

Appendix 2

**This appendix was part of the submitted manuscript and has been peer reviewed.
It is posted as supplied by the authors.**

Appendix to: Crossland L, Upham SJ, Janamian T, et al. Trial of the Primary Care Practice Improvement Tool: building organisational performance in Australian general practice and primary health care. *Med J Aust* 2016; 204 (7 Suppl): S15-S21. doi: 10.5694/mja16.00121.

Appendix 2 Two examples of Primary Care Practice Improvement Tools (PC-PIT) Reports – High and low performing practices

PRACTICE A (High performing)

Primary Care Practice Improvement Tool Report, March 2015

Introduction

The following report presents:

- The PC-PIT Staff scores – these scores represent a ranking based on staff **perceptions** of how they believe the practice meets or does not meet that best practice definition of the element.
- PC-PIT Independent Visit scores - these scores are a ranking of each PC-PIT element **based on objective evidence** provided to the CRE Independent Visitor.

The comparison of these two graphs will assist in identifying areas for improvement and how the chosen improvement may best be addressed.

Understanding the PC-PIT Spider Diagrams

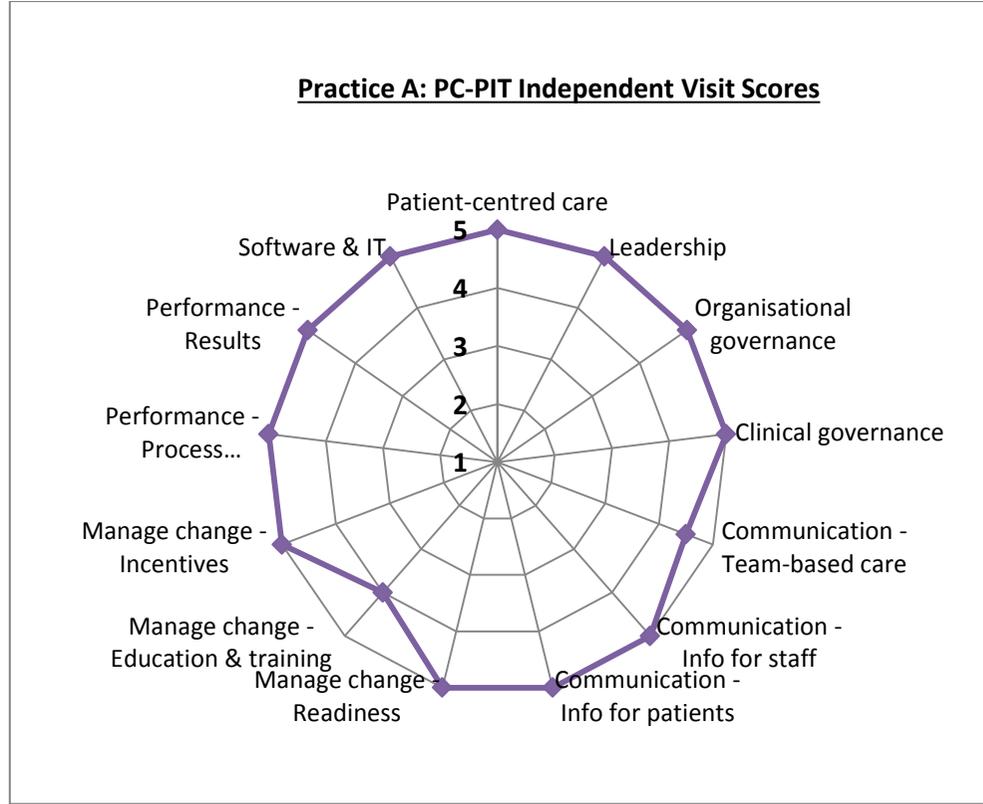
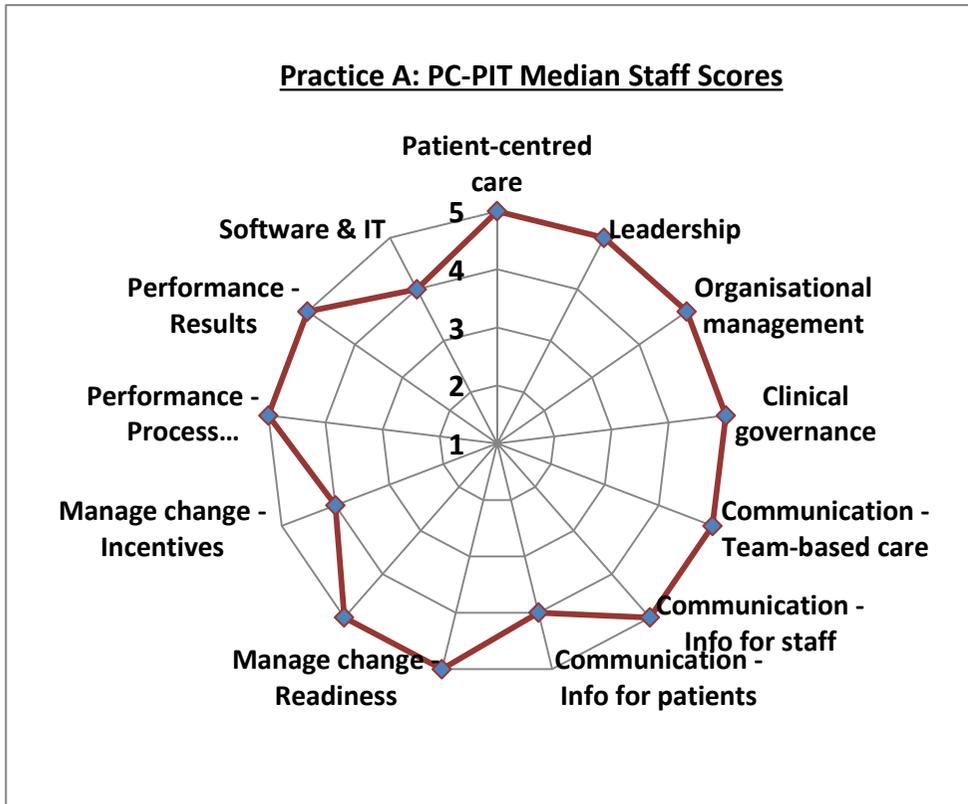
- The PC-PIT **median score is the middle scores for each of the 13 elements** ranked by staff on the online PC-PIT. These scores are indicated on the **1 to 5 ranking scale** given to each of the 13 PC-PITs elements.
- Each element is listed around the outside of the graph. A ranking of 1 (in the middle of the diagram) to 5 (on the outer ring of the diagram) is given to each element by staff completing the online PC-PIT tool. The median score for each element is calculated from these responses.
- The Independent Visit scores are those based from objective indicators developed by the CRE and the rankings are based on the evidence displayed during the onsite practice visit.

