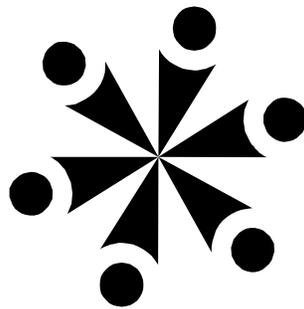


# Primary Health Care Teams

*The process and tools for successful development  
and implementation*

Fall 2004



---

©2004 Charity Evans BSP  
All rights reserved

## **1.1 Proposal Framework**

In an era of health care reform, where the challenge is to create sustainable programs for enhancing patient care, it is obvious why Primary Health Care (PHC) has quickly become the focus. Although literature demonstrates that interdisciplinary teams of Health Care Professionals (HCPs) are the most efficient way to sustain and enhance patient care, the current health system rarely supports this. Busy workloads, HCP shortages, and working in isolation are examples of barriers preventing practitioners from working together as teams.

The Action Plan for Saskatchewan Health Care, 2001, states that “our health plan will coordinate and expand primary health care services and improve patient care. We will begin by organizing doctors, nurses, therapists, and other front-line providers into teams so that patients have better access to the most suitable health care provider. Patient care will be better coordinated and more personal, as providers work together to meet specific needs. These teams will diagnose and treat illness, but will also focus on preventing health problems and managing existing ones so they do not become more serious.”

In keeping with both the goals of the Primary Health Services Branch of Saskatchewan Health and the Cypress Health Region, the goal of this proposal is to enhance patient care through the development of interdisciplinary teams in PHC through a variety of proven methods.

## **1.2 The Model for Improvement**

The model for improvement (Langley, Nolan, et al. 1992) provides a framework for developing, testing, and implementing changes that will lead to improvement. The model (Figure 1) consists of two separate parts that are of equal importance – “thinking” and “doing”.

The “thinking” part is made up of three fundamental questions. Answering these questions helps guide improvement work, ensures a planned approach to improvement, and increases the chances of success.

### *1. What are we trying to accomplish?*

- a clear goal or vision must be defined
- what is the overall aim of what we are doing?
- what are we hoping to improve?

### *2. How will we know that a change is an improvement?*

- what will tell us that our changes make things better than they were before?

-what can we measure that will demonstrate that our changes are actually an improvement?

-what data (opinions, observations, process data and results) will be useful?

### 3. *What changes can we make that can lead to an improvement?*

-how can we work towards our objective?

-think about what has worked for others?

