PROGRAM PLANNING AND THE *SAPD* CYCLE

QIDSS KNOWLEDGE TRANSLATION AND EXCHANGE, JUNE 2017

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LOGISTICS

- Washrooms
- Exits
- WIFI
- SLIDO!
- Help?

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SIGN UP TO SLIDO

- Brand new interactive poll experiment!
  - WIFI based – i.e., no data charge on your phone
  - Use your smartphone, tablet, or other device
  - Go to www.slido.com.
    - When prompted, enter event code **XXXXXXXXXXXXXXXXx**
- Using the questions/comments section of the tool answer the following question:
  - XXXXXXXXXXXXXXXXXXXX?

OVERVIEW

Start	Activity
1030	Program planning context
1100	EMR data: up close and from a distance (2 groups)
1130	Break
1145	Small group discussions: 3 program planning challenges
1300	Lunch
1400	Small group debrief
1415	Full group sharing
1445	Switch gears
1450	Separate "me" time: QIDSS and others
1530	Goodbye!

PDSA CYCLE

- PLAN: Aim statement, what will you change? how will you know it worked?
- DO: Make the change
- STUDY: Measure
- ACT: continue, stop or tweak

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PROGRAM PLANNING TEMPLATE

- http://www.afhto.ca/members-only/program-planning-evaluation-tools/
- Conducting situational assessment
- Setting Program Direction
- Determining Program Elements
- *[program implementation]*
- Conducting a Program Evaluation
- *[tweak program]*

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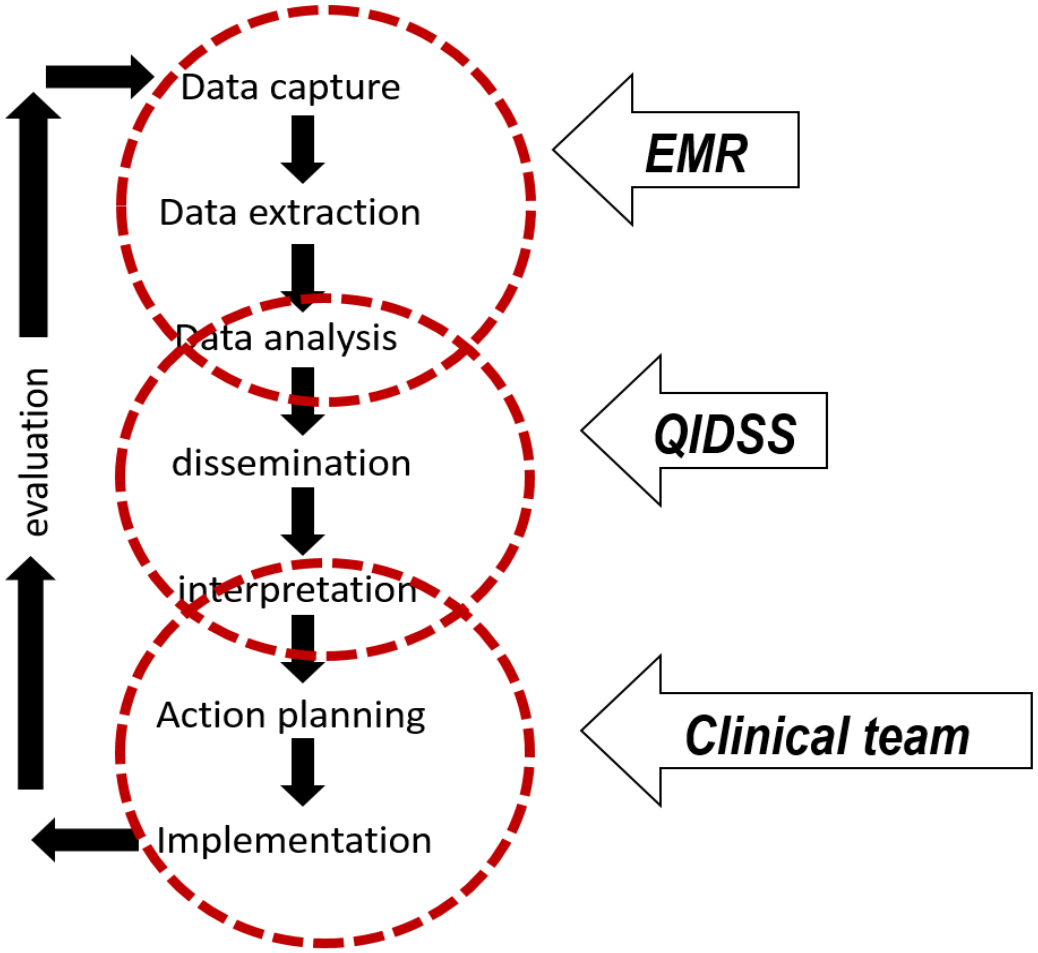
DECISION SUPPORT FRAMEWORK



