

Pinnacle Quality Improvement Programme Year 1

Frequently Asked Questions

What is the new Quality Improvement programme?

On 1 July we are moving to building capability in quality improvement methodology through the quality improvement (QI) programme. Quality improvement involves a systematic and coordinated approach to solving a problem using specific methods and tools with the aim of bringing about a measurable improvement.

At its core, QI looks at systems and processes through a cycle of improvement, which includes problem identification, planning and testing change ideas, data collection and analysis, and evaluation. The methods used are based on recognised QI tools from the Institute of Healthcare Improvement (IHI).

Why did the programme change?

Many practices were not able to achieve quality targets, despite the efforts made which had the potential to widen inequity. Moving away from financial incentives based on achieving targets is a step in the right direction. Having the funding upfront and building QI capability allows practices to plan towards better quality outcomes.

What is expected of practices from the new Quality Improvement Programme?

Through engaging with two areas of focus, immunisation and one of five other clinical indicators relating to CVD, respiratory and diabetes, practices increase their QI capability. This occurs via training, use of QI tools, the development of a quality improvement plan (one page), testing and measuring change ideas and providing an end of year report (one page).

Will this new programme improve equity?

QI tools and methods allow practice staff to form a deep understanding of the needs of their populations. Health inequities are defined as differences in health between groups that are unnecessary, avoidable, unfair and unjust. The quality improvement programme steps practices through equity considerations as they review their data and plan their change ideas.

What will happen with the 'old' Quality Plan?

The QI Programme is NOT replacing the Quality Plan. The funding is moving. Practices will still have access to the Quality Plan reports, poster and data. The Quality Plan supports important public health and equity imperatives. The District Managers and Development Managers will continue to discuss the Quality Plan with practices.

How will practices receive their Quality Improvement funding?

Practices will receive an allocation of funding based on their registered patient numbers (ESUs). This is set at \$10.64/ESU (GST exclusive) for the first year of the three-year programme with quarterly ESU adjustments. The first year is focussed on increasing QI capability.

It has been agreed that funding will be reviewed at the end of each year based on Te Whatu Ora funding.

When will practices be paid?

The QI programme payment will be made monthly on the 20th of the month, with an adjustment each quarter based on the ESU total from the last full month of the previous quarter.

Will the changes in funding affect other 'quality' programmes such as Healthcare Home or Capacity and coverage payments?

The changes only relate to the funding **being moved** from the Quality Plan to the Quality Improvement Programme. Other 'quality' programmes are not affected by this change.

How does this align with other programmes?

Examples of how the QI programme aligns with other practice initiatives include the following.

- RNZCGP Foundation Standard – use the QIP to support requirements required for Māori Health Plan, developing change ideas that support aspects of the Māori Health Plan; monitoring QI Plan through practice clinical governance meetings.
- Patient Experience Survey – Data to inform the problem statement or used as a measure of improvement.
- RNZCGP Cornerstone – PDSA cycles suit CQI module.
- Professional development – HQSC Improving together learning hours (certificated).
- Other opportunities – QI introduction at staff meeting, updates at staff huddles, new collaborative ways of working within practice.

What is happening in year two?

This is a three-year programme and is new for practices and for Pinnacle. Evaluations will occur throughout the programme. We will signal to practices before the end of the year the direction for year two.

QI Programme specific questions

What are clinical indicators?

Clinical indicators assist in understanding and evaluating what is being done to provide care and treatment. They guide the assessment of healthcare processes and outcomes and act as tools to flag patient care'. These have been developed visually using the Power BI platform. Practices will identify two areas of focus: immunisation and one of five other clinical indicators relating to CVD, respiratory and diabetes.

How were the clinical indicators chosen?

The indicators have been developed with extensive GP feedback to guide the improvement efforts across the network.

Can practices change indicators during the year?

In general, no. The focus of the programme is on quality improvement capability and collaboration. Any request for change may suggest a clinical issue rather than a quality improvement issue as all indicators would use the same tools and methodology and changing would not add any benefit to practices.

Why is accessing Power BI important?

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The QI programme utilises Power BI dashboards, which have been developed and/or refreshed for diabetes, CVD and respiratory conditions. These clinical dashboards provide visual information around evidence-based clinically relevant outcomes for individual patients and your practice population. This is part of a concerted effort to use data to inform practice. More information and videos can be [found on our website](#).

How often is Power BI updated?

The clinical dashboards are updated **daily** - data from PMSs are uploaded to the data lake overnight, so any change in a PMS (through the day) will not be reflected in these dashboards until the following day.

Network Performance is updated **monthly**, after we receive and upload National Enrolment Service data from Te Whatu Ora and ED data from National Non-Admitted Patients Collection.

The SABA indicator information is sourced from the Pharmaceutical Collections which is part of the National Collections. This is updated monthly.

How does the practice get access to Power BI?

Pinnacle provides three funded licences for each practice to access Power BI. Typically, there should be a mixture of professions using the tools including an administration person, nurse lead and GP. The practice manager is aware of who holds the three licences at the practice and will notify Pinnacle of any changes required.

What other sources of data can I utilise in developing my QI plan?

Dashboards are one source of data. Additional sources of accessible data may include PMS query builds, Patient Experience Survey, incidents/learning from harm, complaints, and patient and whānau voice.

What QI training is being offered to practices?

Practices commence with the Te Tāhū Hauoro |Health Quality and Safety Commission (HQSC) Improving Together: Introduction modules (indicative completion time is two-hours). The HQSC training offers a certificate towards professional development. This is followed by 3 x 30-minute Pinnacle teaching modules which link the HQSC theory to the practical aspects of the QI Programme. A training supplement is also provided.

What support is available from Pinnacle?

Your development managers, and in some regions district managers, will be your key person to support you. Other staff such as the Pinnacle GPLs, nurse leads, diabetes clinical leads and child health nurses may also be of support with particular clinical indicators.

Where can I get more information?

We have developed a resource page for the QI programme which can be [found on our website](#). The first point of contact for practices is their Development Manager (Lakes, Waikato and Taranaki) or their District Manager or delegate (Tairāwhiti).