Appendix 3

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Appendix 3 Qualitative Data Themes

This Appendix presents the detailed qualitative feedback from both general practitioners (GPs) and practice managers (PM) in evaluation round 1 (R1) and 2 (R2). The tools mentioned in each of the comments are provided here with a tool identification number (ID).

Recommended Tools

Three key themes, namely 'easily used'; 'useful to practice' and supports the PC-PIT', relating to the recommended tools/resources are provided in this section.

Theme 1 - Easily used

Characteristics of tools that are considered "easy to use" included –easy to understand and explain, simple to follow, clearly laid out, online format, good definitions, clear goal setting, informative, data easily interpreted, common sense approach, no additional or minimal facilitation or training required, quick to use, used by all staff, and examples (how to) and additional resources provided.

> *It is beautiful in its simplicity. It is well laid out and easy to use. This can be used easily with minimal training and support. All practice staff should find this easy to use.* (GP, ID 47, R1)

> *This tool is easy to use and easy to explain to others so that all team members can follow the PDSA process. The language and concept is simple to follow.* (PM, ID 25, R1)

> *The tools provided in this project are very easy to follow and would be quite easy to implement in the practice, with minimal training.* (PM, ID 30, R1)

> *"The online modules are simple to use, quick and easy to follow and to understand. They are interactive which also assists in the learning process and have a nice appearance."* (PM, ID 54, R1)

> *The tables seem simple to follow and if you have a facilitator to coordinate the process I think would be relatively simple to implement. Having a facilitator guide included is of benefit. The explanations of each area are easy to understand.* (PM, ID 34, R2)

Theme 2 - Useful to practice: GP

Tools were described as useful (high value) if they were perceived to assist in identifying areas in need of change, motivating and enabling change, reaching goals and monitoring progress.

> *A very useful tool to enable change to occur in small managed steps that become*

improvements not just changes for the sake of change. A tool that assists in reaching goals and monitoring progress toward the goal. (PM, ID 25, R1)

Makes you look for areas that need changing. Involves everyone potentially in the change. Takes the personality out of problems i.e. the person is not the issue - it is the system. Makes change and problems less confronting. (GP, ID 25, R1)

Theme 3 - Supports PC-PIT

Recommended tools supported all or several elements of the PC-PIT. Some tools had a strong focus in one area but this focus tended to overlap with other elements

This is an excellent tool and relates and complements all the elements of the PC-PIT. (PM, ID 38, R1)

Covers all elements extensively, particularly 1 [Patient Centred Care]. (PM, ID 55, R2)

This tool looks at patient centred care and looks at change management and the practice's readiness for change and process performance review. It is very useful as a starting point to see what changes if any are needed. (GP, ID 32, R2)

Other characteristics of the recommended tools were that they had been previously used successfully or there was strong intention to use, were perceived to be modifiable for select use, and had potential for adaption.

Additional theme - Tested and proven

Tools that were familiar to the reviewer and had been successfully used were strongly recommended and scored highly. (Tool ID 25: 18/20 and Tool ID 28: 19/20)

Personal use of this tool has been successful in our quality improvement processes. (PM, ID 25, R1)

Familiar to me and successful in my prior use. (GP, ID 28, R1)

Have used this tool previously with good success eg waiting times for patients. (PM, ID 56, R2)

Additional theme - Modifiable/adaptable

If implemented in a thoughtful way, the tool would be of use to any practice. I would give it to

different subsets of patients to make the results meaningful, and not to all patients. (GP, ID 4, R1)

Designed for use by providers - It potentially could be adapted to gain patient feedback as well, although not currently designed for this… Would use this tool in our practice. (PM, ID 26, R1)

This is a very flexible tool which can be used in any area of quality improvement" (GP, ID 15, R2)

<u>Additional theme - Plan to use</u>

Another indicator of usefulness was if the reviewer planned to add the tool to their existing resources and use it. These tools also scored highly.

This will certainly be added to our resources. (GP, ID 4, R1; Recommended; R1 Score: 20/20 Final Score 8/9)

However, I really likes the introductory modules. The one on Building a Quality Culture was really good, and I have recommended to my CEO and Nurse Manager that our board does this one and the Intro to Health Systems as a board exercise. I think they would work best as facilitated groups rather than individuals. (GP, ID 54, R1; Recommended; R1 Score 17/20; Final Score: 8/9)

Limitations of Recommended Tools:

<u>Round 1</u>

Despite the fact that these tools were recommended, a broad range of limitations were also noted. GP comments centred mainly on poor utility (too complex or too general) whereas both GPs and practice managers focused on potential implementation challenges including the need for further resourcing, strong leadership and 'buy in' from other members of the practice.