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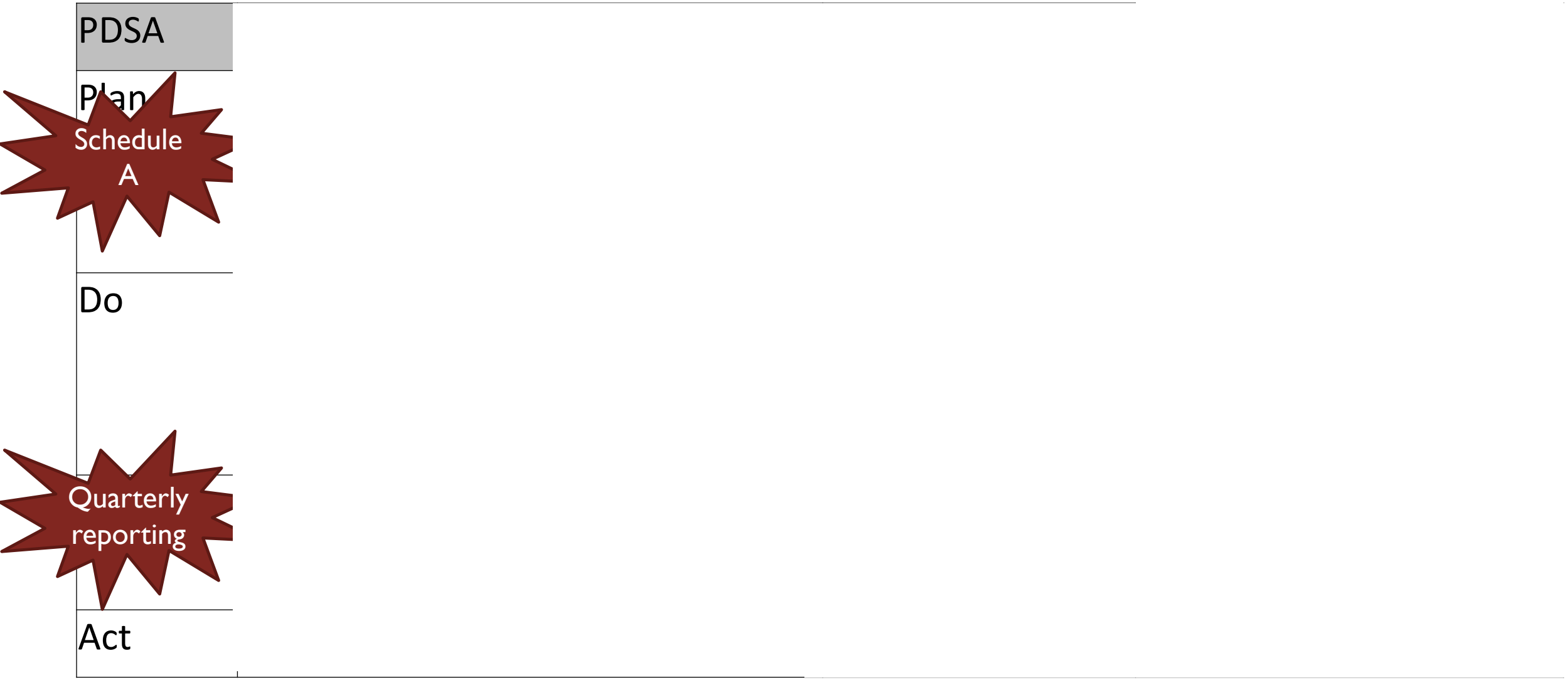
PDSA CYCLE, PROGRAM PLANNING AND DECISION SUPPORT



