Hume Whittlesea
Primary Care Partnership

Creating value through quality partnership platforms

Introductory briefing report

Introduction

The Hume Whittlesea Primary Care Partnership (HWPCP) has a long history of supporting and facilitating service coordination and collaboration between primary care providers in the region, more often acting as the backbone for initiatives across a range of practice settings and focus areas including quality.

Connecting quality in health service provisions to health outcomes is a core function of Primary Care Partnerships. The variability in the application of quality initiatives within and between health service providers creates an opportunity to provide a platform that supports quality improvement and collective impact initiatives across the Hume and Whittlesea catchments.

To create value for our quality partnerships, the proposed platform (below) will allow a focus on continuous improvement from a quality lens, across all levels of organisations and the health system.

Purpose

The purpose of this document is to provide Partnership members and local health system partners with an overview of the proposed Quality partnership platform; the evidence supporting its development and delivery; and an outline of the proposed evaluation of the initiative.

Defining the problem

Arising from discussions with service coordination partners, it became apparent to the HWPCP that local agencies have differing levels of competency in understanding changes to legislation that impact upon their service delivery as well as inconsistent practices when implementing such changes.

Similarly agencies disclosed that the understanding of quality and improvement cycles within their respective organisational contexts is also not well understood throughout their agency. This is a common problem due in part to the many definitions of what quality is and the way in which the term is understood in organisational contexts. Rather than attempt to re-define the meaning of quality for this project, the shared understanding by partnership platform participants of the term ‘quality improvement’ denotes the approach or process of continuous quality improvement in the context of legislated quality requirements and accreditation.

The range of responsibilities of quality managers also differs significantly between like organisations, and is in part due to the size of the organisation and the recognition (of lack thereof) of the importance of quality improvement by leaders that extends beyond reporting obligations. Internal supports for staff designated with responsibility for quality initiatives and associated successful change management are too often lacking, poorly defined or under-resourced.

Variation in effectiveness of continuous quality improvement activities between services is commonly reported, but with little explanation of how contextual and other factors may interact to produce this variation (Schierhout, 2013). Evaluations of quality improvement in health care overseas shows that results too often fall short of expectations; and that promising interventions shown to be initially successful do not transfer to new settings, or are not sustained.

Contextual factors such as key people leading change, managerial –clinician relationships, simplicity and clarity of quality goals, alignment of quality initiatives to organisational objectives and the quality and

coherence of quality policy changing over time or varying between settings, can all frustrate efforts to improve quality. It is also argued that factors such as clinical payments and incentives, practice culture, history and staffing; together with characteristics of the patient populations and subgroups and changes in these factors can also impact upon quality and outcomes.

Understanding how to define and measure quality in the different organisations is important. The World Health Organisation proposes six building blocks that are critical to effective health systems and that quality should be incorporated as a critical component of each to be successful, namely: service delivery; health workforce; health information system; medical products, vaccines and technologies; health financing; and leadership and governance (Hirschhorn, 2013). Being aware of and implementing changes from legislation revisions is relevant and critical to five of the six building blocks.

Research shows that cooperative inter-agency networks and supportive organisational cultures can all positively affect quality improvement initiatives and cycles. In health, evaluations of change interventions are often lean on the implementation process due to the need to demonstrate outcome improvements. This platform will be evaluated from a process and outcomes approach, taking into account contextual factors.

Context

The safety and quality agenda has been adopted by health care systems internationally and is understood as the degree to which potential risk and unintended results are avoided or minimised in health care through continuous assessment of how well the organisation is performing in its goal to improve clinical care (Institute of Medicine, 2001; Verma Ranjit, 2012).

Routine audit of clinical care is now a standard indicator of patient safety and quality in most health care organisations. Health Service accreditation programs have allowed the development of a clearer understanding of the inputs (costs and resource use), and outcomes (patient safety and health outcomes) from quality improvement cycles (Munford, 2014).

It can be argued however that there is a significant gap between the quality of care provided in the Australian health care system and what it is capable of achieving. The literature suggests that these gaps are largely due to the failure of organisations to incorporate known quality improvement measures into the process of care. While modern systems of quality management are complex and require active monitoring to ensure compliance with legislation, rules and regulations; service delivery can be improved through a long term commitment to continuous quality improvement (Matthews, 2014).

