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Quality Improvement: A guide for services

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Abstract

This guide provides information for clinicians from organisations and services participating in PCOC to use their reports and the suite of PCOC quality improvement tools for continuous improvement, and to demonstrate improvement in patient and family/carer outcomes.

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Quality Improvement
A guide for services

PCOC is an outcome and benchmarking program. PCOC creates a clinical language by embedding five validated clinical assessments to systematically measure and improve patient and family/carer outcomes. For more information visit the PCOC website.

Background

PCOC is an outcome and benchmarking program integrated into routine clinical practice by way of PCOC's assessment and response framework. PCOC produces patient outcome reports for services to engage in quality improvement and cultural change. This is achieved using PCOC reports to identify outcome measures to improve, plan quality improvement projects and evaluate and measure improvement in change.

About this guide

This guide provides information for clinicians from organisations and services participating in PCOC to use their reports and the suite of PCOC quality improvement tools for continuous improvement, and to demonstrate improvement in patient and family/carer outcomes.

> **This guide complements the '*Sustaining PCOC* guide', which describes five key strategies to embed and sustain PCOC into routine practice**. **This guide supports: Key strategy 2: Routine Assessment and Response and Key strategy 5: Quality improvement and service development.**

Who is this guide for?

This guide is designed for managers, quality, risk and safety managers, quality coordinators and clinicians who are responsible for identifying and driving quality improvement and service development.

The PCOC model for quality improvement

PCOC uses a cycle of routine assessment, to measure patient outcomes, report these outcomes and derive benchmarks to drive continuous improvements in palliative care. Services utilise PCOC data that informs quality improvement approaches supported by methods, such as Plan-Do-Study-Act (PDSA)[1]. Initiating a quality improvement project following the release of each report optimises the use of routinely collected data for continuous improvement, by identifying areas for improvement. See figure 1.

PDSA and PCOC

PDSA is a four stage problem solving model used for improving q process and/or effecting a change.

Services can use their PCOC data with this model as a Quality Improvement approach.

PLAN: Use Outcomes Report to investigate, identify and plan a change

DO: Carry out the Plan

STUDY: Review results in next Outcomes Report

ACT: Based on results, change processes & procedures.

*Continue with the **PDSA** cycle with each PCOC Outcomes Report to effect continuous quality improvement.*

Figure 1 when to engage in PCOC quality improvement

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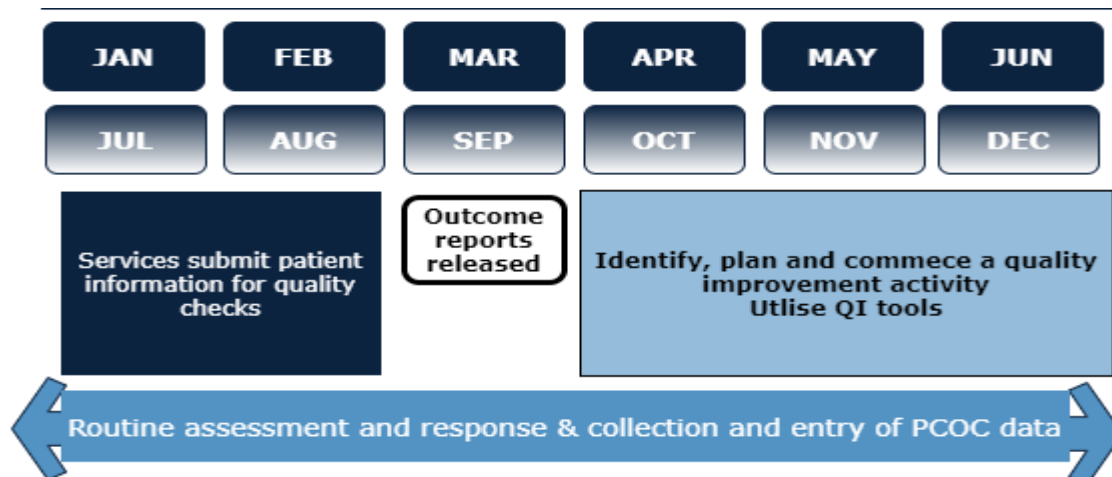
[1] *Taylor MJ, McNicholas C, Nicolay C, et al Systematic review of the application of the plan–do–study–act method to improve quality in healthcare BMJ Quality & Safety 2014;23:290-298*

Data informs quality improvement and influences change in organisational culture

PCOC reports and supplementary data are an ultimate quality improvement tool as they provide evidence to initiate quality improvement by identifying an outcome measure to investigate. To achieve this it involves diving into the data and following a simple sequence of steps as shown in table 1.