STUDY = MEASURE

- Depends on the goal of the program
  - What are the processes
  - What are the outcomes
  - What are the possible unintended consequences (ie balancing measures)?
- Depends on data
  - Signal what the goal is
  - Conversation starter
  - Refine the goal
  - Practically possible
  - Action kick-starter -- measure continuously
  - Overcome inertia

THE DATA: FIRST, STEAL A CHICKEN...

- Stream 1: up close to EMRs
  - Dashboards (OntarioMD)
  - Standard queries (Algorithm Team)
  - Custom forms (QIDSS)
- Stream 2: EMRs at a distance
  - PPMC (IHPs/AFHTO)
  - PCR (HQO)
  - EPEP(OntarioMD)

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PROGRAM PLANNING: START WITH EVALUATION/STUDY/ANALYSIS

- Questions for small group discussion
  - Why is this important to evaluate?
  - What are the challenges in evaluating?
  - How can QI tools/skills help to make it easier to evaluate? (SAPD)
- Questions for debrief and sharing
  - What will you do with your team with this topic?
  - What will you do with your team on other topic?
  - What will you tell others not at this session?

EVALUATION SCENARIOS

- Medication reconciliation after hospital discharge
- “One-time workshops" by IHPs
- Acute/Episodic service

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MEDICATION RECONCILIATION AFTER HOSPITALIZATION

- Medication reconciliation part of QIP priorities
- Safety measure
- Demonstrate value of TEAM in follow-up after hospitalization
- At least 52 teams (almost 30%) are tracking medication management in Schedule A
- More resources
  - Medication reconciliation presentation to QIDSS –recording
  - Upcoming "Medication Management" interprofessional KTE hosted by pharmacists (Nov, 2017)

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ONE-TIME WORKSHOPS

- Common strategy
  - At least 50 (probably more) teams doing this
- Connects with multiple patients per encounter (efficient?)
- Usually conducted by IHPs (vs physicians)
  - Demonstrate value of TEAM
- Expectations regarding outcome
- Costs: Venue? Food? Travel?

ACUTE/EPISODIC SERVICES

- Large proportion of work done by clinicians
- Believed to be important aspect of team-based primary care
- Opportunistic screening and health promotion is COMMON

