QI IN CLINICS PROGRAM GUIDE

Please read this guide for program description, logistics and FAQs.

QI in Clinics – Cohort 2 Key Dates

Course pre-work: December 1, 2023 – January 11, 2024
Program starts: January 18, 2024
Program ends: April 18, 2024

Contact

If you have questions about the program, please contact Health Quality Council by email at QIinClinics@hqc.sk.ca.

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1.0 Program Overview

1.1 What is the QI in Clinics learning program?

QI in Clinics is a four-month learning program designed to build foundational skills in quality improvement methodology with physicians and their staff in primary care clinics in Saskatchewan. Linked to the College of Family Physicians of Canada's vision for the Patient's Medical Home, this course will expand your existing toolkit to help meet your vision of optimized care, leading to improved performance, outcomes and better experiences for patients and clinic staff.

1.2 What is a Patient's Medical Home (PMH)?

The Patient's Medical Home is a vision that emphasizes the role of the family practice and family physicians in providing high-quality, compassionate, and timely care. Success of the PMH relies on collaboration and teamwork, which includes both patient participation in their care and interprofessional and intraprofessional care providers working together to create strong primary healthcare systems that deliver better health outcomes, enhance efficiency, and improved quality of care.

2.0 Participant Profile

2.1 Is QI in Clinics for you?

QI in Clinics is for you if you:

- want to develop the capability to facilitate and lead successful quality improvement initiatives in your clinic;
- wish to deepen your knowledge of measurement for improvement, which may include using your electronic medical record and patient panel report data to understand the current state of your clinic and work toward practice improvements.
- want to understand how your clinic can engage in ongoing QI initiatives as part of the vision of the Patient's Medical Home, and;
- wish to further develop your ability to lead, nurture, and engage teams in improvement.

This program has been designed with physicians and medical office staff as the primary target learners. Clinicians participating in the program should be **actively practising** in a **primary care clinic setting** (i.e., clinical work is the primary role – at least 0.5 FTE would be spent in a clinical setting). Participants do not require specific previous QI experience to register.

2.2 Coaches and Data Support

Throughout the program, participants will be supported in their learning and project work by quality improvement coaches from the Health Quality Council. There will be regular coaching check-ins throughout the program, either virtually or in-person. Coaching support will also be provided to participants for six months from the date of the final Capstone session. Participants may also receive support in using data sources to understand the current state of their clinic (which may include leveraging electronic medical record data and/or patient panel reports).

3.0 Participating in QI in Clinics

QI in Clinics requires a commitment of time and resources from program participants. This time commitment includes:

a) Individual self-directed online learning
b) Clinic team participation in 5 online workshops
c) Improvement project work
d) Coaching sessions to support applied project work

3.1 Costs

There is currently no tuition charged for this program. Program costs are subsidized through a partnership between the Health Quality Council (HQC), the Saskatchewan Medical Association (SMA) and the Ministry of Health. **To respect this funding arrangement, 100 per cent attendance at all workshops is mandatory.**

Fee-for-service clinics who do not receive funding to conduct quality improvement work through their usual contract will be eligible to receive reimbursement through a partnership with the SMA for time spent in program activities. Up to three practising physicians, one MOA, and one office manager (for a total of five team members per clinic) may be eligible for reimbursement.

Non-fee-for-service may also be eligible for reimbursement. Please reach out to the QI in Clinics team staff to find out if you are eligible for reimbursement for participation (qiinclinics@hqc.sk.ca).

Up to **58 total hours** per team member may be reimbursed as outlined below:

- **Workshop participation.** Participants may be reimbursed for up to 15 hours of workshop time (5 workshops x 3 hours each)
- **Online learning.** Participants may be reimbursed for up to 11 hours of online learning time.
- **Project work and coaching sessions.** Participants may be reimbursed for up to 32 hours of coaching and project work time.

3.2 Time and Human Resources

Participants will need dedicated time to support their online learning, complete project work and attend virtual workshops.

- The approximate time participants can expect to spend in QI in Clinics is **58 hours** over four months (roughly a 0.1 FTE). Participants should expect to spend approximately:
    - 11 hours on reviewing the online materials (six online modules) over the course of the program.
    - 15 hours of time in virtual workshops (five workshops) over the course of the program.
    - 2 hours per week on applied project work (project development and coaching sessions) for a total of 32 hours.

