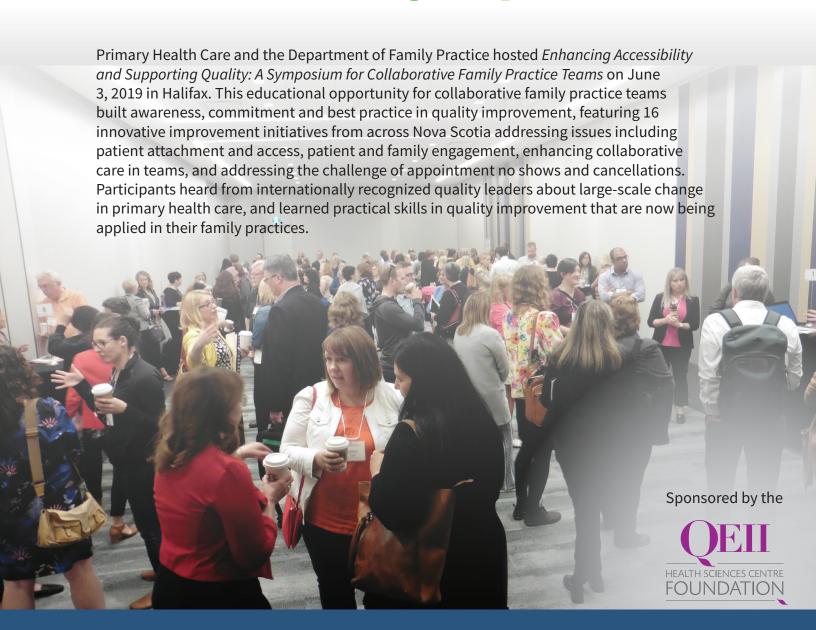


# **Enhancing Accessibility and Supporting Quality**

A Symposium for Collaborative Family Practice Teams **Summary Report** 





# **Symposium Participants**

11 Clerical & office managers

2 Clinical educators

5 Dietitians

2 Epidemiologists

**51** Family physicians

35 Family practice nurses

28 Health system leaders

31 Managers and leads

36 Nurse practitioners

10 Patient & family advisors

1 Pharmacist

19 Primary Health Care staff

8 Researchers

6 Social workers

Approximately 250 people attended from more than 70 collaborative family practice teams; participants included primary care providers, patient and family advisors, health system leaders, and researchers. This day of learning and sharing would not have been possible without the generous support of the QEII Foundation; Primary Health Care and the Department of Family Practice would like to thank the Foundation for its contribution in making the symposium possible, and for supporting ongoing quality improvement initiatives in the primary health care system. As well, thank you to the symposium planning committee members for their valuable input that helped to ensure a successful day for all participants.

#### Committee Members:

Carole McDougall and Judy Porter, patient and family advisors; Dr. Steven MacDougall and Carlee Harper, FPN, Island Family Health Care; Dr. Blaine Beaton and Krissinda Knickle, NP, Lunenburg Family Health; Dr. Rick Gibson, Lynn Edwards, Tara Sampalli, Matthew Murphy, Susan Savage, Erin Leith, Deidre Taylor, and Chelsea Tucker, NSHA.

## **Participant Feedback**

"Thank you for the event. It really helped create a feeling of community and belief that we can step out of [the] day-to-day slog to meet demand and think outside the box to look for ways to improve our primary health care [system]."

"[I] really liked the opportunity to learn how other teams and other provinces/countries are navigating similar challenges."

"Very practical and informative. I'm happy that QI is back in the forefront of health care and primary care in particular."

"As a new clinic, I learned a lot [about] quality improvement and our philosophy of 'we can all do better."

"[I] will use these concepts to continue positive change and measure goals / outcomes in collaborative practice."



## **Guest Speakers & Presenters**

We invited three internationally recognized quality leaders to speak to participants about large-scale change in primary health care:

#### Jim Easton, CEO, Care UK Group

Jim has been an executive in the healthcare system in England for over 25 years. He has held leadership positions in hospital services, mental health, primary care and national policy. Throughout his career, Jim has had a deep interest in the application of quality improvement approaches to the delivery of improved quality and value of healthcare services, and the role of leaders in achieving such improvement.

