Quality Improvement

A continuous, systematic approach to improving care, based on data, requiring the input of a multi-disciplinary team, and using a formal strategy to test and learn from small cycles of change.

Key Changes

- **Choose** and **use** a formal methodology for quality improvement (QI).

- **Establish** and **monitor** metrics to evaluate improvement efforts and outcomes; ensure all staff members understand the metrics for success.

- **Ensure** that patients, families, providers, and care team members are involved in quality improvement activities.

- **Optimize** use of health information technology to improve individual and population health outcomes.

Examples

- Develop communication plan clarifying organizational methodology for improvement.
- Assess QI training needs and act upon results.
- Design formal process for oversight of teams testing change.
- Develop just-in-time training tools for teams doing PDSAs.
- Invite patients to participate on QI team.
- Integrate methodology into organizational culture-practice improves performance of the methodology by including all staff in training.
- With leadership oversight, choose small tests of change.
- Before starting, use team conversations to predict what will be the outcome of a PDSA.

- Schedule time to study and learn from every PDSA.
- Design system to share results of historical tests for organizational learning.
- Invite patients to work on a team designing a PDSA or include them to give regular feedback during designing and testing a change.
- Develop procedure/process to adapt, adopt, or abandon the change after the test. Record outcomes and learning from all tests of change.
- Organize iterative PDSAs to optimize the proposed change.
- Design communication plan for sharing PDSA results with staff and patients.

Search ImprovingPrimaryCare.org for more resources

Primary Care Team Guide Assessment-Related Questions

	Components	Level D	Level C	Level B	Level A
2	Clinical leaders…	intermittently focus on improving quality.	have developed a vision for quality improvement, but no consistent process for getting there.	are committed to a quality improvement process, and sometimes engage teams in implementation and problem solving.	consistently champion and engage clinical teams in improving patient experience of care and clinical outcomes, and provide time, training, and resources to accomplish the work.
		1☐ 2☐ 3☐	4☐ 5☐ 6☐	7☐ 8☐ 9☐	10☐ 11☐ 12☐
3	Quality improvement activities are conducted by…	a centralized committee or department.	topic specific QI committees.	all practice teams supported by a QI infrastructure.	practice teams supported by a QI infrastructure with meaningful involvement of patients and families.
		1☐ 2☐ 3☐	4☐ 5☐ 6☐	7☐ 8☐ 9☐	10☐ 11☐ 12☐
6	Workflows for clinical teams…	have not been documented and/or are different for each person or team.	have been documented, but are not used to standardize workflows across the practice.	have been documented and are utilized to standardize practice.	have been documented, are utilized to standardize workflows, and are evaluated and modified on a regular basis.
		1☐ 2☐ 3☐	4☐ 5☐ 6☐	7☐ 8☐ 9☐	10☐ 11☐ 12☐

How Primary Care Teams Achieve the Quadruple Aim

Before Visit

Population Management

Communication Management

During Visit

Planned Care

Medication Management

Self-Management Support

Behavioral Health Integration

Oral Health Management

Between Visit

Referral Management

Clinic-Community Connections

Care Management

Comprehensive Services

The Quadruple Aim

1. Lower costs
2. Better care
3. Healthier patients
4. Happier staff

Informed, Activated Patients

Capacity for Quality Care

- Engaged Leadership
- QI Strategy
- Teamwork
- Empanelment/Continuity
- Enhanced Access