3.3 Expectations for Active Participation

- Participants are expected to attend and fully engage in all workshops.
- Participants are expected to share progress on their QI projects with program supports (coach, data supports) and their peers.
- It is expected that participants will bring their successes and challenges forward to the group. Participants are encouraged to give feedback to their colleagues in workshops as it pertains to project work.
- An important aim of the program is to develop provincial capability for leading QI in primary care clinics. As such, graduates are expected to give back to the learning community. For example, graduates might be asked to be QI in Clinics guest speakers for future cohorts or to provide feedback on program improvements.

4.0 Program Learning Intents

4.1 Program Aims

By the end of the program, participants will be able to:

- **Apply** QI tools and methods to an improvement project.
- **Lead and facilitate** an improvement project within their clinic.
- **Interpret** the Patient's Medical Home model and how QI tools and practices support quality of care within the clinic's patient population.
- **Implement** change leadership and change management strategies.

To achieve these aims, the program is organized around three key themes:

- Quality improvement science and methodology
- Quality improvement in the context of the Patient's Medical Home
- Leading people and teams through change in complex systems

Throughout the course, these themes will continue to build on each other. Rather than being viewed as separate components, they should be considered as an integrated set of concepts and philosophies.

4.2 Program Learning Goals

1) Quality improvement science and methodology

This theme provides the foundation for applying, leading and facilitating quality improvement science. It provides an overview of the Model for Improvement and its application to the Patient's Medical Home. By the end of the program, participants will be able to:

- Facilitate and support a team towards identifying and achieving a quality improvement aim.
- Understand and apply quality improvement tools and methodology to their own context.

2) Patient's Medical Home

This theme explores the context for quality improvement at the primary health care system level. By the end of the program, participants will be able to:

- Define a Patient's Medical Home and its relationship to health networks.
- Recall the aim of the Patient's Medical Home vision.
- Describe how the Patient's Medical Home impacts the care of and relationship with patients.

3) Change Leadership and Change Management

This theme explores the people side of change – working with individuals and teams to make meaningful and lasting change. By the end of the program, participants will be able to:

- Develop, engage, and lead an improvement team in their practice.
- Apply change management strategies as a leader and within a team.
- Hear the voice of their customer, through engaging patients and families in their improvement work.
- Describe the principles of patient- and family-centred care and incorporate them into improvement work.

4.3 Link to CanMEDS-FM Competencies

This program has been designed to build capacity and capability in the following CanMEDS-Family Medicine (CanMEDS-FM) competencies.

CanMEDS-FM Role	Key Competency	Enabling Competencies
Family Medical Expert	1. Practices generalist medicine within their defined scope of professional activity	1.5 Recognizes and responds to the complex, uncertainty, and ambiguity inherent in medical practice.
	4. Establishes plans for ongoing care and timely consultation when appropriate	4.1 Works collaboratively with patients, their families, other health care colleagues, and key stakeholders to provide comprehensive care to individual patients, patient populations, and communities
	5. Actively facilitates continuous quality improvement for health care and patient safety, both individually and as part of a team	5.1 Recognizes potential health care delivery risks and patient safety incidents, working proactively to prevent harm, and remediate identified concerns 5.2 Adopts strategies and applies improvement science to promote

		continuous quality improvement 5.3 Improves patient safety, addressing human and system factors as part of a commitment to quality 5.4 Implements mechanisms to optimize patient care in practice
	7. Contributes generalist abilities to address complex, unmet patient or community needs, and emerging health issues, demonstrating community-adaptive expertise.	7.1 Assesses and adapts practice based on community needs, anticipating and planning for emerging health care issues in the community.
Collaborator	1. Works effectively with others in a collaborative team-based model	1.1 Establishes and maintains positive interdependent relationships with others 1.2 Describes one's own role and the roles of others (including clinical, research, education, or administrative roles) 1.4 Respects diversity of roles and perspectives while ensuring integrated patient-centred care 1.5 Demonstrates role flexibility; for example, changing from team member to team leader as necessary based on context, team composition, and patient needs
	2. Cultivates and maintains positive working environments through promoting understanding, managing differences, minimizing misunderstandings, and mitigating conflicts	2.1 Demonstrates a respectful attitude toward others 2.2 Engages others in shared decision making and finding common ground with team members 2.3 Works with others to promote understanding, manage differences and negotiate conflict 2.4 Recognizes and reflects on one's own contributions and limitations, and their impacts on team function
Leader	1. Contributes to the improvement of comprehensive, continuity-based, and patient-centred health care delivered in teams, organizations, and systems	1.1 Applies the science of quality improvement to contribute to improving systems of patient care 1.2 Fosters a culture that promotes patient