Lower ranking scores

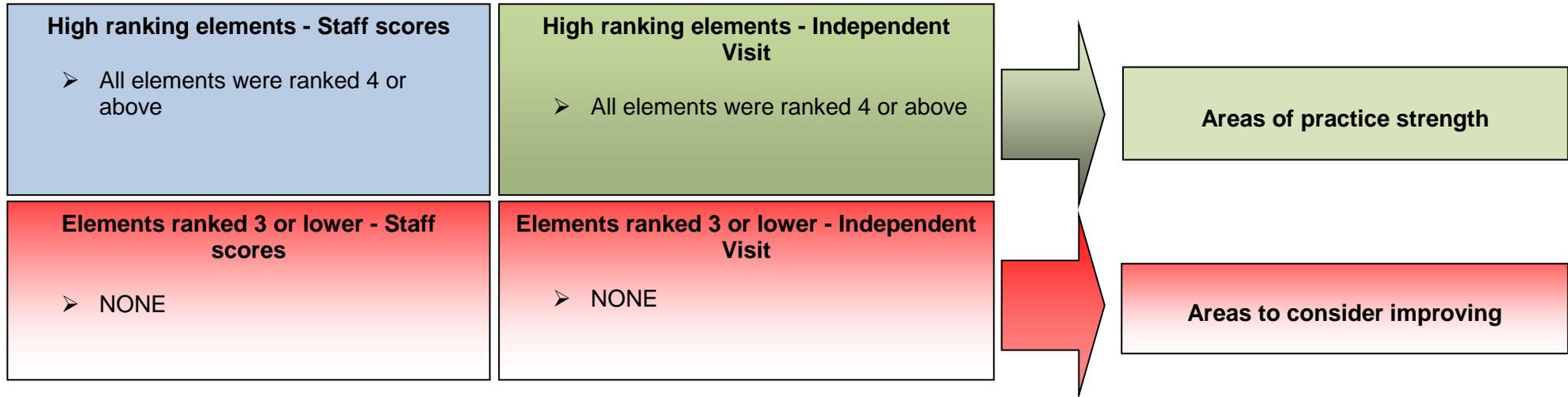
- If there is a score in any of the elements of 3 or less, you are probably not working to the maximum ability of your practice. These lower ranked elements are those where you might consider undertaking staff discussions to identify key areas requiring change or improvement.