Table 1 Steps involved in using PCOC reports to identify and plan an improvement project

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Step 1 Review PCOC reports and supplementary data to identify an outcome measure for improvement.

Use the following questions to help define your outcome measure to investigate:
o   Is there a benchmark not being met?
o   Are there a high proportion of patients experiencing pain or other symptoms?
o   Are there family/carer issues impacting on patient care?
o   Have the results for outcomes improved overtime?
o   Do outcomes look different to national outcomes?
o   Is there a priority outcome measure for the organisation/service to improve?

Step 2 Investigate the outcome measure.

Consider using an audit tool, case review tool or key strategy and enabling factor tool to identify what the problem is. These tools are described in this guide and are available on the PCOC website.

Step 3 Review the evidence and connect with others.

A PCOC Improvement Facilitator can assist with this if required to:
o   Access evidence (e.g. from CareSearch)
o   Discuss other service's quality projects to improve outcomes and connect with a service or join a PCOC community of practice.

Step 4 Develop an improvement plan.

PCOC's Quality Improvement Plan and Report Template can guide you specifically in undertaking your project:
o   Changes to help solve the problem
o   The implementation and measurement of the plan
o   How the change will be integrated and communicated in service policy, procedures, and guidelines

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Quality Improvement tools

PCOC has a suite of tools to help identify, develop, and document quality improvement projects. These tools help to identify and implement improvement by way of case reviews and audits. Case reviews are usually undertaken following review of benchmark reports and supplementary information. The audit tools may be used at any time and are based on an identified need within the organisation/service.
These tools have been developed from:

- The PCOC implementation guide,
- PCOC Benchmark Reports,
- Supplementary information on the outcome measures, and
- Conformity to the assessment and response framework.

The use of the these tools provides a pathway for process review, staff feedback, organisational/service and culture change, meeting benchmarks, and measuring performance against standards[2]. These tools will also assist measure and demonstrate the success of an implemented change.

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[2] Hughes RG. Tools and Strategies for Quality Improvement and Patient Safety. In: Hughes RG, editor. Patient Safety and Quality: An Evidence-Based Handbook for Nurses. Rockville (MD): Agency for Healthcare Research and Quality (US); 2008 Apr. Chapter 44. Available from: https://www.ncbi.nlm.nih.gov/books/NBK2682/

Case reviews

What are these tools?	Case review tools are designed to assist improving consistency in clinical practice. They are used with their PCOC data supplementary reports, provided at the same time as Benchmark Reports. These tools are for retrospectively reviewing a patient's clinical medical record. PCOC has six case review tools.
Why use this tool?	PCOC case review tools correlate to a PCOC benchmark or other clinical outcome measure provided by PCOC. They assist to identify outcome measures requiring further improvement in assessments, processes and/or procedures.
When to use this tool?	Following the release of POCC reports, twice a year.
Incorporating into a quality improvement plan	Results of the case review are summarised to identify the improvement in a specific outcome measure. The case review tools are designed to identify an improvement by way of clinical interventions, process change or educational requirements. The results incorporated into the 'evidence' section of the Quality Improvement Plan and Report Template and will assist in establishing the appropriate staff to participate in the quality improvement project. Staff involvement in case review is key to promoting ownership and providing feedback to staff and is critical to driving cultural change. To complete the quality improvement project, it would be tabled at the appropriate service, team, quality and, or clinical meeting.

