

QUALITY IMPROVEMENT CURRICULUM

Background

In 2008, the Department of Family and Community Medicine (DFCM) of the University of Toronto completed a formal strategic planning process resulting in a Strategic Plan for 2009 to 2013: *Primary Connections: Linking Academic Excellence to High Quality Patient-Centred Care*. As a pillar in its strategic plan, the DFCM adopted the incorporation of quality improvement as a program within its academic mandate to join existing programs in education, research, and professional development. Quality improvement in healthcare is the delivery of optimal patient care and involves a patient focus, strategic leadership, empowered teams, and an emphasis on data to make improvements.

Specific goals of the QI strategy include:

- Developing and evaluating renewed and innovative models of primary care
- Facilitating the development and evaluation of tools and practice resources; strengthening knowledge transfer to support interprofessional primary care practice
- Fostering quality improvement across the DFCM
- Informing and contributing to primary care policy at regional, provincial, national and global forums
- Expanding global health presence and advancing practice through academic fellowships, faculty development and research collaboration

A key enabler of achieving this strategy is the development and implementation of a curriculum in Quality Improvement, including the management skills needed to implement change. The target populations for the delivery of this curriculum include residents in Family Medicine, DFCM faculty, associated nursing, administrative and allied professional staff engaged in interprofessional teams, as well as primary care providers beyond the Family Medicine academic environment. The curriculum is delivered to our 170 first year residents in Family Medicine annually, as well as faculty and staff based at our fourteen teaching sites and community practices in the Greater Toronto area.

A. Vision

Advancing Family Medicine through leadership, accountability, performance and quality improvement.

B. Philosophy



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The Chinese symbol for “qi” (“chi” pronounced “chee”) means “life force.” It reflects our philosophy that for a family physician, the essence of our medical life is the quality of care we provide to our population of patients – hence QI figuratively is our “essence of professional life.”

C. Mission

This curriculum will prepare family physicians and other primary providers for practice in an environmental culture of continuous quality improvement and accountability through:

- Utilizing the behaviours of the reflective practitioner to identify opportunities for improvement in their practice environments,
- Teaching the skills of continuous quality improvement and applying them in a project practicum,
- Introducing management concepts that they will use in their roles as leaders of primary care teams.
- Grounding the program in the Principles of Family Medicine and the “Triple C Curriculum” - incorporating the core competencies of Family Medicine as outlined by the College of Family Physicians of Canada¹

¹ http://cfpc.ca/Triple_C/

D. Core 4-Day Teaching Program

Modules	Learning Objectives
Pre-course Preparation	<ul style="list-style-type: none"> • Complete a detailed, structured practice profile to identify perceived opportunities for improvement, as well as uncover opportunities that were previously not perceived.
Program Overview	<ul style="list-style-type: none"> • Define and clarify the CanMEDS FM (Family Medicine) roles and competencies addressed in this curriculum in Quality Improvement. • Describe the QI program elements and integrated leadership and manager themes • Define your professional responsibilities during the program and for the project practicum.
Rationale for Quality Improvement in Primary Care	<ul style="list-style-type: none"> • Begin to identify opportunities in primary care at multiple system levels that support QI implementation. • Recognize how change can have a positive impact on your patients, your practice and your community. • Distinguish and contrast QI with other quality-related initiatives. <ul style="list-style-type: none"> ➢ Quality Assurance/Research/Knowledge Translation ➢ Integrate QA and QI initiatives
Leadership in Health Care	<ul style="list-style-type: none"> • Develop your role as a health care leader. • Distinguish the characteristics of complex adaptive systems, as they relate to health care. • Recognize the leadership competencies you will need as a leader in primary care.
Choosing Opportunities for Change	<ul style="list-style-type: none"> • Describe and evaluate your practice. • Identify perceived opportunities for improvement in your practice. • Apply the QI Framework and QA approaches to identify previously unrecognized quality improvement opportunities in your practice. • Prioritize opportunities for improvement • Select a QI project at the system level to initiate your QI journey
Model for Improvement Overview	<ul style="list-style-type: none"> • Distinguish the components of Deming’s Theory of Profound Knowledge • Develop a “systems thinking” approach • Describe the Model for Improvement.
QI Team Form - Start-up	<ul style="list-style-type: none"> • Define team • Differentiate stages of team development • Identify stakeholders in your QI initiative. • Perform a stakeholder analysis. • Strategize engagement of stakeholders. • Describe the roles needed on your QI team.