A desktop review by the author found that in order for some providers to remain up to date with governing legislation related to health service accreditation, agencies would need to review and actively source updates/changes from numerous sites, that are difficult to navigate and time consuming (Mumford, 2014; Mayberry, 2005).

There is growing appreciation within the local health care system of both the need for and benefits of using continuous quality improvement (CQI) techniques to improve the delivery of a range of primary care services. It is also generally recognised that continuous quality improvement (CQI) programs support development of high quality care. However, there is limited evidence available demonstrating their system-wide effectiveness (Matthews, 2014; Percival, 2016).

Strengthening primary healthcare systems is vital to improving health outcomes and reducing inequity. However, there are few tools and models available in published literature showing how primary care system strengthening can be achieved on a large scale (Bailie, 2013).

Research has found that health organisations with strong management of continuous quality improvement processes were responsive and adaptable to change. These types of organisations have more positive experiences of collaboration, and collective efficacy is achieved because of this. Organisations that adopt structured and facilitated quality networks are more likely to develop strong community linkages and have staff with the skills and support to take broad ranging action to improve quality and health outcomes (Schierhout, 2013).

Similarly research shows that system-based research networks that include multiple practices or services, managers, policy makers and others at various levels of the system in collaborative research to enhance the potential to understand and overcome system barriers to achieving better quality of care and health outcomes (Cunningham, 2012).

A partnership platform for quality

Partnerships can be a powerful force in the shaping of health care, and can lead to improvements in efficiency, innovation, access to services and quality. However they are not a panacea for all the challenges that remain for the delivery of health care in Australia. If partnerships are to be used as a positive influence in the improvement of health care, we must pay careful attention to the values of the partners and the way in which partnerships are planned and implemented.

Partnerships only work when all parties benefit from the relationship and the expected benefits are made clear in advance. Partnerships that are formed with the objective that only one partner or a small proportion of the partnership benefits as the expense and effort or the rest of the partnership are not sustainable and will not be successful.

Partnerships are common in the local health sector. Not only are they used as structures for service provision, but they facilitate flexible engagement at different levels throughout the health system. The key feature of a network is the repeated, enduring exchange relationships between participators in the network (Cunningham, 2012).

An Australian study published this year (2016) found that the introduction of structured and facilitated quality improvement processes can improve agency systems and the quality of health care provided (Percival, 2016). To enable this, adequate and detailed preparation of structure and process is essential for successful implementation of a service innovation.

The structure and process of the partnership platform, as outlined in this document, are an extension of the principle that the acceptance and accumulation of successful choices and the detection and discarding of unsuccessful ones, would improve health systems in small and uncontroversial ways, over time (Martinuik, 2015). This is supported by Donabedian's model of Structure, Process and Outcome (SPO). This model is a construct whereby each component is influenced by the previous, making the components interdependent (Gardener, 2013).

The PCP believes that through facilitating better implementation of quality improvement related choices would be synergistic and cumulative, accumulating large impact (and lessons) from small changes, and has the potential to influence wider health care delivery approaches.

Similarly, a structured and facilitated process that involves staff in the planning, implementation and peer review of quality improvement activities is more likely to utilise evidence based strategies (Percival, 2016). Further to this, collective valuing of design and redesign processes together with service data will aid the consistent application of quality improvement mechanisms across the region.

Combining effort of many participants from many levels of a health system enables quality platform participants to leverage efficiencies of effort to meet priority challenges in a way that the usually more fragmented health care sector can rarely achieve. The PCP attempts to apply the principles of Collective Impact in all projects and activities it does. This approach is underpinned by these principles that we believe are integral to the success of any collective impact initiative and include:

- having a common agenda;
- mutually reinforcing activities;
- continuous communication;
- shared measurement; and
- backbone coordination.

Integrating quality improvement into core business raises the standards of care in order to maintain, restore, and improve health outcomes of individuals and populations. Effective partnerships are essential for effective engagement between stakeholders at multiple levels of the health service system, between organisations within different levels of the system, and across traditional service boundaries (Taylor, 2015).

