QI Power Hour with Aubrey Tollefson

# Increasing primary care access:

Practical, clinic driven quality improvement





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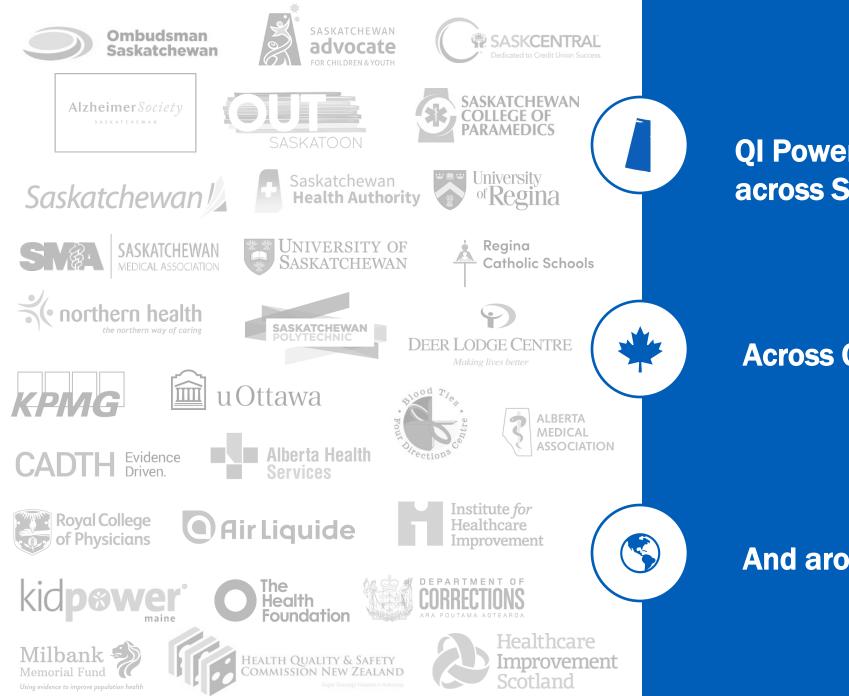
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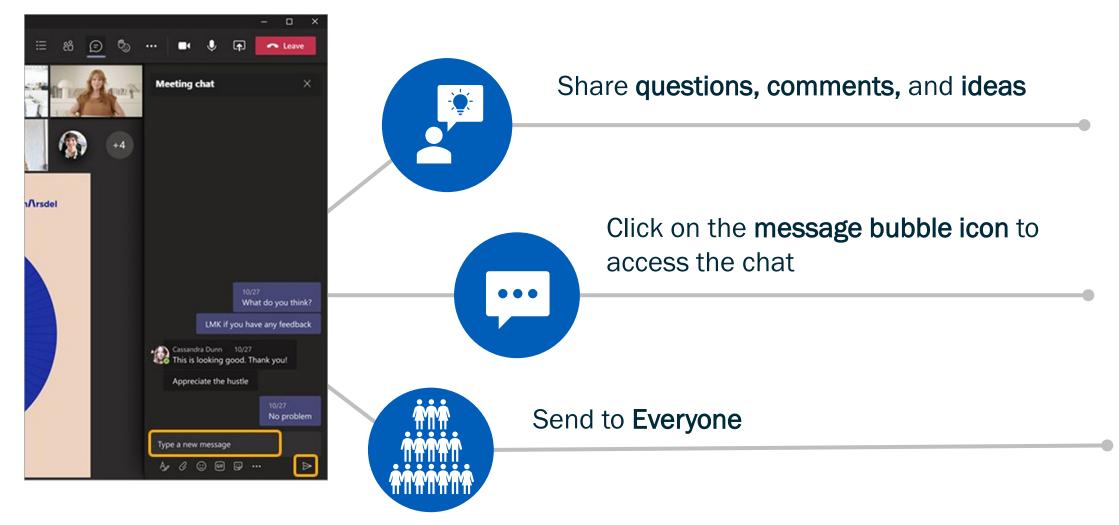