Table 2 Case Review Tools developed from the Benchmark Report and Supplementary Data

Improvement area	Instructions	Description
1. **Patients with severe Family/Carer Problems**		Determines appropriate and timely response to severe family/carer scores and helps identify areas to improve consistency of assessment and response.
2. **Patients with severe Pain**		Determines appropriate and timely response to severe pain scores and helps identify areas to improve consistency of assessment and response.
3. **Patients in Unstable Phase (4 days or more)**	Select 10 cases to review from the supplementary report	Identifies reasons why patients or family/carer remain in the unstable phase for more than three days, and whether unstable phases are being ended appropriately.
4. **Patients who have died in a phase other than Terminal**		Identifies reasons why patients died outside of terminal phase and helps identify areas to improve appropriate and timely recognition of the terminal phase of care.
5. **Patients with severe distress from breathing problems**		Identifies reasons/issues patients are experiencing severe distress from breathing problems.
6. **Patients with severe distress from fatigue**		Identifies reasons/issues patients are experiencing severe distress from fatigue.

Clinical Audits

What are these tools?	Audit tools ensure that the PCOC program is utilised to achieve consistency in practice by identifying outcome measures for improvement, reducing variation, and achieving consistency between clinicians. There are four audit tools that are able to measure the effectiveness of the service's implementation of an assessment and response framework. Two of the tools are for retrospective audit, completed from the patient's clinical record to identify outcome measures for improvement. The other two audit tools are prospective and completed in real time.
Why use this tool?	PCOC Audit tools support organisations and services to ensure clinical assessments are used correctly and can also identify: ▪ More in-depth assessment and change in the plan of care ▪ Areas for education in patient assessment and patient care ▪ Triggers for referral to other members of the multidisciplinary team
When to use this tool?	Audit tools can be used at any time.
Incorporating into a quality improvement plan	Results of the audit are summarised to identify the measure for improvement. These audit tools will help identify processes and educational interventions required. The results will form part of the 'evidence' section of the Quality Improvement project template and identify the staff to be involved in the quality improvement project. Staff involvement in audits is key to promoting ownership. Providing feedback to staff about the results of an audit is critical to driving cultural change. To complete the quality improvement project, it would be tabled at the appropriate service, team, quality and, or clinical meeting.

Table 3 Audit Tools developed from the Assessment and Response Framework Protocol

Improvement area	Type and instructions	Description
1. **Response to PCOC assessments**	Retrospective Review 10 randomly selected cases	Determine if PCOC assessments trigger a response in line with patients' and family/carer palliative care needs (i.e. referral, further assessments and changes in the plan of care).
2. **Phase definition**		Review if correct phase has been assessed, in accordance with PCOC's phase definitions.

Supporting resource	PCOC's web-based education package includes a PowerPoint presentation and case scenarios on Auditing to improve consistency and reduce variation

Service/organisation self-assessment to sustain PCOC

What is this tool?	A multidimensional tool to identify barriers and enablers to embedding PCOC's assessment and response framework into all aspects of the service, including use of outcome data for quality improvement. This tool equips organisations for outcome measurement success.
Why use this tool?	To implement or review processes and plan for organisational change.
When to use this tool?	When PCOC is first implemented, when benchmarks have not been met, and to assist with identifying barriers and enablers to achieving change.
Incorporating into a quality improvement plan	Conduct a self-assessment for the presence of enabling factors. Identify an outcome measure to improve. Consider the use of audit or case review tools to further refine the area to improve. Use the Quality Improvement Plan and Project Template.

Table 4 Audit Tool developed from the five Strategies and Enabling Factors

Outcome Measure	Type and instructions	Description
Embed and sustain the PCOC program in routine practice	Retrospective Audit the 5 key strategies:	Self-assessment to identify and prioritise the key strategies that may need improvement to embed and sustain PCOC.
		Audit each key strategy to assess the degree of participation and commitment in PCOC and identify areas to review and address.

Quality Improvement Reports

PCOC has developed a Quality Improvement Plan and Report Template (appendix 1). This template can be used to plan and record quality improvement projects identified from undertaking case reviews, clinical audits or the self-assessment.

