

INTRODUCTION TO QUALITY IMPROVEMENT

Funded by



Health
and Human
Services

Delivered by



What is quality improvement?

QI

Quality improvement (QI) in healthcare is based on the concept that health care is a system. Unlike a manufacturing line, which can be micron perfect, healthcare is about people (often one person at a time), but it is a system. On any day, in Australia, many thousands of people visit a Health Service. Most people

will return to their Health Service of choice and the Health Service will have considerable information (data) about them. These data provide a powerful insight into the person's current health state and potential future health state.

QI is the use of this information, at a health service level, combined with the use of QI tools and techniques by a health care team. This activity changes the health service's systems and processes to ensure that sustainable improvement is achieved.

Within health care, quality has been defined as:

"the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge."¹

QI is defined as a systematic approach that uses specific techniques to improve quality. It involves continuous efforts to implement systematic change and achieve stable and predictable results.

"Health Service" in this toolkit is a defined term and means any primary healthcare organisation that delivers services with a general practitioner, such as a general practice, Aboriginal Community Controlled Health Organisation, Aboriginal Medical Service or community health service.



What can QI achieve?

- Effective standard operating procedures
- Improved outcomes for patients
- Improved outcomes for health care organisations²

QI aims to:

- Make healthcare safe and effective
- Make healthcare person centred
- Make healthcare timely, efficient and equitable²

Quality Assurance versus Quality Improvement

QI is sometimes confused with quality assurance. Quality assurance assesses whether health care services meet a set of requirements by comparing them to a set of pre-defined criteria. Quality assurance often involves a retrospective approach, which may include inspections. QI, on the other hand, is proactive and involves purposeful efforts and teamwork to improve processes, systems or outcomes.

1 Institute of Medicine, 1990, Crossing the quality chasm: a new health system for the 21st century, Washington DC: National Academy Press, p.244

2 The Health Foundation, 2016, Quality improvement made simple: What everyone should know, <https://www.health.org.uk/sites/health/files/QualityImprovementMadeSimple.pdf>

Quality Improvement is not a one-off action. It is a journey over time continuously making small, measurable improvements.



Did you know?

35% of Australians, more than 7 million people, have a chronic condition

The Challenge of Chronic Disease

An increasing number of patients with chronic disease have multiple conditions, making care more complex

What is Continuous Quality Improvement?

Continuous Quality Improvement (CQI) is the regular review of the system by team members to continuously ask what can be done better, and then improve elements of the system. CQI emphasises that patient and team member satisfaction is paramount, and that problems are caused by processes, not people. CQI's focus is on measurement of various elements of the system to help find problems and to demonstrate when improvement has been achieved.

Why is quality improvement important?

For most Australians, primary care is their first point of contact with the health care system. In mid 2015, it was reported that approximately 20% of the Australian population has two or more chronic conditions³. Patients with multiple chronic conditions often receive treatment from a number of health providers, many of whom work in different locations and often in different parts of the health system. As a result, effective communication between the health care team can be challenging, leading to gaps in the quality and safety of patient care⁴.

Generally, the primary health care system performs well and most health care is associated with good clinical outcomes. However, some people do not receive all the care that is recommended to them; there is considerable variation in access to health care around the country and the outcomes of this care. Additionally, preventable adverse events continue to occur across the entire health care system.⁵⁻⁶

In order to frame improvement in the primary health care setting, Health Services can adopt the Quadruple Aim, an approach to optimising health system performance by:

1. pursuing improvements in population health
2. enhancing the patient experience of care
3. reducing the per capita cost to the health care system
4. improving the work life of health care providers.⁷

When working in any of the four Quadruple Aim areas, it's important to remember that improving patient care remains at the core.