A requirement for improved quality within the health sector is an enhanced regulatory environment, and a robust platform through which regulations are enacted is essential. The creation of this opportunity for large-scale quality improvement and legislation 'sense-making' and change is unprecedented in the health system, especially at the local service delivery level. The quality platform will provide critical infrastructure, a systems focus, and an emphasis on generating and using quality systems, best practice and data for ongoing improvement purposes.

The proposed systematic application of the platform within the local region (Hume & Whittlesea) allows sufficient flexibility to meet the needs of diverse health service providers. These different operational contexts linked together in one platform can provide a valuable source of information and data about the performance and state of quality improvement initiatives, and process, of not only individual organisations, but also collectively of the health sector within a region or of the sector as a whole.

Public Private Partnership approaches

As the pressures of cost control, quality, access and reputation continue to influence health care worldwide, public-private partnerships will continue to become both more common and more varied. Public private partnerships are not new in Australia and are increasingly becoming the preferred approach to building and providing new health and education facilities.

This proposed platform is a new form of public private partnership in Australia with a focus on quality through an online platform solution. Countries in the European Union have successfully used this approach to develop e-health and e-referral solutions as well as consumer focussed health information

platforms in partnership with their respective governments. These platforms are for profit platforms, where the government is a partner, not an owner of the partnership.

There are three issues in particular that are of paramount importance to this public-private quality platform: Equity; Quality; and Costs.

By far the most common reason for the development of partnerships is financial and this platform is no exception. It is envisaged that the platform, by providing universal access to legislation and quality standards changes and updates to providers free of charge (financially resourced through the HWPCP), partners will experience no costs relating to the need to purchase different quality products, and a reduction in costs associated with maintaining monitoring systems for quality updates. Cost reductions can also be achieved across the region by all providers utilising one system, standardised approaches to implementing change and other implementation benefits. This provides an economy of scale that individual organisations, especially smaller partners, could not achieve on their own.

The partnerships benefits are also often a function of the type of partner involved. For the private sector, in this case Kaizen Synergy through their Gemba platform, the reason for their involvement in the partnership may include publicity for their product, legitimacy in terms of working with respected organizations, research that they can use in the future for product development, or enhancement of brand or corporate image or name recognition through sector use of the platform. For the public sector, they are mandated to implement legislation and quality measures as a function of their funding and accreditation processes. Another benefit of participating for the public sector could be improved reputation through the achievement of better health outcomes for their patients and the local population.

Another dimension of partnership is the level of commitment of the partners to the partnership and to each other. This partnership involves a minimal level of commitment from each partner, as the platform addresses core business requirements that would be normally conducted. Commitment to this partnership platform will require quality officers/managers to regularly and actively use the platform and share information to gain maximum mutual benefits. If we are to use public-private partnerships to improve quality, then the partners need to be accountable to each other and to the consumer for the quality of the products and services they offer.

Platform overview

The quality platform enables members to share information, trials and errors, and general experiences in a confidential and structured format. This community of practice enables members to “own” their own content and guide their own quality journeys with the added bonus of having access to facilitated expertise and peer support when needed.

The propose quality platform provides two functions. Firstly, it provides push notifications to members directly to their inbox when legislation, rules, regulations or associated standards are changed (from Gemba, see figure 1). The notification details the legislation and the corresponding changes in order to assist quality officers update any internal policies or processes that need to be updated.

Secondly it provides a dashboard where members can add items for discussion around any quality related issue members wish to seek feedback or guidance on (HWPCP, see figure 1). The dashboard allows members to pose questions to the group, add documents for discussion or add resources that