These reports, and the outputs generated, can be made publicly available thanks to the generosity and community of practice ethos of participating PCOC services. The quality improvement projects are evaluated by the PCOC Quality & Education Manager for approval to share. Quality improvement projects help positively promote palliative care services and formally document quality improvement efforts.

Mapping to standards

Being part of PCOC demonstrates a commitment to maintaining quality and striving for ongoing improvement. The PCOC program can support organisations and services in meeting safety and quality standards to achieve and maintain their accreditation with relevant organisations. PCOC have developed a number of mapping resources to describe how PCOC aligns with standards, and examples of PCOC evidence that can be used to demonstrate that standards have been met. Mapping resources are available for the following:

Mapping resources	- National Safety and Quality Health Service Standards (NSQHS) - National Palliative Care Standards, 5th edition - Aged Care Quality Standards (ACQS)

Other useful information

- **PCOC Improvement Facilitators (IFs):** PCOC IFs support services to implement and embed the PCOC program, interpret and analyse their PCOC data, and identify opportunities to develop quality improvement projects. IFs can also link similar organisations and services through the PCOC Community of Practice to share their quality improvement strategies and experiences.
- **Community of Practice (CoP):** The CoP is supported by PCOC IFs and allows organisation and services to link up with their peers, share resources, and learn from each other. PCOC can facilitate introductions nationwide.
- **Clinical Leaders workshop – Using reports:** PCOC runs bi-annual workshops to help services interpret their PCOC data and use the findings to drive change and quality improvement.
- **PCOC Essentials program:** The PCOC Essentials program is a short course for managers and clinicians learning about the PCOC program. It includes a stream focusing on PCOC reports and can help with identifying a target outcome measure for quality improvement.

Further information is in the Education Guide, or on the PCOC website.

All of the PCOC Tools & Resources listed in this document are available on the PCOC website www.uow.edu.au/ahsri/pcoc

PCOC is a national palliative care project funded by the Australian Government Department of Health

palliative care outcomes collaboration

Instructions:	
▪ Use this template to guide your project and complete your project to report the outcomes ▪ Refer to the Quality Improvement & Change Guide ▪ The report and associated documents are placed in the public domain for other services to use. Please acknowledge the source. If you wish to modify the content, please contact the project coordinator or service directly.	

Service:	
Outcome Measure:	
Project Coordinator:	
PCOC Improvement Facilitator: Can support and advise plan and access evidence resources	
Project Time Frame:	Start date: Finish date:
Agenda item at Service Team meeting/Committee	
Project Title	Indicate an initiative to improve palliative care (broadly defined to include quality, safety, and effectiveness).
Problem Description	What is the problem and its significance and why? Pre-intervention information. Available from PCOC reports, supplementary reports, data request with specific reference to data items.
Purpose of the Project	What are the specific aims of this project? What do you wish to achieve?
Context	What are, if any, elements that are important to consider before starting the project?
Interventions	Description of the specific interventions you plan to implement (to allow replication).
Team/Staff Involved	List the staff who are involved and participating.
Measures/Interventions	Measures chosen for studying processes and outcomes of the interventions
Analysis	Qualitative and quantitative methods used to draw inferences. Methods used for understanding variation.
Results	What did the data show?
Interpretation	Overall, what did the outcome of this project change?
Summary	Did the changes in processes improve patient care and change policy, protocols, or procedures?
Conclusion	Do the actions/interventions put in place ensure the improvements can be sustained? Consider the implications for practice and further quality improvement. Comment on sustainability and potential spread to other services, organisations, or clinical areas.
Outputs	List and attach documentation that resulted from this project. Consider policy, protocol, guidelines, flowcharts, forms, and work instructions.

- For further guidance on completing a Quality Improvement project refer to the *Standards for Quality Improvement Reporting Excellence (SQUIRE) Guideline* http://squire-statement.org/index.cfm?fuseaction=Page.ViewPage&pageId=471 .
- *For further information on Australian quality improvement resources visit CareSearch* https://www.caresearch.com.au/caresearch/tabid/5642/Default.aspx