#### Laura Allison, Head of Healthcare Improvement, NHS Education for Scotland (NES)

Scotland has an international reputation for teaching and using quality improvement methods to improve healthcare safety and quality. As head of healthcare improvement, National Health Service Education for Scotland (NES), Laura is focused on building Scotland's quality improvement capacity and capability through the delivery of a number of national programs, including the Scottish Safety Quality Fellowship, the Scottish Improvement Leader program, and the Scottish Improvement Skills course.

#### Andrew Neuner, CEO, Health Quality Council of Alberta

Andrew is an accomplished and visionary executive with more than 30 years of healthcare leadership experience. He has held executive leadership positions in both rural and urban settings with responsibility for acute, community, and long-term care; mental health and addiction services; health prevention and promotion; Indigenous health; and laboratory services. In addition, he has led strategic planning and managed a broad range of health care administrative services.

## **Spotlight & Show and Tell Presenters**

Annapolis & Kings Community Health Network - A patient experience project led by patient and family advisors

Birchwood Professional Centre - It's not just a sign

Crossroads Family Practice - Chronic disease management registry

Digby Collaborative Family Practice Team - Virtual primary care (Spotlight presenter)

East Side Collaborative Practice - Reducing no shows and cancellations

Kingston Family Health Team - Behaviour change support

New Waterford Collaborative Family Practice Team - Using no show data

Northside Family Collaborative Practice - Pneumovax project

Queens Family Health - Improving medication safety

Shelburne Family Practice - Same-day access clinic for unattached patients

Springhill Primary Health Care Clinic - First steps in implementing same-day access

Spryfield Medical Centre - Addressing the complex health needs of a community

Sydney Collaborative Family Practice Team - Diabetes Centre patient graduation project

Westville Medical Clinic - Using data to understand capacity and improve access (Spotlight presenter)

Weymouth Medical Centre - Group medical visits for unattached patients (Spotlight presenter)

Yarmouth Diabetes Centre - Group medical visits for patient with diabetes



# **What We Heard - Key Messages**

- Participants heard that pressures in primary care are not unique to Nova Scotia. Quality improvement,
  a commitment to change, and a plan to move forward can help to address some of the pressures we are
  collectively experiencing. As speaker Jim Easton, CEO of Care UK suggested, we would be wise to adopt a
  "raising the kids approach" to adapt to our current realities rather than imagining that health care can be
  somehow preserved through a "museum approach."
- A consistent message that was heard from the speakers at the symposium was that quality improvement is an evidence-based, proven approach; it is a skill set that needs to be learned and practiced, and when used, has the potential to both accelerate improvement and spread local improvement ideas that work across the province. We shouldn't forget this in our busy practices and work lives, and we recognize that many require support to assist in this work. As was noted, this is not complicated, but we need to learn from other jurisdictions that have taken a purposeful and planned approach to see the results that we want to see at a system level and adapt these ideas to fit our local context.
- Former NSHA CEO, Janet Knox, talked about what quality means to NSHA and that access to high quality primary health care remains a top priority for the organization. It was impressive to see the thoughtful projects that are taking place in many of the collaborative family practice teams across the province through the quality improvement spotlight and then the 'show and tell' session, and we are reminded to continue to take a purposeful approach to spread and scale these ideas.
- Related to this, participants heard from the Minister of Health and Wellness, Randy Delorey, and interim
  Deputy Minister, Dr. Tom Marrie, of the importance of the link between quality improvement and
  applied research. It is critical to share information and learn from others, to work toward the challenge
  of spreading and scaling what works, and use lessons learned from iterations of change both through
  small tests of change and formalized research to adapt to our local context. This underscores the power
  of information and data to drive these changes and monitor system performance.
- A spotlight presenter reminded participants "Do or do not; there is no try." We know working collaboratively is a journey that involves two way communication, trust, and a common vision that we all share and work toward.