		safety 1.4 Uses health data and technology informatics to improve and inform the quality of patient care across all levels of the health care system 1.5 Works to engage patients, families, and caregivers in the process of health care improvement across all levels of the health care system
	3. Demonstrate collaborative leadership in professional practice to enhance health care	3.1 Facilitates changes within health care to enhance services and outcomes 3.2 Advances quality care and health outcomes through the engagement of others to impact all levels of the health care system 3.3 Works with others in coalitions to achieve results that enable practice, organization, and system transformations
	4. Manages career planning, finances, and health human resources in a practice	4.3 Implements processes to enhance personal, career, and practice improvement
Scholar	1. Engages in the continuous enhancement of their professional activities through ongoing learning	1.2 Identifies opportunities for learning and improvement by regularly reflecting on and assessing their performance using various sources 1.3 Engages in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice
	3. Integrates best available evidence into practice considering context, epidemiology of disease, comorbidity, and the complexity of patients	3.1 Recognizes practice uncertainty and knowledge gaps in clinical and other professional encounters, and generates focused questions that have the potential to bridge the gaps 3.5 Integrates evidence into decision making in practice
	4. Contributes to the creation and dissemination of knowledge relevant to family medicine	4.4 Participates in and conducts quality-improvement activities
Professional	2. Demonstrates a commitment to society by recognizing and responding to societal	2.2 Demonstrates a commitment to quality care and continuous quality improvement

	needs in health care	
	5. Demonstrates a commitment to reflective practice	5.1 Demonstrates the ability to gather, interpret, and appropriately act on information about personal performance, know one's own limits, and seek help when needed 5.3 Reflects on practice events, especially critical incidents, to deepen self-knowledge and recognize when something needs to change and does it
Health Advocate	2. As a resource to their community, assesses and responds to the needs of the communities or populations served by advocating with them as active partners for system-level change in a socially accountable manner	2.2 Improves clinical practice by applying a process of continuous quality improvement to disease prevention, health promotion, and health surveillance activities 2.3 Assesses community needs and identifies assets in the community or population served and contribute to a process to improve health and equity

5.0 Guiding Principles

This program is built on five key guiding principles:

1) **All teach, all learn**. Active participation is expected throughout the program – at virtual workshops, during coaching check-ins and through improvement project work. Participants are expected to contribute to the learning environment by sharing experiences, challenges and successes as well as providing peer feedback.
2) **Learning requires a growth mindset**. Participants will get the most out of this program if they are able to cultivate a growth mindset. This is the belief that abilities can be developed through dedication and hard work. It requires accepting frustration and embracing failure as an important part of the experience of learning.
3) **Our learning community is a safe space**. There may be times when participants will be sharing information that is personal or sensitive, such as difficult work or team experiences. It is an expectation of the program that participants will respect the confidentiality of the group and its discussions. This will allow for an environment where issues can be addressed openly and honestly.
4) **Shared ownership of the learning community**. Together we create our learning space. This means that everyone – participants and coaches – has a responsibility for contributing to the development

of the community. Everyone has a responsibility for sharing ideas for improvement and respectfully voicing concerns. Everyone has a responsibility for upholding the community agreements.

5) **To learn how, you must do**. Experiential learning is a key component of the program. Participants will have opportunities for hands-on learning and application of tools and methods. These learning activities are designed to transform knowledge into skill and put theories into action.

6.0 Program Components

1) Guided preparation and course pre-work

To ensure that all participants receive orientation to the program and have a common understanding of improvement science language and theory, there are two online modules that must be completed prior to the first workshop.

