Concepts, etc.)</li> <li>Review &amp; analyse monthly data reported by QI Teams to provide timely feedback</li> <li>Make revisions to program design, materials &amp; resources</li> </ul>	<ul style="list-style-type: none"> <li>Increase in use of training resources (faculty &amp; training materials)</li> <li>Have information system/structure available &amp; in use</li> <li>Engage PHCTs in QI activities</li> <li>Engage stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>[Interview, survey, documentation] data re: development of LCs <ul style="list-style-type: none"> <li>Expert faculty &amp; learning resources available</li> <li>VO available &amp; accessible; proportion of QI Teams/LC participants who use it</li> <li>Attendance at QI activities; proportion of each QI Team attending LC LSSs</li> <li>Number of stakeholder meetings; attendance at stakeholder meetings; attendance of stakeholders at LC Congresses</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Establish a sustainable organizational support structure, w/ adequate financial &amp; personnel resources</li> <li>Increase the engagement of clinical &amp; administrative leadership in QI</li> </ul>
QI Teams	<ul style="list-style-type: none"> <li>Establish an interdisciplinary QI team &amp; identify a QI lead</li> <li>Identify populations of focus</li> <li>Work together in an interdisciplinary fashion during &amp; between the LSSs to apply new knowledge</li> <li>Participate in 3 LSSs, APs, &amp; Congress per Collaborative</li> <li>Assess &amp; redesign primary care processes to increase care capacity, support pt self-management, &amp; provide timely access to care/services</li> <li>Implement performance measurement mechanisms (collect &amp; report data to monitor improvement efforts)</li> </ul>	<ul style="list-style-type: none"> <li>Identify QI team members &amp; individual roles including a QI lead, physician or clinical lead</li> <li>Create a registry of the population of focus</li> <li>Hold regular scheduled meetings for all team members</li> <li>Attend learning sessions &amp; congress to learn &amp; share re: (a) CDPM framework; (b) MI; (c) change concepts/ideas to redesign care delivery &amp; office practice</li> <li>Plan &amp; implement small tests of change (PDSA cycles) during &amp; between LSSs</li> <li>Report monthly on a set of process &amp; outcome measures, &amp; PDSA cycles</li> <li>Review feedback provided by the QIIP Team</li> </ul>	<ul style="list-style-type: none"> <li>Increase knowledge of MI &amp; CDPM framework</li> <li>Increase knowledge of linkages between MI &amp; CDPM framework</li> <li>Improve application of MI &amp; CDPM framework in practice sites</li> <li>Increase awareness of improvement opportunities in DM, CRCS, &amp; OPR</li> <li>Improve delivery of care for DM pts by implementing diabetes clinical practice guidelines</li> <li>Increase proportion of pts w/ DM self-management goals &amp; education</li> <li>Improve CRC screening</li> <li>Improve office access &amp; efficiency measures</li> <li>Increase efficiency in use of information technology</li> <li>Enhance skills to use existing technology for QI activities, pt tracking, performance measurement</li> </ul>	<ul style="list-style-type: none"> <li>[Interview, survey] data re: participants' knowledge of MI &amp; CDPM <ul style="list-style-type: none"> <li>Stated improvement due to QIIP of knowledge of MI &amp; CDPM framework</li> <li>Stated improvement due to QIIP of knowledge of methods to redesign care process w/ above models</li> </ul> </li> <li>[Interview, survey, chart review] data re: application of knowledge &amp; clinical outcomes <ul style="list-style-type: none"> <li>Stated improvement due to QIIP of application of MI &amp; CDPM framework in practice</li> <li>Stated increased awareness due to QIIP of opportunities for improvement; number of monthly reports submitted</li> <li>Stated increased adherence to diabetes clinical guidelines; % of T2DM pts w/ documented T2DM management; visits &amp; to whom at PHCT; referrals to in-house dietitians &amp; diabetes educators (pre vs. post; QIIP vs. control)</li> <li>Proportion of T2DM pts received self-management counselling; documented self-management goals (pre vs. Post; QIIP vs. control)</li> <li>Proportion of eligible pts w/ CRCS (pre vs. Post; QIIP vs. control)</li> <li>Stated use of OPR measures to increase office access &amp; efficiency; TNA (QIIP vs. control)</li> </ul> </li> <li>[Interview, survey] data re: use of information technology &amp; EMR <ul style="list-style-type: none"> <li>Stated improvement due to QIIP of proficiency using information technology for communication, sharing of information &amp; resources, &amp; care coordination</li> <li>Stated improvement due