Where there is an element ranked 4 or 5 in your Independent Visit diagram, but 3 or lower by your staff - this is an indication that your staff may not have all the knowledge about the element that they require to make a judgment. It may also be an indication that they have had a negative experience which has given them a poorer perception of this element. It is important to reflect on any differences and why they may have occurred.

Compare the **PC-PIT Median Staff Scores** (left hand diagram) with the **Independent Visit Scores** (right hand diagram)



Interpreting the PC-PIT Staff scores and Independent Visit Scores



Consider the Following ...

*Your practice had **no** elements that were ranked 3 or lower by staff or by the Independent Visit. However this does not mean there aren't areas in which you could make small improvements.*

- Consider that you may not have had responses from ALL your staff, so you may be missing some vital feedback...
- Follow up with your staff by discussing the results of this report in a group meeting. Pay particular attention by focusing on each element and its 'best practice' definition as given in the PC-PIT form. They should then be invited to share **one positive and one area they feel may be potentially improved for each element** – no matter how small. It may be worth asking if there were any elements that staff found difficult to understand or score and if so, what these were.
- Use this information to identify some possible small area you may improve. Once you have chosen an element to focus on, develop a short PDSA to document what the change is that you will make, how you will achieve it and how you will know when it has been achieved?

Where to next?

Now is the time to use your report to undertake **open discussions with your staff to discuss report findings**, identify an area for improvement and how that improvement might be achieved. Use the comments in Consider the Following... box to assist in planning discussions with your staff.

Follow these guiding principles

- 1) Take off your practice manager hat – you are now a quality improvement **facilitator** – it is your role to facilitate staff to openly discuss the lower ranked areas and encourage them, in a safe environment, to identify areas related to this element that they want to change.
- 2) Use the general PC-PIT ‘best practice’ element descriptions as a way of starting your staff discussions. Respect staff confidentiality in their answers given on the online PC-PIT.
- 3) Encourage your staff to identify key issues which may require improvement in relation to each of the **lower ranked elements**, then chose an area for improvement that is SIMPLE. Remember, you do not have to improve the entire element in one cycle; rather identify specific issues or challenges related to the element and chose ONE of these to improve as starting point.
- 4) Follow the **Plan-Do-Study-Act framework** to identify the issue; determine strategies and key activities to improve your chosen area; allocate a timeframe for the improvement; identify those responsible for each of the activities and, finally, determine the measures of how you will know when the improvement had been achieved.
- 5) Your measures for improvement should be SMART (Specific, Measureable, Achievable, Realistic and placed within a stated Timeframe).
- 6) It is important to ensure there is a real and measurable **BENEFIT** to your service delivery; your staff; your patients in making the improvement. These improvements can be challenging! Clear planning, implementation and measures of success will assist you in this process.

The CRE PC-PIT Team is here to guide and assist you.

The PC-PIT is a work in progress and your participation and feedback is vital to ensure we develop a practical, easy to use and effective practice improvement tool.