In the first module, *All About QI in Clinics*, participants are provided with an overview of the program, a brief context for the program, a description of program expectations and an overview of available supports.

In the second module, *Introduction to QI and the Patient's Medical Home,* participants are provided with an introduction to QI theory and foundational tools.

These modules, along with a coaching check-in, are intended to support participants in their initial thinking around potential project selection or the problem they would like to solve.

2) Flipped classroom learning

This program uses a flipped classroom methodology. In a flipped classroom, foundational content (information that would typically be delivered by lecture) is delivered primarily through online modules.

Online modules are designed for self-paced learning and are to be completed prior to the workshops. **Material covered in the online modules will not be re-delivered at the workshop; participants are expected to come prepared to actively engage with the course concepts.**

3) Virtual Learning Workshops

There will be five Learning Workshops over the course of the program, including a final Capstone Event to celebrate project progress. Learning Workshops will be delivered virtually. Workshop time is used to further explore the concepts in a more active way – through discussions, simulations, or other practical exercises.

4) Action periods

Between workshops, participants will be actively working with their team on an improvement project. Each action period focuses on moving through the stages of the improvement cycle, from problem identification to implementing changes. The action period also includes workshop preparation, such as completing the online modules, and applying the QI tools introduced to their project.

5) Coaching support

Throughout the program there are multiple opportunities for coaching support. During the guided pre-work (prior to the first workshop), participants will have an opportunity to connect with their coach to

establish a working relationship and to think through some initial areas or problem(s) for exploration that they might want to work on over the duration of the program. As well, for each action period, there will be coaching check-ins to support participants through project challenges.

7.0 Curriculum Overview

The curriculum of the QI in Clinics learning program follows the sequence of an improvement project – starting with problem identification and project planning, through to testing and implementing changes. **It is expected that teams will not complete their project within the four-month timeframe, but rather have the foundational QI skills and practices to continue implementing QI within their clinic long-term. Ongoing coaching is available for 6 month post Capstone to support teams with their ongoing project work.**

Unit 1: Introduction to QI and the Patient's Medical Home

The program begins with three weeks of time to complete the pre-work modules. While most of the pre-work will be completed through self-directed online learning, coaching support will be available to ensure that participants are on track and prepared for the first workshop.

During the pre-work, participants will explore improvement science fundamentals – the Theory of Profound Knowledge and the Model for Improvement. They will understand the importance of leading themselves and their teams through improvement work, including how to communicate with and nurture teams during the early stages of a project.

Unit 2: Understanding Your Current State and Focusing Collective Efforts

Participants will explore problem identification and analysis strategies to truly understand a problem they are encountering in their clinic. They will continue to explore the fundamentals of quality improvement, such as working with teams, baseline data collection, developing measures and planning improvement. They will continue to build on their knowledge of change leadership.

Unit 3: Making Meaningful Improvement

Participants will be focusing on moving from problem identification and analysis (thinking) to action (doing). This is where participants will understand how to generate and test ideas for change, using the PDSA cycle. Participants will also be introduced to change management topics such as understanding motivation, resistance, and conflict to support their improvement team.

Unit 4: Sustaining and Spreading Improvements

Participants will be introduced to the concepts related to sustaining and spreading changes – including successful project close-out and transition. Participants will also learn about considerations inleading and supporting others through change as improvements spread to new audiences and areas.

Unit 5: Celebrating Change – Capstone

Participants will create a capstone presentation that highlights their reflections on their learning, the experience of learning, and areas for additional growth and development. They will also include a brief summary of their QI project, including their aim statement and tests of change.

8.0 Program Schedule/Key Dates

All program elements listed below are mandatory.

Program Element	Key Dates/Timeframes
Guided course pre-work (Online modules, coaching check-in)	December 1, 2023 – January 11, 2024
Workshop #1 **Introduction to QI and the Patient's Medical Home**	**January 18, 2024**
Action period (Online module, coaching check-ins, project work)	January 18 – February 8
Workshop #2 **Understanding Your Current State and Focusing Collective Efforts**	**February 8, 2024**
Action period (Online modules, coaching check-ins, project work)	February 8 – March 7
Workshop #3 **Making Meaningful Improvements**	**March 7, 2024**
Action period (Online modules, coaching check-ins, project work)	March 7 – March 28
Workshop #4 **Sustaining and Spreading**	**March 28, 2024**
Action period (Online modules, coaching check-ins, project work)	March 28 – April 18
Workshop #5: Capstone **Celebrating Change** (TBD in-person or virtual)	**April 18, 2024**

9.0 Project Information

9.1 Project Selection

It is essential that participants have an appropriate improvement project to focus their learning. You are asked to identify a problem within your clinic that you will then develop into an improvement project to work on throughout the program.