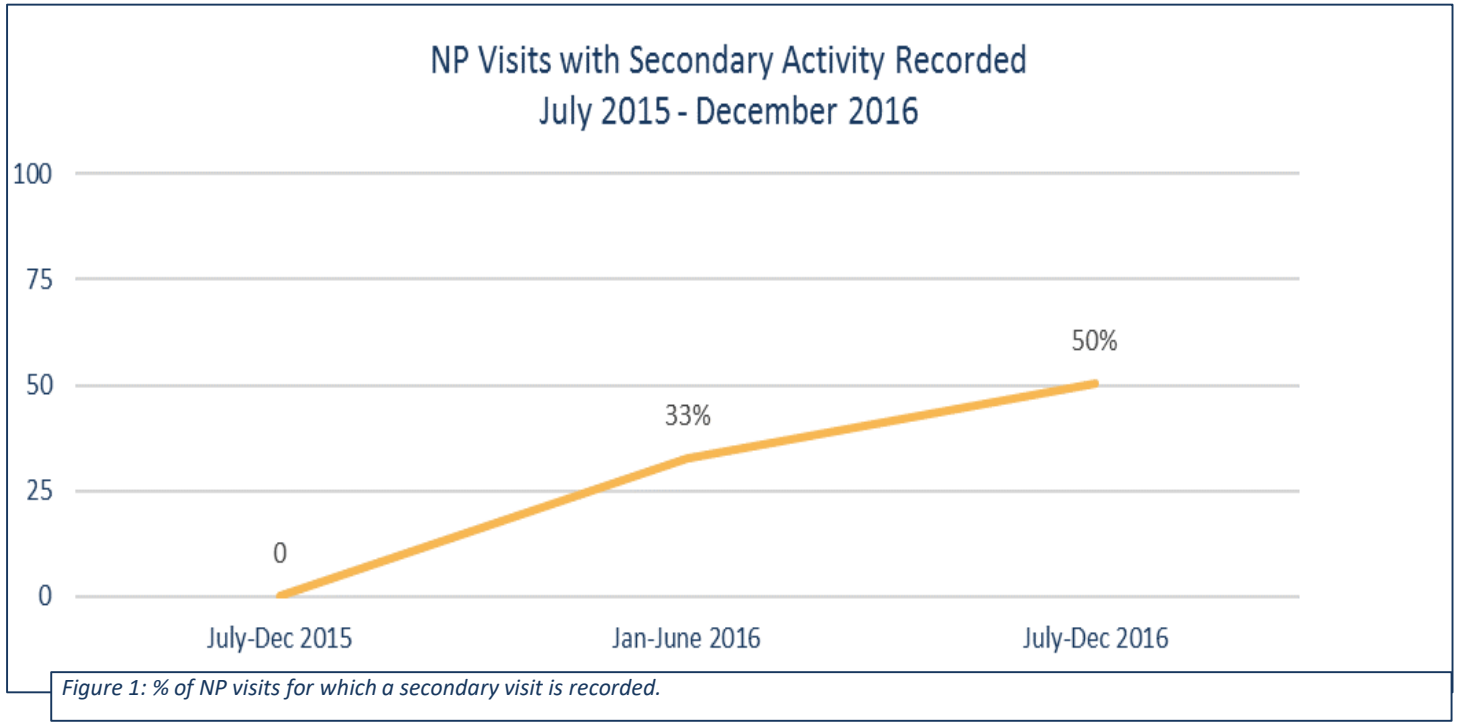

Figure 1: % of NP visits for which a secondary visit is recorded.

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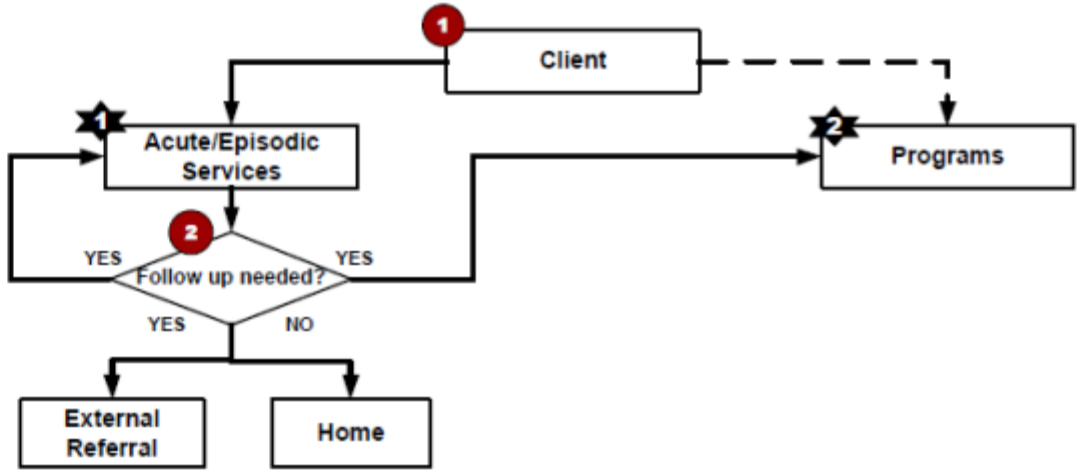
Schedule "A" Decision Flowchart