***Please call or email with any questions or queries to
Dr Lisa Crossland t: 0404 511 489 e: l.crossland1@uq.edu.au***

PRACTICE B (Low performing)

Primary Care Practice Improvement Tool Report, March 2015

Introduction

The following report presents:

- The PC-PIT Staff scores – these scores represent a ranking based on staff **perceptions** of how they believe the practice meets or does not meet that best practice definition of the element.
- PC-PIT Independent Visit scores - these scores are a ranking of each PC-PIT element **based on objective evidence** provided to the CRE Independent Visitor.

The comparison of these two graphs will assist in identifying areas for improvement and how the chosen improvement may best be addressed.

Understanding the PC-PIT Spider Diagrams

- The PC-PIT **median score is the middle scores for each of the 13 elements** ranked by staff on the online PC-PIT. These scores are indicated on the **1 to 5 ranking scale** given to each of the 13 PC-PITs elements.
- Each element is listed around the outside of the graph. A ranking of 1 (in the middle of the diagram) to 5 (on the outer ring of the diagram) is given to each element by staff completing the online PC-PIT tool. The median score for each element is calculated from these responses.
- The Independent Visit scores are those based from objective indicators developed by the CRE and the rankings are based on the evidence displayed during the onsite practice visit.

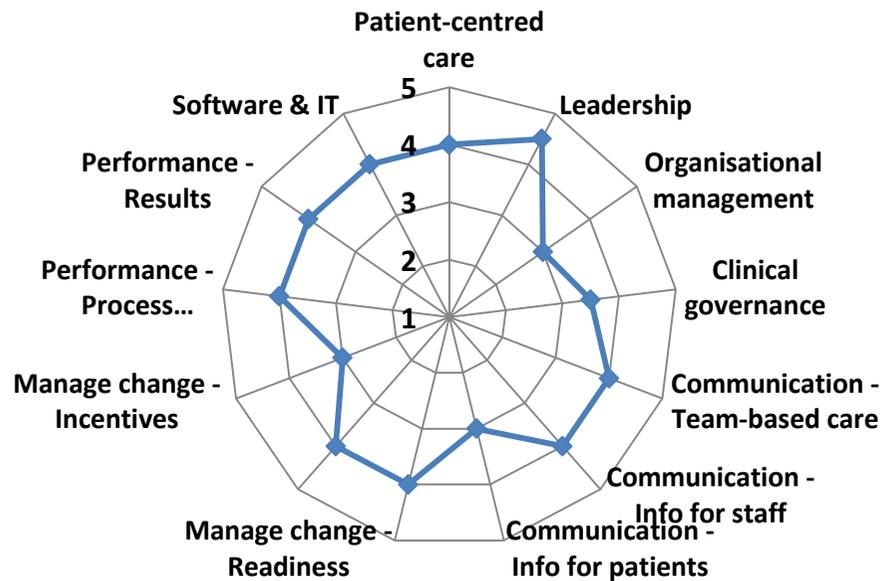
Lower ranking scores

- If there is a score in any of the elements of 3 or less, you are probably not working to the maximum ability of your practice. These lower ranked elements are those where you might consider undertaking staff discussions to identify key areas requiring change or improvement.

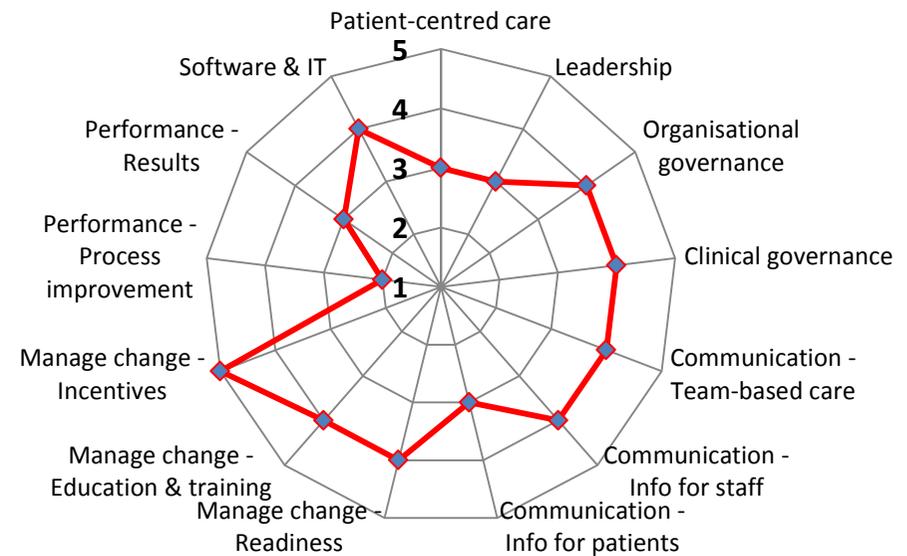
Where there is an element ranked 4 or 5 in your Independent Visit diagram, but 3 or lower by your staff - this is an indication that your staff may not have all the knowledge about the element that they require to make a judgment. It may also be an indication that they have had a negative experience which has given them a poorer perception of this element. It is important to reflect on the differences and why they may have occurred.