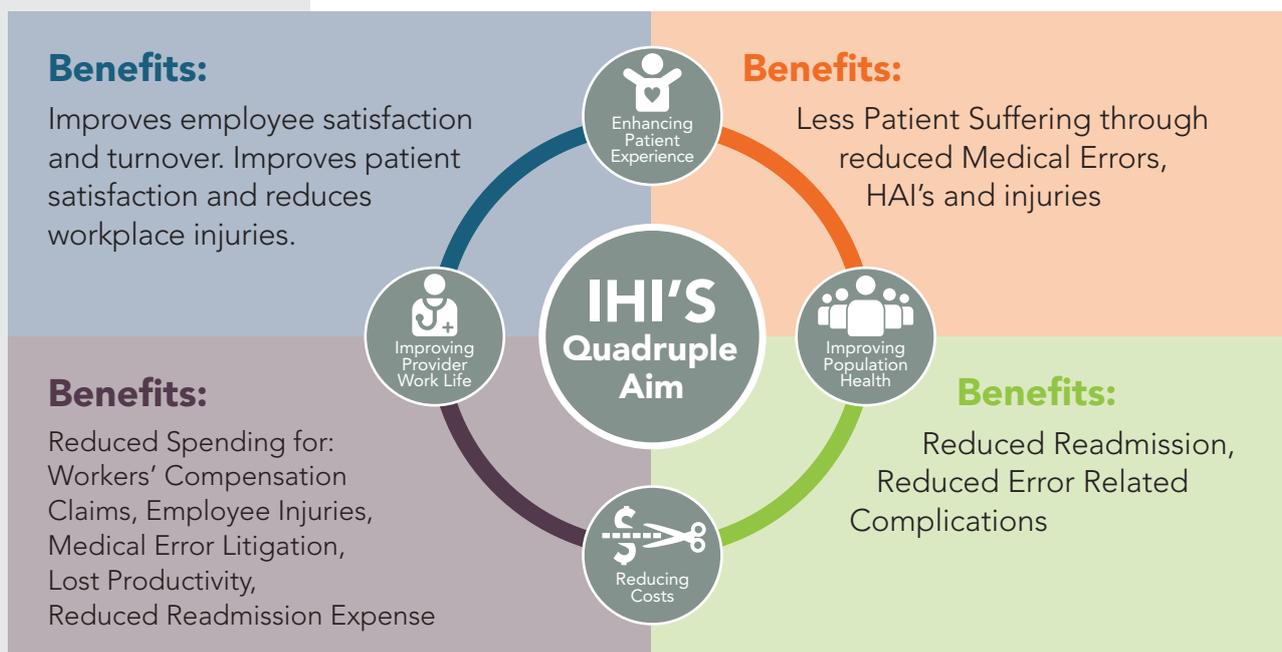
3 Australian Institute of Health and Welfare, (AIHW), 2015, Chronic Disease Web Update, <https://www.aihw.gov.au/reports-data/health-conditions-disability-deaths/chronic-disease/overview>

4 Primary Health Care Advisory Group, 2016, Final Report: Better Outcomes for People with Chronic and Complex Health Conditions, [http://www.health.gov.au/internet/main/publishing.nsf/Content/76B2BDC12AE54540CA257F72001102B9/\\$File/Primary-Health-Care-Advisory-Group_Final-Report.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/76B2BDC12AE54540CA257F72001102B9/$File/Primary-Health-Care-Advisory-Group_Final-Report.pdf)

5 Australian Institute of Health and Welfare, 2014, Australia's Health 2014: Australia's Health Series, <https://www.aihw.gov.au/getmedia/d2946c3e-9b94-413c-898c-aa5219903b8c/16507.pdf.aspx?inline=true>

6 National Health Performance Authority, March 2013, Healthy Communities: Australians' experiences with primary health care in 2010-11, <https://www.myhealthycommunities.gov.au/our-reports/australians-experiences-with-primary-health-care/march-2013>

7 Bodenheimer T, and Sinsky C, 2014, From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider, *Annals of Family Medicine*, Vol. 12, No. 6, pp. 573-576, <http://www.annfam.org/content/12/6/573.full>



Health Services can use the four areas of the Quadruple Aim to guide the development of cancer screening initiatives, and by doing so expect to collectively realise significant improvements.

There is real opportunity for health care services to:

- build a whole of team approach
- improve cancer screening rates
- improve patient outcomes via early detection and intervention, and
- contribute towards reducing cancer related burden of disease and associated costs to the healthcare system.



Want to learn more about quality improvement?

There are a number of additional resources available that provide a deeper understanding of QI and assist teams to implement QI activities within their own settings, including:

- The "Six Rules of Improvement" ([Appendix 1](#))
- Templates and cheat sheets developed by the Clinical Excellence Commission ([Appendix 5 - Quality Improvement section](#))
- "Getting Started" guide developed by the Australian Commission on Safety and Quality in Health Care (ACSQHC) see [Appendix 5 - Quality Improvement section](#)