Program Category Examples

- Disease Specific
- Population Group
- Discipline Specific
- Health Promotion/ Prevention

Processes		Additional Notes	
1	Initial encounter is for acute/episodic/immediate primary care need, unless self-refer or triage (- - -) directly to programs	1	Examples of acute/episodic services performance measures: • Access (e.g. # of visits, same day/next day) • System level indicators (e.g. ER diversion)
2	After assessment by MD/NP/RN/RPN/PA, determination made to: • refer to programs based on established referral/program admission criteria • follow up with another acute appointment, • external referral, or • "home", i.e. issue resolved	2	Programs: • Program planning process is followed • Admission/referral criteria to program are created • Planned visit • Targeted Intervention • Use of clinical outcome measures expected as a performance measure. Eg. Number of patients with COPD who have had diagnosis confirmed with pulmonary function test/post-bronchodilator spirometry

DEBRIEF AND SHARING

- What will you do with your team with this topic?
- What will you do with your team on other topic?
- What will you tell others not at this session?

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CLOSURE

- Most encouraging thing from today

DEDICATED QIDSS TIME

- What do you think about the survey results
- Outstanding needs for support
- Potential avenues for support

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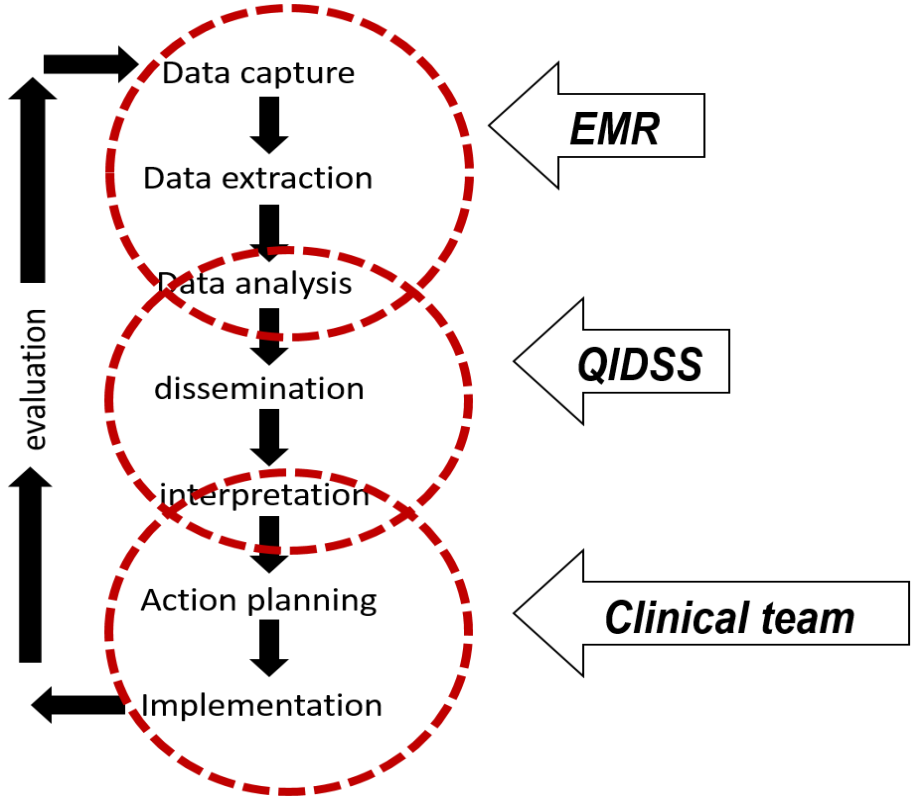
EVERYONE ELSE: ADVICE TO THE SECTOR

- Let's get all the primary care reports on one web page!!
  - What would it take to do that?
  - How will we know it "worked"?