## QI Power Hour is shared from across Saskatchewan...

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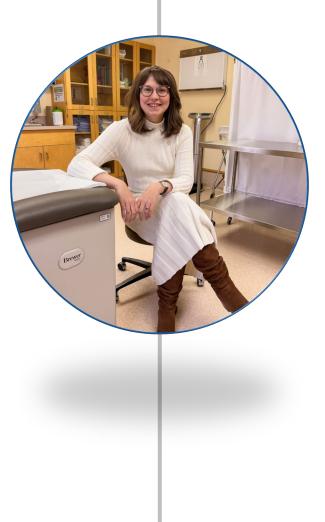
And around the world

## **Chat Function**





#### Aubrey Tollefson



Aubrey is a nurse practitioner, farm wife and mom to her son and dogs. She has been working in rural primary care for the past two years with a prime clinical interest in women's health, particularly women's reproductive health. She sees a wide range of patients in a day from week old infants to geriatrics, to palliative care. Prior to completing her master's degree at the University of Saskatchewan in 2022, she was a registered nurse working in rural ER and acute medical care. When she's not working, Aubrey enjoys baking, gardening, knitting, sewing, and watching her son play hockey.

# Increasing primary care access: Practical, clinic driven quality improvement

Aubrey Tollefson, MN-NP

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- Our initiative
- Lessons learned
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## 01

#### **Quality improvement that works**

What the research says and how to do it



# Making meaningful change

Practice facilitation with experts either external or internal to an organization can be a key to quality improvement work, but not without local stakeholder involvement.

Gaboury et al., 2021

## **Problem identification**

Clinical problems are as individual as the providers and patients in any clinical area. Problem identification and definition is the first step in making meaningful change.

- Patients Medical Home Questionnaire
- Review the Literature
- Narrow the Topic

You want to take a broad problem area (patient access to care) and narrow it to something specific (time to third next available appointment).



Bonnel & Smith, 2022

## Narrow your focus

**Clearly define your problem/focus** 



m

How does the literature define your problem





Know what your problem isn't

## **PDSA primer**



#### Plan

What do you want to accomplish? And what is the first small step?



#### Study

Collect data before, during, and after your change.



#### Do

Choose one SMALL act that you think could affect your larger goal and implement it.



#### Act

Decide if you should keep the change, make further changes, or scrap it altogether.