Modules	Learning Objectives
	<ul style="list-style-type: none"> • Select your QI Team
Structuring the Improvement	<ul style="list-style-type: none"> • Prepare to answer the fundamental questions in the Model for Improvement • Develop an Aim Statement for practice improvement, which defines positive change. • Establish measures of improvement: outcome, process, and balance. (System Level) • Define benchmarks and targets • Develop change ideas to test • Use change concepts to brainstorm previously unperceived change ideas.
Process Tools and Analysis	<ul style="list-style-type: none"> • Initiate improvement using Process Tools. • Choose and use appropriate process tools: <ul style="list-style-type: none"> ➢ Process Map ➢ Cause & Effect Diagram ➢ Force Field Analysis • Use process tools to prioritize and select change ideas. • Use process tools throughout a QI initiative.
Change Management	<ul style="list-style-type: none"> • Describe some challenges of implementing change. • Explore why physicians resist change • Use the Trans-theoretical Model to support stakeholders' change. • Manage the scope and pace of change across levels of care. • Spread and implement change effectively in your practice through QI. • Utilize the 5 Whys technique
Testing A Change Idea	<ul style="list-style-type: none"> • Select a change idea. • Differentiate the four steps of the PDSA Cycle: Plan, Do, Study, Act. • Prepare for a test of change using the rapid PDSA cycle for improvement. <ul style="list-style-type: none"> ➢ Recall aim, measures and change ideas ➢ State change idea to test first ➢ Predict outcome ➢ Use Process Tools to define test of change • Identify indicators and data needed to track test • Prepare to Act in the PDSA rapid cycle for improvement • Spread and implement changes in practice • Use an iterative approach of rapid cycles of improvement to develop and implement change
Data Collection	<ul style="list-style-type: none"> • Select an indicator for your PDSA test of change. • Outline a 4 step Data Collection Plan.

Modules	Learning Objectives
	<ul style="list-style-type: none"> • Differentiate between continuous and categorical data. • Develop data collection forms
QI Team Storm – Conflict Resolution	<ul style="list-style-type: none"> • Use the benefits of contrasting opinion. • Recognize different conflict-resolution strategies. • Develop a collaborative approach to conflict resolution.
<div style="display: flex; justify-content: space-between; align-items: center;"> <div data-bbox="149 456 1008 1078" style="background-color: #cccccc; padding: 20px; text-align: center;"> <p>Image Withheld</p> <p>For information about the Canadian residency, the Triple C Curriculum and CanMEDS FM go to www.cfpc.ca/Triple_C</p> </div> <div data-bbox="1129 578 1705 878" style="text-align: center;"> <p><i>The DFCM QI curriculum is centered in Family Medicine and addresses many aspects of all the roles of CanMEDS Family Medicine, including up to 75% of all of the enabling competencies.</i></p> </div> </div>	
Data Analysis	<ul style="list-style-type: none"> • Describe four measurement tools used in Quality Improvement: <ul style="list-style-type: none"> ➢ Run Chart ➢ Frequency Plot ➢ Bar Chart ➢ Pareto Diagram • Select and use different tools to analyze continuous and categorical data. • Analyze run charts to assess degree of variability, or stability, of the system under review • Identify next action steps.

Modules	Learning Objectives
QI Team Norm – Negotiations	<ul style="list-style-type: none"> • Describe the nature of negotiations in QI teams. • Develop negotiation strategies. • Respond when negotiations are not going well.
QI Team Perform – Optimizing Team Function	<ul style="list-style-type: none"> • Make meetings work!
QI Team Transform - A Knowledge Creating Team	<ul style="list-style-type: none"> • Use qualitative feedback tools to increase your team’s innovation and productivity • Facilitate brainstorming. • Create affinity diagrams. • Run focus groups. • Use nominal group processes. • Use a consensus pyramid.
Chronic Disease Management	<ul style="list-style-type: none"> • Apply a chronic disease model to your practice environment • Match a defined population by its need, with your resources • Recognize that chronic disease management will be a high proportion of your work • Develop a systems framework to address the complexity of CDM and stratify populations with chronic diseases in defining their needs • Identify opportunities for improvement, to launch the Model for Improvement for improving the health of these sub-populations • Apply the Model for Improvement to manage patients with chronic disease
QI Team Adjourn – Celebrate and Share	<ul style="list-style-type: none"> • Obtain universal patient consent to join a in Quality Improvement practice. • Celebrate your QI accomplishments. • Share what you have learned.
Summation and Next Steps – Project Practicum	<ul style="list-style-type: none"> • Begin the practical application of QI in your practice

E. Core Concepts, Skills and Tool

QI CURRICULUM: Two integrated themes

Quality Improvement:

- Why QI?
- Choosing opportunities for change
- The Model for Improvement
 - Structuring the improvement
 - Testing a change idea
- Process analysis tools
- Data collection
- Data analysis
- Disseminating Results

Team Management:

- Leadership in Healthcare
 - Professionalism
- Stakeholder Analysis
 - Conflict resolution
 - Negotiations
- Enabling Teams
- Building Consensus
 - Chronic disease management
- Change management
 - QI and Ethics

F. Teaching and Learning Activities (General)

Lecture

Partner and Table discussions

Role Play

Problem Solving

Projects (see below)

G. Project Practicum

- Develop a project idea through completion of a worksheet on opportunities for change from project workbook
- Determine best practices through critically appraising an appropriate literature review and/or a structured consultation with knowledge experts.
- Define project scope and goals
- With a stakeholder analysis, review team roles and skills to ensure those necessary are represented on the project team
- Use process tools to analyze relevant activities, present and proposed.
- Determine types and sources of data available to meet goals
- Structure an improvement
- Develop a data plan
- Record and report on meetings using PDSA worksheets
- Test one or more change ideas to achieve your aim.
- Report with submission of materials as outlined in project workbook, design poster
- Completion Date In Six Months

H. Feedback and Evaluation

Completion of QI Workbook

Submit progress as outlined in project workbook at 2 months, 4 months, and final report and poster at six months.

To Bring This Program To You Contact:

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