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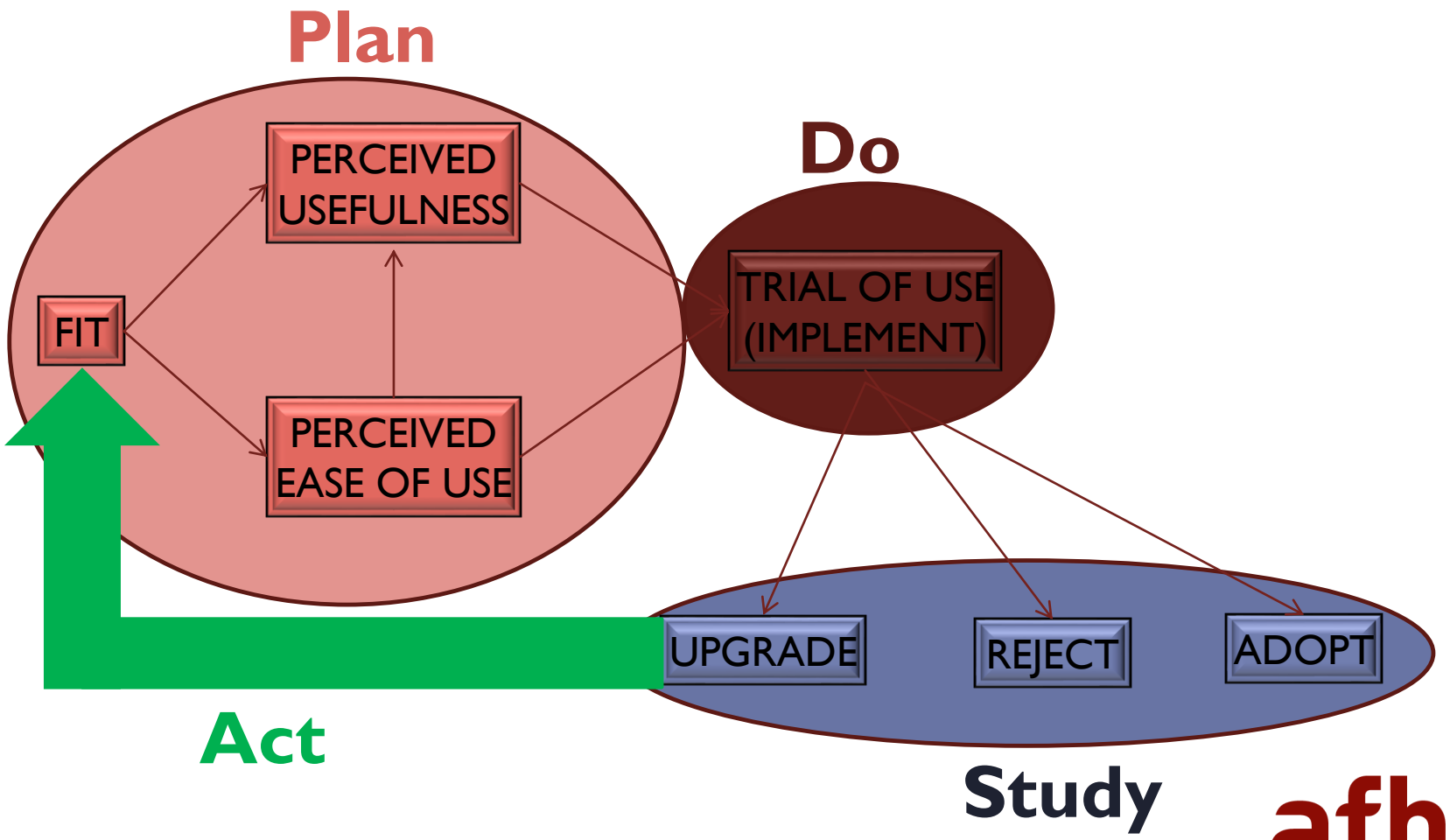
IMPLEMENTATION MODEL