Project Criteria

An appropriate improvement project meets the following criteria:

- ✓ The project focus must be related to quality improvement.
- ✓ The project will have clinic-wide impact.

- ✓ The results are expected to be significant for patients/clients, clinic staff and/or the clinic operations.
- ✓ There is a program sponsor who is committed to actively providing guidance, routinely monitoring project progress, and removing barriers. An appropriate sponsor is someone who oversees the workflow or processes that occur within the scope of your project (typically the clinic owner or the SHA manager of the clinic).
- ✓ It is scoped appropriately so progress can be made in four months. Within this timeframe, one could expect to answer the question, "How do you know a change is an improvement?"
- ✓ It must be measurable – participants will be expected to track improvement measures (outcome, process, and balancing) on run charts.

Project Components

Projects must have a quality improvement focus. This means that projects must include the following components:

- **Projects must engage others in the clinic.** Projects must have a broader scope than an individual clinician's practice. For example, instead of improving one's own referral practices, a project might look at reducing referral variation across a clinic.
- **Project must go beyond data collection.** The project should be one that allows the team to test changes and potentially show improvement on a project aim. Tests of change should be started within the four-month timeframe of the program. The project focus must clearly outline what will be better for patients or clinic staff.

9.2 Additional Project Supports

Patient/Family Partners

We recommend including patient and family partners (PFPs) as members of the QI project team. PFPs have lived experience with health care, either as a patient or a family member. The role of the PFP is to bring the unique perspectives of someone who has recently experienced care related to the QI project. Key expectations for this role:

- Passion for patient and family-centred care and desire to improve care for all patients and their families.
- Speak about their positive and negative experiences as a patient or family member.
    - Ability to reflect on what went well and how things could have been done differently, and to consider beyond one's own personal experiences.
- Collaborate with the project team.
    - Participate in team meetings, as needed.
    - Speak up and share suggestions and ideas for improvement.
    - Ask questions for clarification, when needed.
    - Consider multiple and sometimes competing perspectives.
    - Maintain confidentiality of sensitive information related to the project.
- Contribute to activities related the QI project, including but not limited to:
    - Reviewing or creating informational or educational materials for a lay audience.
    - Partnering with community stakeholders, if applicable.

Data Support

Participants will be supported in navigating data sources that may help them understand the current state of the Patient's Medical Home within their focus area. These data sources may include, but are not limited to patient and/or staff experience data, Electronic Medical Records (EMRs) and Patient Panel Reports (PPRs). Staff from the Saskatchewan Medical Association (SMA) Electronic Medical Record (EMR) Practice Supports Team and the Health Quality Council QI in Clinics team can help in developing data collection plans and interpreting data.

9.3 Ethics and Privacy Considerations

The issue of ethics review is an important one to consider when you are planning your improvement project. Projects that plan on using personal health information (PHI) for all, or part, of the data collection are required to submit an application to one of the three Ethics Review Boards in the province (U of S, U of R, or SHA). Project Sponsors and HQC Coaches can assist teams planning on using PHI to guide their improvement projects with an ethics Most often, a Letter of Exemption will be issued, approving the secondary use of the PHI.

Regulations set out by the *Health Information Protection Act* (HIPA) may also impact improvement projects. Again, it is up to the participant to discuss the project and, in particular, any data being collected, with the privacy officer for their organization to determine if project plans are in compliance with HIPA.