## Sustainability

Commitment from management

### **Front-line staff**

involvement

Real-time feedback

#### **Team attitude**

Paipa-Galeano etal., 2020; van Heerden et al., 2016



# 02

# The Lafleche primary care access improvement initiative

Practical approach to clinical quality improvement

# Where we started

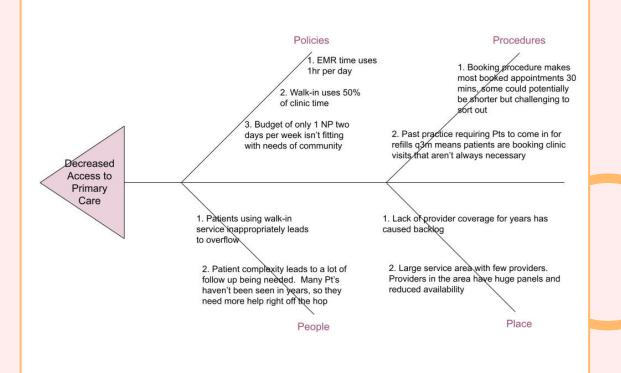


# Where we started

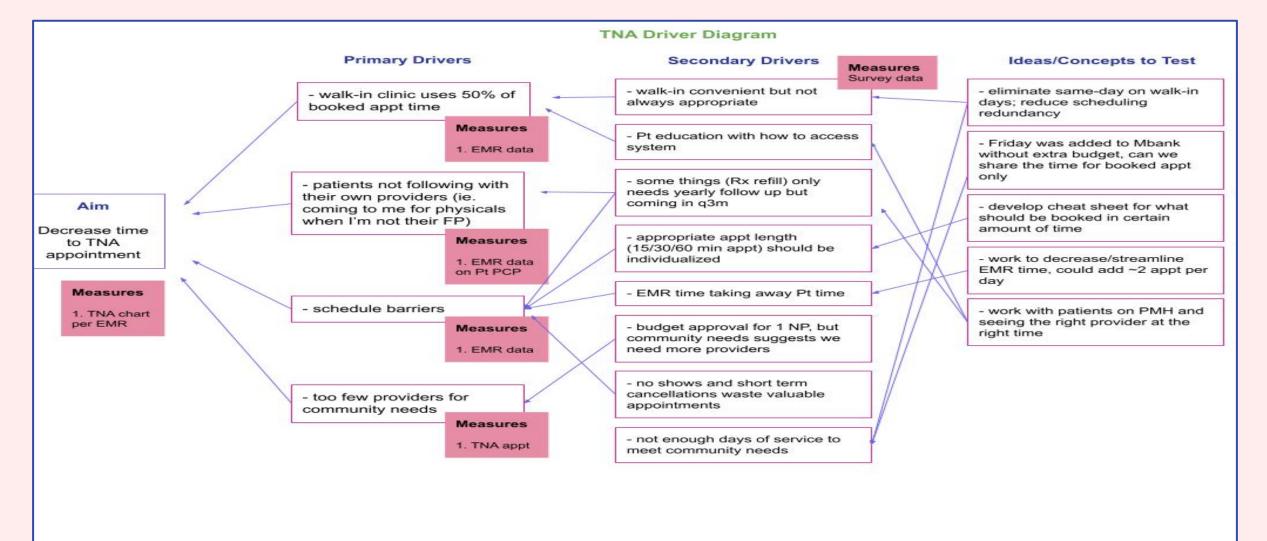
Patients waiting > 20 days for initial and follow up appointments.

Greater patient need than provider capacity.

Stress on provider and MOA in trying to schedule patient visits.



## The plan: Broad strokes



## Administrative procedures

Eliminate blocked same day appt

Redundant with walk in appts *Measure: TNA Count* 

#### Add extra morning appt

Made possible after walk-in streamlining *Measure: TNA Count* 

#### Walk-in screening

Reduction in overflow Measure: TNA Count, Pt experience survey, walk-in data collection

## Appointment reminder calls

Attempt to reduce wasted time and open appointments in advance for cancellations

Addition of casual/PT locum

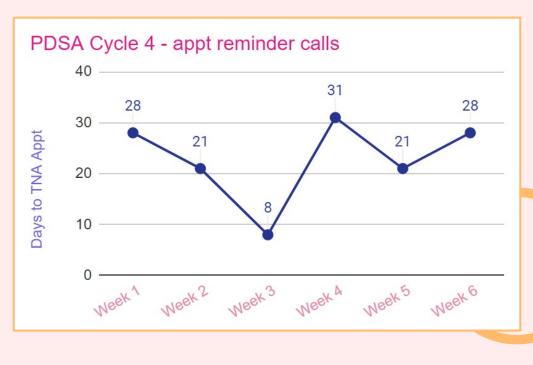
More appts open per month

## Add 2 Friday's per month of service

By re-allocating hours from my second clinic with a better TNA, we added ~ 24 appt's per month

## Data collection:

DDCA Cuele 4 (anneintment reminder celle)		
PDSA Cycle 4 (appointment reminder calls)		
Date		Days to TNA Appointment
14		
February		
2024	Week 1	28
21		
February		
2024	Week 2	21
28		
February		
2024	Week 3	8
6 March		