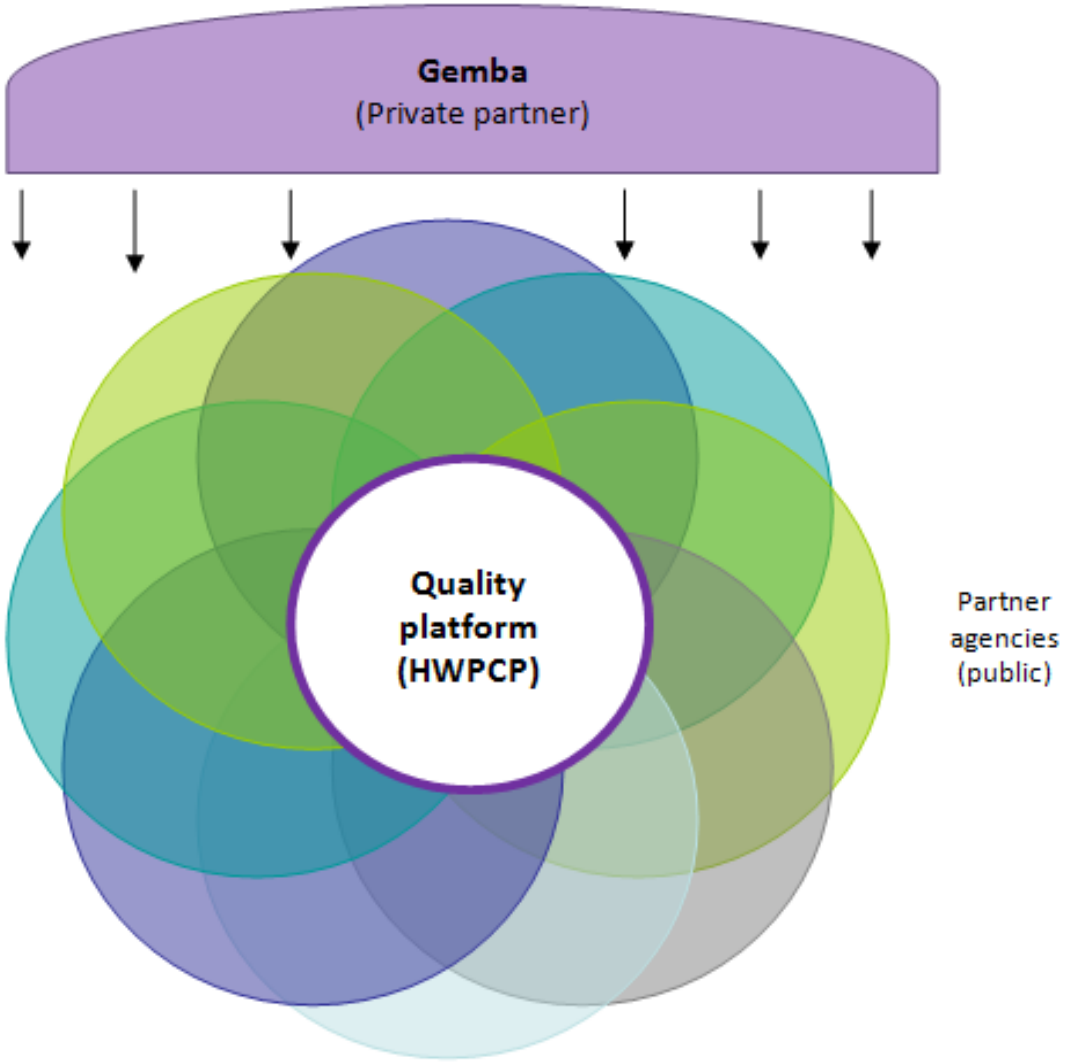
can be used to build the capacity of the quality partnership such as presentations, policies, evaluations, or project briefs.

There are two levels of membership that are available to organisations that sign up to the quality partnership platform. The level of membership determines access to different information sources. Firstly, quality managers and officers within the partnership are assigned a secure and unique login to the network. This member type receives the push notifications and has access to the dashboards. These members can also invite other colleagues to participate in the network. These invited members have access to the full dashboard functions however don't receive the push notifications directly to their inbox.

This ability to invite other colleagues to participate is a key component in building the network to be larger than just those "responsible" for quality and in building the partnership to be a community of practice.

The platform is simple and easy to use and is an ideal platform to support quality improvement and collective impact initiatives across the Hume and Whittlesea region.

Figure 1. Overview of the quality partnership platform



Platform aims

The aims of the network are:

- Building quality improvement leadership at all levels of participating organisations and the local health system;
- Creating a quality 'community of practice' within the local health sector in order to enable a sense of shared ownership;
- Embedding a quality-focused approach in day-to-day work to make the partnership platform 'business as usual' as opposed to a tick-box exercise;
- Building rapport and genuine partnerships between organisations to facilitate conversations about the importance of creating the right local infrastructure for quality improvement;
- Capturing the energy and imagination of quality and other health service professionals in a way that other initiatives have not; and
- The Local sector actively reviewing the number of and scope of quality improvement projects in the region in order to streamline activities, gain efficiencies and improved outcomes.