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FIT

- Fit of the REQUIREMENTS to the CAPABILITIES
- Defined by the change
- Identified by the team
- Altered by resources, training

PERCEIVED USEFULNESS

- Relative Advantage (is there benefit)
- Compatibility (is it a change)
- Feedback (can I see results)
- Subjective Norms (Social Pressures)

PERCEIVED EASE OF USE

- Support (for implementation)
- Complexity (how difficult is the change)
- Change (how well does it work)

FACTORS AFFECTING PERCEPTIONS OF USEFULNESS AND EASE OF USE

- These are perceived – assumptions
  - Can be changed
  - Can be calculated
- Affected by culture and trust
  - Perspectives can be variable (me vs altruism)
  - Relates to other theories of change

MEDICATION RECONCILIATION AFTER HOSPITAL DISCHARGE

- Why track this? (*to be fleshed out in small group*)
  - Patient safety
  - Part of QIP
  - Other reasons?
- What's the challenge? *(to be fleshed out in small group)*
  - Definition: which patients, what is "reconciliation" (ie 4 steps)?
  - hospitalization info: what if you don't have any?
  - Who does it: fht staff, community pharmacist, other?
  - Where is it recorded: EMR? Scanned document? Other?
- Apply SAPD to address challenges
  - See next "cheat sheet" slides

"ONE-TIME WORKSHOPS" BY IHPS

- Why track this? *(to be fleshed out in small group)*
  - Common IHP activity – need to demonstrate its value
  - Other?
- What's the challenge? *(to be fleshed out in small group)*
  - Existing indicators are inadequate (ie number sessions, participants)
  - Limited access to participants (ie one time)
  - Observable change in behaviour NOT expected post intervention
  - Conceptually difficult to define what "success" is
  - N of 1 – each group is different, evaluation may be perceived to be *personal*
- Apply SAPD to address challenges
  - See next "cheat sheet" slides

ACUTE/EPISODIC SERVICE

- Why track this? (*to be fleshed out in small group*)
  - Consumes large amount of team's resources/time
  - Conceptually important work to be done by team (vs walk-in clinic)
  - Annually operating plan
- What's the challenge? *(to be fleshed out in small group)*
  - Existing measures (ie number of visits, same/next day appointment) not relevant (see NP data)
  - Lack of consensus what "acute/episodic" entails
  - Who is providing the service?
  - Conceptually difficult to define what "value" is with this service
    - Stated goal in annual op plan: eg integration with hospital;
    - Inferred from progam activity (ie implementing a portal), the goal must be something like "more appropriate avenue for access – eg email, ask a question")
    - Chatter in the team: Reduce inappropriate frequent flyers
    - Look at D2D – are you doing ok on anything/everything related acute/episodic care
- Apply SAPD to address challenges
  - See next "cheat sheet" slides

DEDICATED QIDSS TIME

- What do you think about the survey results
  - What can QIDSS do individually/collectively with the results?
  - Who do you want to share key messages with?
  - What does this mean for the proposed MOHLTC QIDS program evaluation?
- Outstanding needs for support
  - What do QIDSS need individually? (eg a mentor, external advisor on employment questions like managing in your partnership) Collectively? (eg positioning as leaders in sub-region planning, voice to inform the QIDS program evaluation)
- Potential avenues for support
  - Free-standing association
  - AFHTO staff dedicated to support (within limits of afhto staff mandate re: members)
  - AFHTO membership oversight committee (vs oversight for QIDS program)
  - Re-purpose QIDSS calls (in part or in full)

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