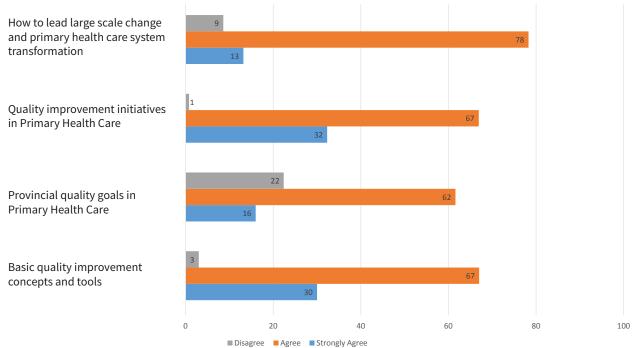
Today was a good review of QI and patient safety that was my focus 5 - 10 years ago and then seemed to fall off the radar. Primary care has finally been recognized as an essential part of the health care [system].



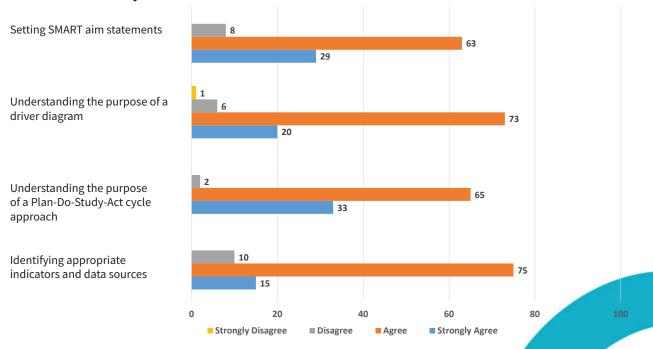
# **Evaluation Summary**

130 symposium participants completed an evaluation at the end of the day, for a response rate of 53%. Below is a summary of the results.

#### The symposium increased my knowledge and awareness of:



#### The symposium increased my skills and confidence in:





# **Evaluation Summary (continued)**

Participants also shared that the most pressing aspects of quality improvement where they need support, guidance or training within their teams include:

- Access (for patients and to health system services)
- Quality of patient care
- Developing a sense of ownership and buy-in for change
- Collaboration
- Communication and engagement
- Supports and resources
- Data availability / quality
- Financial resources / monetary incentives

## **Participant Feedback**

"As a physician, this was one of the better quality improvement sessions I've ever attended. I found it most productive to sit with members from one team, who decided at the symposium to design a quality improvement project that would improve their collaborative practice. They are considering how to initiate advanced access for their patients. As there are five providers, one way to do that would be to have each provider offer advance access on a different day per week, which would increase access for patients, and further support collaboration within their practice."

# **Patient & Family Advisors**

Ten patient and family advisors participated as part of the day to bring their first person voice and experience to the table discussions.

I want to commend you and your team on a great learning event. As a [patient and family advisor (PFA)], I found it tremendously useful [to hear] inspiration / learning from the keynotes from abroad as well as our local champions and [as an] opportunity to connect with a mix of people involved with health care delivery. Hearing their perspectives was helpful in understanding more about our health care system. I loved the mix of lecture, walk-around and table work. That is not typical of symposiums and I found it a refreshing change that other symposiums and conferences would benefit from. The Sunday PFA dinner session was excellent; kudos for organizing this important connecting event. It was wonderful to meet other PFAs, hear about their experiences, share learnings, and feel part of a network. Meeting a mix of NSHA folks outside of a formal meeting setting was also helpful. I think this aspect of relationship building will strengthen partnerships and improve our PFAs' contribution.

~ Donna Rubenstein, Patient & Family Advisor





## **Thank You**

The symposium began and ended with messages of thanks; thank you to all of the participants for the work that you do each and every day to provide care for Nova Scotians. We are on this quality improvement journey together to strengthen the primary health care system for patients, and for the providers who work in family practice across the province.

## **Next Steps**

This is the start of our quality improvement journey together, and we are working on the development of additional shared learning opportunities so that more teams and others – in both primary care as well as chronic disease and wellness – can become familiar with basic concepts and tools to support quality improvement initiatives. A few videos from the day, along with presentations, have been posted on the <a href="https://www.phcquality.ca">www.phcquality.ca</a> website, which includes a list of simple and easy to use resources, tools and templates that are available for your team's use.

We are excited to know how the knowledge and skills learned during the symposium has impacted your team's ability to lead quality improvement initiatives, and what difference it is now making. Please email <a href="mailto:PHCquality@nshealth.ca">PHCquality@nshealth.ca</a> to share your story with us.



### **Primary Health Care & Department of Family Practice**

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