to QIIP of use of information technology/EMR to monitor &amp; follow up pts w/ diabetes &amp; colorectal screening</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Increase the engagement of clinical &amp; administrative leadership in QI</li> <li>Engage primary healthcare teams in effective, comprehensive, patient centred, team based care w/ an emphasis on health promotion &amp; illness prevention</li> <li>Improve the capability &amp; capacity of primary care teams for QI through: (a) effective use of information technology to deliver population-based care for chronic disease prevention &amp; management, (b) engagement of pts in self-management, (c) Improvement in office efficiency and access to primary healthcare</li> </ul>
	<b>SUPPORT &amp; COMMUNICATION</b>	<b>SUPPORT &amp; COMMUNICATION</b>	<b>CLINICAL PROCESS &amp; OUTCOME MEASURES</b>	<b>CLINICAL PROCESS &amp; OUTCOME MEASURES</b>	
QIIP Team	<ul style="list-style-type: none"> <li>Develop a recruitment &amp; training strategy for QI coaches</li> <li>Recruit &amp; train QICs</li> <li>Provide ongoing support to QICs</li> <li>Assign QICs to each QI Team to assist in application of new knowledge &amp; change concepts</li> <li>Provide QICs w/ performance feedback</li> <li>Facilitate communication among QI Teams, QICs, &amp; QIIP Team</li> <li>Share resources &amp; best practice guidelines w/ QI Teams</li> <li>Monitor adherence to program activities (attendance at sessions, timely reporting of data, meeting w/ QICs, participation in teleconference, etc)</li> <li>Encourage networking &amp; sharing of lessons learned among QI Teams</li> <li>Support QI Teams in optimizing the use of EMR for performance measurement &amp; panel management</li> </ul>	<ul style="list-style-type: none"> <li>Develop &amp; post a QIC position (using various media outlets)</li> <li>Recruit 16 QICs &amp; deliver orientation &amp; ongoing training to QI coaches including access to expert faculty</li> <li>Establish a community of practice (i.e., reflective practice triads among QICs &amp; weekly teleconferences) for QICs to learn, reflect &amp; share their experiences</li> <li>QICs attend all LSSs w/ their assigned QI Teams &amp; meet w/ QI Teams to encourage/facilitate/support application of new knowledge &amp; change concepts during action periods</li> <li>Make use of VO (web-based technology) &amp; teleconferences for efficient communication &amp; coordination</li> <li>Provide training on use of EMR for the implementation of QI activities, creation of pt registries, &amp; measuring performance</li> </ul>	<ul style="list-style-type: none"> <li>Improve DM pt clinical process &amp; outcome measures (A1c test, foot exam, blood pressure, self-management goals, etc.)</li> <li>Increase proportion of pts w/ CRCS &amp; timely referral</li> </ul>	<ul style="list-style-type: none"> <li>[Chart review, survey] data re: clinical process &amp; outcomes <ul style="list-style-type: none"> <li>DM clinical process &amp; outcomes (A1C, ACR, foot exams [skin, vibration, sensitivity], eye exams, blood pressure, lipid measures, medication intensification for pts not achieving target) (pre vs. Post; QIIP vs. Control)</li> <li>Proportion of eligible pts w/ CRCS (pre vs. Post; QIIP vs. control); elapsed time between positive test result &amp; referral (pre vs. Post; QIIP vs. Control)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Improve DM pt outcomes &amp; colorectal cancer screening rates</li> </ul>
QI Teams	<ul style="list-style-type: none"> <li>Keep co-workers &amp; practice leaders abreast of program activities &amp; progress</li> <li>Interact w/ QICs to review plans &amp; progress</li> <li>Network w/ other QI Teams</li> </ul>	<ul style="list-style-type: none"> <li>Make use of the knowledge &amp; skills of QICs</li> <li>Develop a communication strategy to keep co-workers &amp; practice leaders informed</li> <li>Make use of VO, listserv, webinar, teleconferences to communicate, report data, &amp; network</li> </ul>	<ul style="list-style-type: none"> <li>Enhance understanding of team objectives</li> <li>Improve interdisciplinary capacity</li> <li>Improve interaction &amp; collaboration among QI Team members</li> <li>Enhance sharing of information &amp; resources</li> <li>Improve networking/sharing opportunities among QI Teams</li> </ul>	<ul style="list-style-type: none"> <li>[Interview, survey] data re: interdisciplinary team functioning <ul style="list-style-type: none"> <li>Stated improvement due to QIIP of understanding of team objectives</li> <li>Stated improvement due to QIIP of interdisciplinary capacity (attitudes &amp; confidence of team, access to QI Team, &amp; involvement in team work)</li> <li>Stated improvement due to QIIP of team interaction &amp; collaboration</li> <li>Stated improvement due to QIIP of sharing of information &amp; resources w/ team members</li> <li>Stated inter-PHCT networking &amp; sharing; attendance at LSSs; attendance at Congress</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Improve interdisciplinary primary healthcare team functioning</li> <li>Establish a culture of improvement &amp; innovation</li> </ul>