Compare the **PC-PIT Median Staff Scores** (left hand diagram) with the **Independent Visit Scores** (right hand diagram)

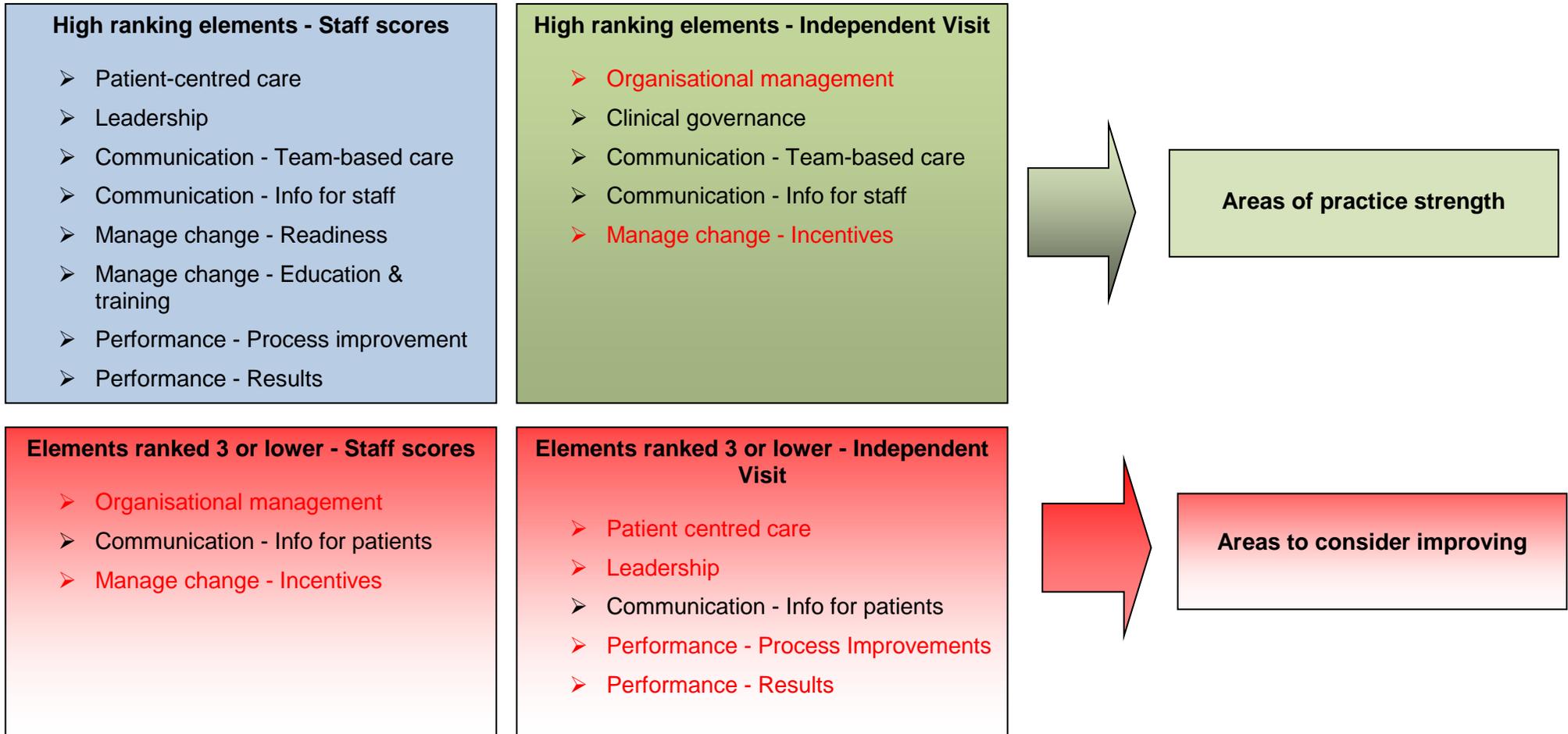
Practice B: PC-PIT Median Staff Scores



Practice B: PC-PIT Independent Visit Scores



Interpreting the PC-PIT practice scores and Independent Visit Scores



Consider the Following ...

Elements ranked lower by both Staff and Independent Visits

- **Communication – Info for patients** was ranked low by both Staff and the Independent Visit. This finding suggests Staff perceived there is a lack of adequate information available to patients outside of the clinical consultation and this perception was supported by the objective findings of the Independent Visit. The practice might consider exploring the types of information about: the practice, the self-management of chronic disease, additional links and resources and also the way in which this information is made available to patients (such as multilingual information sheets, website links, other sources).

Elements ranked differently by Staff and Independent Visits

- The element **Organisational management** was ranked **higher in the Independent Visit** and **lower by Staff**.
- The element **Leadership** was ranked **higher by Staff** but **lower in the Independent Visit**.

These 2 elements are linked. While Staff are supportive of clinical and organisational leaders in the practice, they rank organisational management (that is, the management of the practice) lower. Evidence cited during the Independent Visit demonstrates adequate organisational management systems. However, Independent Visit interview and cited evidence suggested the organisational leader (that is, the Practice Manager) may lack overall autonomy in relation to making management decisions. This lack of autonomy may be reflected in the ways in which Staff perceive the effectiveness of the management systems in place, those which are missing. This is an area for further Staff discussion.

- The element **Manage change - Incentives** was ranked **lower by Staff** but **higher during the Independent Visit**. This may be due to the fact that some Staff are unaware of the incentives available to them, or feel these incentives do not apply to them. This is an area for further discussion and clarification with Staff.