Outcomes

Through helping organisations to develop the ability to appraise its own approach to quality improvement with a view to improving performance, achieving better clinical outcomes, and building on its existing capacity as a learning organisation; the anticipated outcomes of this project are:

- The generation new ideas within our and between organisations;
- Learning from, adapting and adopting new ideas from the quality partnership;
- Providing regular opportunities for all quality staff to take time out to review and improve individual organisation and collective or sector performance;
- Staff are empowered to initiate change within their organisations to ensure the provision of high-quality care;
- Quality staff and organisations are supported when new ideas they try out do and do not succeed;
- New quality initiatives, projects and processes are evaluated during and after implementation;
- Effective quality improvement and innovation are recognised and rewarded by the partnership and externally;
- Single, relevant, repeatable processes and language around quality improvement including meaningful evaluation measures are devised by the partnership; and
- Ongoing commitment that a focus on quality is maintained.

Evaluation

Overview

As the evidence for this project outlines, most health care providers aim to continually improve the quality and safety of their services. The evaluation of this project will focus primarily on the activities of the network itself and secondly on individual quality actions undertaken by partners as a result of their membership of the quality partnership project.

There are many approaches that can be utilised when evaluating projects that involve multiple organisations. Qualitative and quantitative data will be collected. Following a "Learning evaluation" approach the following will occur and be evaluated:

1. gather data to describe changes made by partners and how changes are implemented;
2. collect process and outcome data relevant to partners and to the evaluation team;
3. assess multi-level contextual factors that affect implementation, process, outcome, and transportability;
4. assist partners in using data for continuous quality improvement; and
5. operationalise common measurement strategies to generate transportable results

The Learning Evaluation approach aims to generate systematic and rigorous cross-organisational findings about implementing healthcare innovations while also enhancing organizational capacity and accelerating translation of findings by facilitating continuous learning within individual sites. Researchers evaluating change initiatives and healthcare organisations implementing improvement initiatives may benefit from a Learning Evaluation approach.

Assumptions

1. That even where organisations are committed to quality improvement, they often lack a structured and strategic approach to their activities
2. That quality officers/managers, with or without formal authority, influence the culture of the teams and clinical practice, and that in turn contributes to defining the culture of their organisation.
3. That measuring the effectiveness of innovation and whether the partnership and collaboration have had a positive impact on organisational culture.

Methodology

Quantitative data will be collected regarding frequency, duration and contribution to the quality platform by each partner and as a collective. This can be captured in real-time or retrospectively, with key data being fed back to partners throughout the project.

In order to assess whether the assumed lack of structure and strategic approach to quality among our project partners, we will undertake a benchmarking survey that assesses existing organisation approaches to quality improvement. Mapping of each organisation in terms of alignment of quality activities to respective strategic plans and accreditation standards will be also be conducted. The survey will also assess contextual factors related to the project. This will be conducted at commencement of the project as well at the 12 month mark of the project cycle.

To determine the degree to which quality officers/managers, with or without formal authority, influence the culture of the teams and clinical practice, and the culture of the organisation as a whole, we will survey randomly selected staff within partner organisations about key quality issues as identified by the network. It is envisaged that all Boards of Management of participating organisations will be asked to complete a brief questionnaire assessing their understanding of how quality improvement initiatives contribute to high performing cultures and to achieving better health outcomes.

While the link between innovation and continuous quality improvement is well documented; measuring the effectiveness of innovation is key to achieving effective change in health care organisations. To evaluate the impact of this new approach and new technologies we will map the number of defined quality improvement initiatives each organisation has conducted prior to the project and at the 12 month mark, including capturing real-time process measures. The review will assess the number of and scope of quality improvement projects in the region at benchmark and at after 12 months of operation.

We will assess whether the project has assisted in streamlining quality efforts within the region, gained efficiencies and improved outcome. We will document successful outcomes of the network through the use of case studies and key informant interviews and disseminate learnings of less successful activities. We will also facilitate the implementation of common quality improvement strategies with the aim of assisting in the development of transportable results.

Figure 2. Evaluation approach