10.0 Program Materials and Resources

- **Computer and internet connection.** Participants will require a computer with an internet connection.
- **Moodle.** This program uses an online learning platform called Moodle. Participants will be provided with a user account and password to access the online materials.
- **Recommended Reference Books**
    - **The Improvement Guide: A Practical Approach to Enhancing Organizational Performance**. (2nd edition), Gerald J. Langley, Ronald D. Moen, Kevin M. Nolan, Thomas W. Nolan, Clifford L. Norman, and Lloyd Provost.
    - **Improvement Science at Your Fingertips: A resource guide for coaches of improvement.** Brandon Bennett, Alicia Grunow, and Sandra Park.
    - **The Team Handbook**. (3rd edition), Peter R. Scholtes, Brian L. Joiner, and Barbara J. Streibel.
    - **The Health Care Data Guide: Learning From Data to Improve Health Care.** Lloyd Provost and Sandra Murray.

11.0 Sponsor Selection

The sponsor is the person(s) in the clinic who provides the resources required to support and nurture the project and minimizes organizational obstacles or barriers to the improvement effort. In a practice setting, the sponsor may be the clinic owner, the most senior physician, or the SHA Manager or Director responsible for the clinic.

The sponsor(s) would also ensure that the QI in Clinics participants have dedicated time to complete online learning and assignments, support his/her project team, and attend the five virtual learning workshops. The recommended time allocation for participation in QI in Clinics is approximately 0.1 FTE, which translates to about two hours per week during non-workshop weeks.

Program Sponsor Expectations

The program sponsor is a key role for project success. In agreeing to be a program sponsor, the sponsor is committing to the following:

- ✓ **Regularly communicate with the project lead.** While the program sponsor may not attend all team meetings, there should be a communication plan in place for keeping them aware of progress and challenges. This is a shared responsibility between the participant and the sponsor.
- ✓ **Remove barriers and supports project progress.** The sponsor must actively work to remove project barriers and support project progress. This could include collaborating with other leaders and clinicians, raising issues with leadership or other approaches. This may also include reaching out to HQC staff if program or project concerns call for it.
- ✓ **Allocate resources and links to supports.** As required, the sponsor will allocate resources (human, technical, financial) to support the project. This includes working to gain the support of other clinics staff and enabling the participation of clinic staff in the improvement project as needed.
- ✓ **Provide the participant with regular feedback.** Throughout the program, sponsors should be providing regular feedback to the participant on what is working well and areas for further development.
- ✓ **Lead and role model leadership behaviours** such as grounding quality improvement and the clinic's team in corporate culture, and reinforcement plan (celebrating successes and positive changes).
- ✓ **Attend the capstone workshop. Sponsors are required to attend the capstone workshop**.

Please note: Depending on the participants' roles/context, it is possible that two people may co-sponsor QI in Clinics participants. One person would be an operational sponsor and would be responsible for supporting/removing barriers for the improvement project work. Another person would be an administrative sponsor and would support/free up time for the participants to complete all required program elements.

12.0 Frequently Asked Questions (FAQs)

1) I have an idea for a QI project but I'm not sure it will work. Can I modify my project after I begin the program?

Yes. One of the key learnings of QI in Clinics is to lead with the problem you're trying to solve rather than the solution. In other words, identifying the problem to be solved is the first step in the quality

improvement process. The second unit of the program is devoted to understanding the problem in order to better define your project. After going through the process of analyzing the problem, collecting baseline data, and understanding the current state, you will be better equipped to develop your project idea, focus, and scope.

2) What is meant by having a team work on the project?

Involving and working collaboratively with others is vital for ensuring the success of the changes being made. This could mean including important stakeholders as members of the formal team as well as engaging them in other ways. As part of the program, you will learn about setting up a team (who needs to be involved, what team size would be appropriate for your project, etc.) and working with others (identifying and communicating with stakeholders). You will also explore different ways of working together – collaborating through both formal and informal approaches. The problem that you identify should be such that a team effort will be required to make improvements. If the proposed problem is very narrow in scope (impacting only your individual clinical practice), it is recommended that you connect with Health Quality Council to discuss options for better aligning the problem you've identified with the program requirements.

3) What problems would not be appropriate for this program?

This program is designed for applicants to develop quality improvement projects in response to a problem.

Examples of projects that **would not fit** with this program include:

- **Projects focused on research.** This program is focused on projects designed to close the gaps in current quality of care. Projects focused on understanding current state of variation, without a clear direction for improvement, would not be appropriate for this program.