- The element **Patient centred care** was ranked **lower by the Independent Visit**. Apart from patient surveys, there are limited ways for patients to have formalised input into the way health care is provided in the practice. This may be complicated by the many multi-cultural and multi-lingual groups attending the practice and may require the practice to develop creative approaches to ensuring representative patient input is fostered and maintained. This is an area for further Staff discussion.
- **Performance - Process improvements** was ranked **lower by the Independent Visit**. There was less evidence demonstrating how process improvements were identified, how data and information such as Staff workload, patient wait times and billing processes are documented and most importantly, reviewed. There is also a lack of evidence which demonstrates how this information is used by the practice Staff to identify potential areas for improvement.
- **Performance - Results** was ranked **lower by the Independent Visit**. This also indicates there was less evidence of the practice's up-to-date data collection methods and the process by which data accuracy ensured. There was also limited evidence of how these data were reviewed and the results used to monitor and improve the way the practice works. There is also little evidence that these results are communicated with relevant Staff.

The elements **Performance – Process improvement** and **Performance - Results** are also linked. They may be considered together during Staff discussions.

Where to next?

Now is the time to use your report to undertake **open discussions with your staff to discuss report findings**, identify an area for improvement and how that improvement might be made. Choose **one** of the lower ranking elements listed in the above and use the comments in Consider the Following... box to assist in planning discussions with your staff.

Follow these guiding principles

- 1) Take off your **practice manager hat** – you are now a quality improvement **facilitator** – it is your role to facilitate staff to openly discuss the lower ranked areas and encourage them, in a safe environment, to identify areas related to this element that they want to change.
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