At first I was daunted by the size and complexity of it. (GP, ID 54, R1)

"The hard bit would be in implementing any changes needed as like anything, these things need more time with the patient which is not entirely practical when you are dealing with multiple medical conditions and troubleshooting any new things that come along. More direct funding for the nurses to discuss all these things with the patient would be needed. (GP, ID 26, R1)

Difficulties may arise in some practices if clinicians are not willing to participate in the process - this is where some of the ancillary tools and strategies will be important to use to facilitate the clinical engagement required. (PM, ID 28, R1)

Similar limitations to Round 1 were noted for the Round 2 recommended tools however there was a greater focus on implementation issues for the Round 2 tools. Tools were often perceived to be have high utility and value but potentially hard to implement for reasons already noted. In addition time commitment and need for a facilitator were noted as challenges in utilising a good tool.

It would involve everyone in the team but would take a considerable amount of time to implement. (PM, ID 56, R2)

It is easy to use and quite simple….. It does require a facilitator and team time to be most effective, this can sometimes be difficult to arrange in a busy practice. (PM, ID 34, R2)

In recommending a tool reviewers seemed to take into account the costs and benefits associated to implementation.

Also realistic in identifying that there are always costs and well as gains to making changes to improve patient care and that these need to be balanced (GP, ID 20, R2 Recommended)

It would need extensive facilitation and would achieve minimal practical benefit. (GP, ID 29, Round 1 Rejected)

Rejected tools

Reviewers identified significant limitations associated with the six unanimously rejected tools in Rounds 1 and 2. Tools were primarily rejected as they were perceived to have no value to practice. This was often linked to poor utility (hard to follow, too sophisticated, too generalised, too time and resource intensive or too wordy). Other reasons for rejecting tools included hospital or other audience focus, out of date, requires facilitation and either duplicates or is of no value to PC-PIT

Yes it's simple to follow but not very valuable. The categories I find to be generalised and after completing it was left none the wiser in ideas of our surgeries strengths and weaknesses. (PM, ID 10, R1)

It is not simple to follow. Language is not simple and is too wordy without practical summaries to tie it all in together. It would need extensive facilitation and would achieve minimal practical benefit. (GP, ID 29, R2)

> *The tool is designed for use in hospitals. In effect it is a similar style of tool to PC-PIT. It adds nothing to PC-PIT for primary health care.* (GP, ID 10, R1)

Tools rejected in Round 2 had similar limitations (value and utility) yet more strengths were identified in this set of tools such as ease of use, potential for adapting the tool for use, but the limitations outweighed any strengths the tools may have.

> *Number of good areas but would need to be modified for a GP resource.* (PM, ID 29, R2)

> *Not fit for purpose for Australian General Practice environment. Some good things in it...* (PM, ID 31, R2)

Divergent tools Rounds 1 and 2

Reviewer's evaluation comments for the "divergent" category of tools followed the same themes as for 'recommended' and 'rejected' Round 1 and Round 2 tools. The majority of tools complemented the PC-PIT in some way however there were mixed comments on the utility and usefulness of the tool from both practice managers and GPs. Themes pertaining to strengths and limitations of the tools were the same as reported for both the rejected and recommended categories discussed above. Though a prominent theme related to the relevance of the tool to the broader Australian context or the context of general practice (e.g. other audience focus). If reviewers perceived the tool replicated the PC-PIT or duplicated existing accreditation resources, these were also noted as limitations.

> *I can't recommend the tool as is but really recommend the concept. I've found it to be excellent in my own practice. It could be worked on to be feasible in Australian General Practice through the use of case conferencing items and sponsored workshops which explain how it works.* (GP, ID 17, R2)

> *All accredited surgeries should have a system like this already in place. We have our own systems therefore wouldn't use this but beneficial for new practices.* (PM, ID 21, R2)

> *It seems this tool is similar to the use of the PC-PIT tool and the accreditation process in that there is a questionnaire/self-assessment to be completed by staff, patients and clinicians along with external assessment by a visiting assessor.* (PM, ID 39, R2)

Additional attributes of tools

Reviewers also identified several of the above characteristics as preferred attributes of tools for general practice. These included a preference for 'good utility', lack of 'waffle', inclusion of checklists and clear summaries all which improved the ease and speed of use.

General practice needs easy and precise. (GP, ID 24)

Simple to follow and no training required. (GP, ID 10)

I have no time for lengthy waffle like this which do not achieve easy practical aims. (GP, ID 29)

Checklists for monitoring, summaries. (PM, ID 29)

Clear process for analysis of results. (GP, ID 35)

I like this document but because it does not relate to the Australian general practice setting, I have concerns that its use is limited. (PM, ID 20)