## **Data interpretation:**

#### **Lafleche Primary Care - TNA Data**





## 03

#### **Lessons learned**

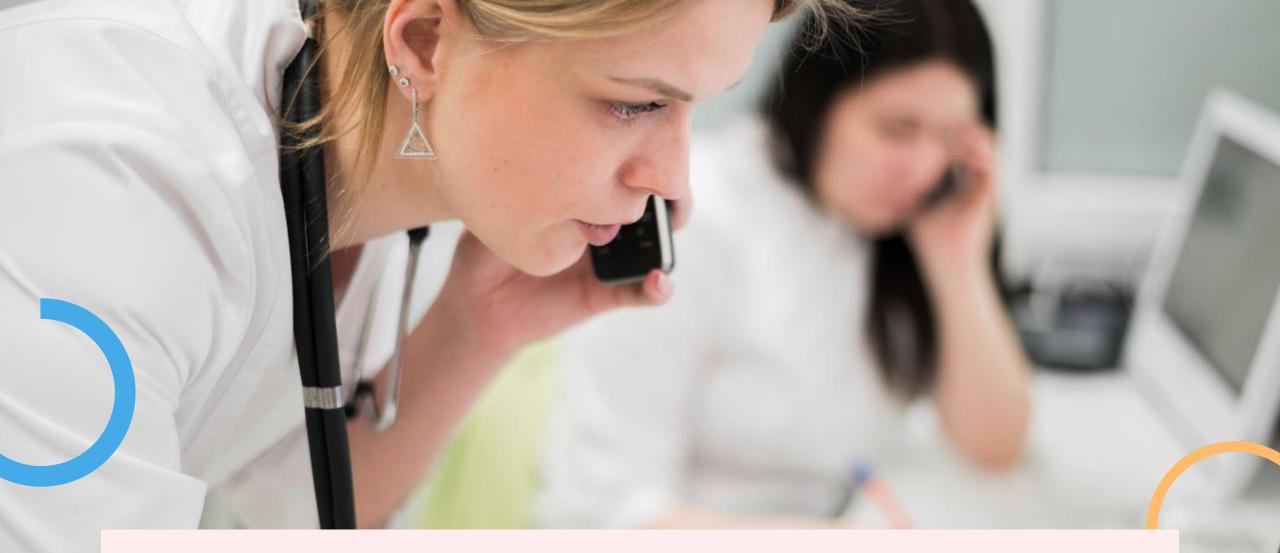
Practical tips for the implementation of quality improvement





# **BE REALISTIC**





"If you want something done well..."

## Know your data love language



#### Quantitative

Cold hard numbers



#### Qualitative

The touchy feely stuff



# Sharing is caring

Don't be afraid of data dissemination!



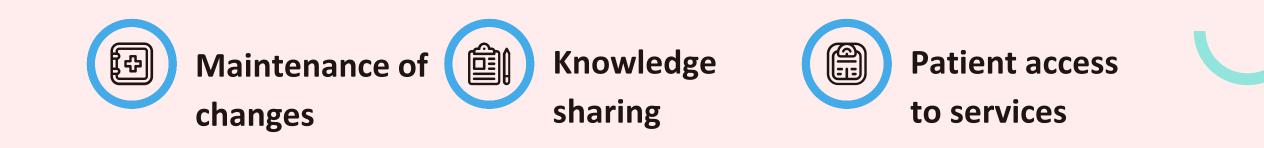


## 04

#### **Future implications**

Quality improvement is a mindset

**Future plans** 





## **Helpful resources**



#### **Patient's Medical Home Clinic Assessment:**

<u>Self-Assess - Patient's Medical Home</u> (patientsmedicalhome.ca)

#### **Further Reading:**

Bonnel, W.E. & Smith, K.V. (2022). *Proposal writing for clinical nursing and DNP projects* (3rd ed.). Springer Publishing.

#### **Training and Further QI Info:**

Home - Health Quality Council (saskhealthquality.ca)

#### **Source Resources**

Bonnel, W.E. & Smith, K.V. (2022). Proposal writing for clinical nursing and DNP projects (3rd ed.). Springer Publishing.
Gaboury, I., Breton, M., Perreault, K., Bordeleau, F., Descôteaux, S., Maillet, L., Hudon, C., Couturier, Y., Duhoux, A., Vachon, B., Cossette, B., Rodrigues, I., Poitras, M.-E., Loignon, C., & Vasiliadis, H.-M. (2021). Interprofessional advanced access – a quality improvement protocol for expanding access to primary care services. BMC Health Services Research, 21(1), 812. <a href="https://doi.org/10.1186/s12913-021-06839-w">https://doi.org/10.1186/s12913-021-06839-w</a>

Paipa-Galeano, L., Bernal-Torres, C. A., Otálora, L. M. A., Nezhad, Y. J., & González-Blanco, H. A. (2020). Key lessons to maintain continuous improvement: A case study of four companies. *Journal of Industrial Engineering and Management*, 13(1), 195–211. <u>https://doi.org/10.3926/jiem.2973</u>

Van Heerden, C., Maree, C., & Janse Van Rensburg, E. S. (2016). Strategies to sustain a quality improvement initiative in neonatal resuscitation. *African Journal of Primary Health Care & Family Medicine*, 8(2). https://doi.org/10.4102/phcfm.v8i2.958

# **Questions?**

# Thanks

Do you have any questions?

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