	<b>SUSTAINABILITY &amp; SPREAD</b>	<b>SUSTAINABILITY &amp; SPREAD</b>	<b>SUPPORT &amp; COMMUNICATION</b>	<b>SUPPORT &amp; COMMUNICATION</b>	
QIIP Team	<ul style="list-style-type: none"> <li>Develop a spread &amp; sustainability strategy</li> <li>Train QI Teams re: spread &amp; sustainability</li> <li>Provide a forum to accelerate spread to non-participants</li> <li>Disseminate results of each cohort to QI Teams, stakeholders, policy makers, &amp; non-participating PHCTs</li> <li>Develop a recruitment &amp; training strategy for QI Champions</li> <li>Develop tools &amp; mechanisms for continued learning &amp; implementation of QI activities post LC</li> </ul>	<ul style="list-style-type: none"> <li>Train, support, &amp; facilitate QI Teams &amp; spread leads using NHS sustainability model</li> <li>Hold a congress to share success &amp; lessons learned</li> <li>Distribute results to stakeholders, policy makers, organizational leaders, &amp; non-participating PHCTs</li> <li>Recruit &amp; train OPR QI Champions for AA (through invitational letters, workshops, etc.)</li> <li>Develop &amp; launch the Learning Community program to spread improvement approaches to new areas of focus &amp; other PHCTs in Ontario</li> </ul>	<ul style="list-style-type: none"> <li>Increase support to teams to implement QI strategies</li> <li>Improve PHCT capacity to implement QI strategies</li> <li>Improve sharing of resources among QI Teams</li> </ul>	<ul style="list-style-type: none"> <li>[Interview, survey, documentation] data re: support to teams <ul style="list-style-type: none"> <li>Stated interaction w/ &amp; support from QICs; stated degree of helpfulness of QIC for QI implementation</li> <li>Stated improved PHCT capacity to implement QI strategies</li> </ul> </li> <li>[Interview, survey] data re: sharing &amp; communication <ul style="list-style-type: none"> <li>use of web-based tools for sharing, communication &amp; networking; stated inter-PHCT networking &amp; sharing; attendance at LSSs &amp; Congress</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Sustain &amp; spread innovation &amp; improvements in participating primary healthcare teams</li> <li>Spread new knowledge to improve QI in other chronic conditions, preventive screening practices &amp; office efficiencies in participating &amp; non-participating primary healthcare teams</li> </ul>
QI Teams	<ul style="list-style-type: none"> <li>Identify a spread lead to attend the spread lead workshop</li> <li>Develop &amp; implement a sustainability &amp; spread plan to hold the gains</li> <li>Apply the change concepts &amp; strategies learned to other clinical topics/chronic diseases</li> <li>Share knowledge &amp; lessons learned w/ leaders &amp; colleagues within their own organizations &amp; other PHCTs</li> </ul>	<ul style="list-style-type: none"> <li>Learn about the concepts &amp; strategies regarding sustainability &amp; spread</li> <li>Develop a sustainability &amp; spread plan</li> <li>Develop, test, &amp; implement processes to hold gains (sustain)</li> <li>Identify other clinical topics of interest to target</li> <li>Identify leaders, colleagues, &amp; other PHCTs to target</li> </ul>	<ul style="list-style-type: none"> <li>Increase knowledge of sustainability &amp; spread concepts</li> <li>Apply sustainability &amp; spread strategies to share new knowledge, successes, &amp; lessons learned</li> <li>Use sustainability &amp; spread strategies to apply new knowledge to other chronic conditions, preventive screening practices &amp; office efficiency</li> </ul>	<ul style="list-style-type: none"> <li>[Interview, survey] data re: strategies for sustainability &amp; spread <ul style="list-style-type: none"> <li>Stated improvement due to QIIP of knowledge of sustainability &amp; spread</li> <li>Stated spread QI strategies, success, lessons learned internal &amp; external to practice settings</li> <li>Stated application of new knowledge to other disease prevention &amp; management, &amp; office efficiency</li> </ul> </li> </ul>	
	<b>Impact</b>	<b>Assumptions</b>	<b>Theory References</b>		
	To advance the development of a high performing primary healthcare system	Program participants are volunteers from FHTs, CHCs & SCPIs in Ontario	1) IHI breakthrough Series; 2) API Model for Improvement; 3) Chronic Care Model; 4) NHS Sustainability Model		