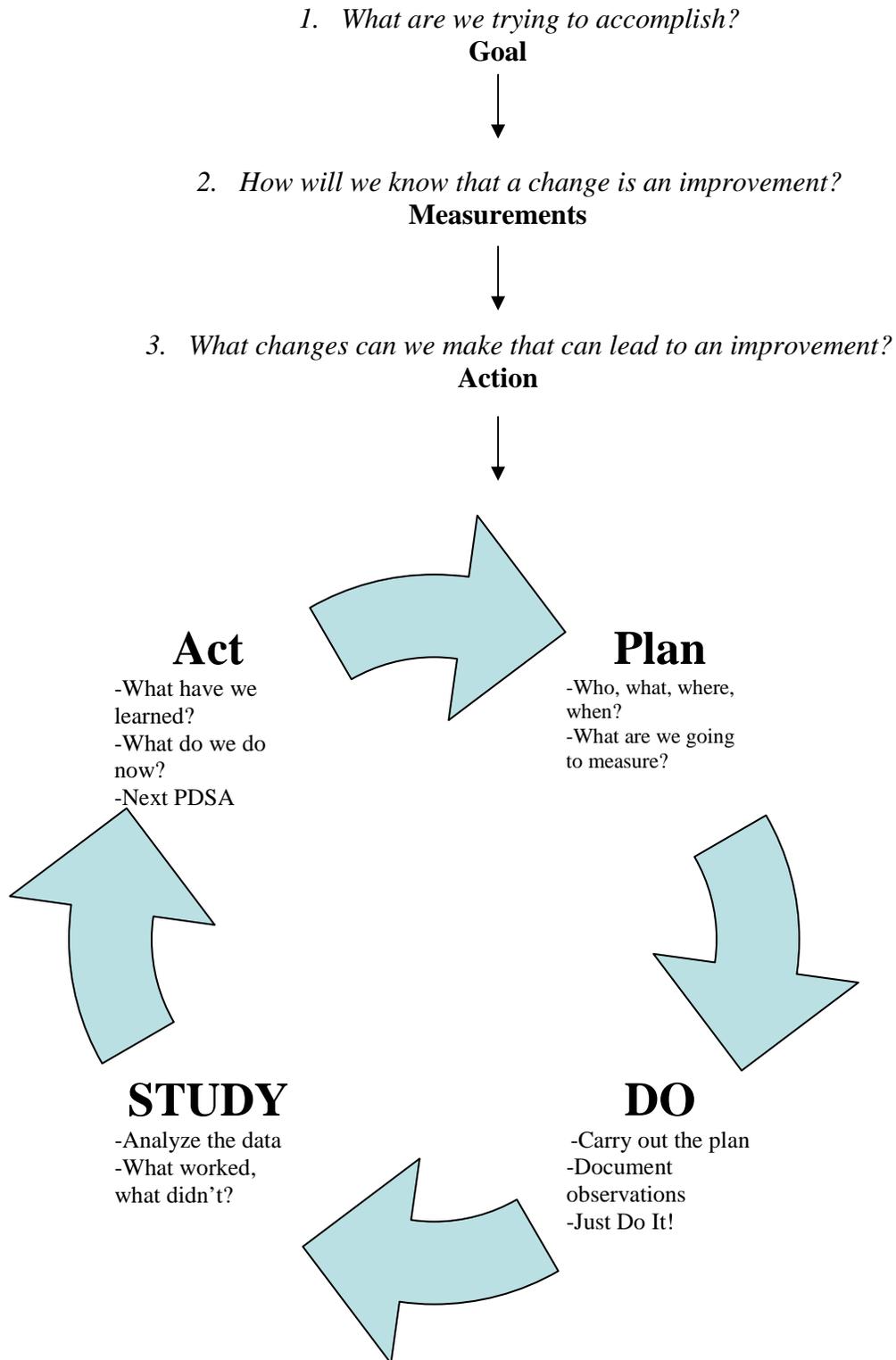
-what innovative ideas do we have?

The ideas gathered in the “thinking” step form the basis for the “doing” step which consists of Plan-Do-Study-Act (PDSA) cycles that support rapid change. Once we have decided what exactly we want to achieve, PDSA can be used to test out our ideas.

PDSA cycles provide a common sense approach to change and improvement. They are quick and simple to use, have methodological validity, and produce results in a short period of time. There are several advantages to using the PDSA method:

- Processes and learning are explicit, which is especially useful for team development
- Enables testing of ideas to customize change for local conditions, evaluate “side effects”, improve the idea(s) based on learning, and reduces risks
- Minimizes problems with getting started (persuading the reluctant)
- Promotes “bite size” chunks that are do-able

**Figure 1. The Improvement Model (Langley et al. 1992)**



Although PDSAs are a practical and simple way to implement change, they must be used in the right context at the right time:

- PDSA cycles *must* be small – small enough that a cycle is completed within 8 days of being initiated. When used properly, one PDSA leads to another, so that it is the small continuous cycles that actually result in the improvement. One of the most common mistakes is creating and attempting to perform PDSA cycles that are too large – a guarantee for failure.

- One generic PDSA can not be used to develop an approach to achieving an organizational goal. Small, specific PDSAs must be used consecutively, and will eventually lead to the intended goal.

- When a PDSA is planned, it must be clear about who is doing what, where and when. Our results are dependent on how good the plan is.

- Ideally, PDSAs should be developed and implemented by team, as improvement is nearly always a team endeavor.

- Documentation of all aspects of the PDSA should be done throughout the cycle. It is motivating, informative, and a useful way for sharing our information with others.

An example of a PDSA created for the Cypress Health Region team development can be found in Appendix I.

### **1.3 Overview of the Team**

As with most rural communities, development of a truly interdisciplinary team in Leader faces several barriers. Limited access to HCPs, namely those visiting from Swift Current, creates problems for timely patient consultation, as well as prevents the necessary communication and collaboration amongst team members. A lack of available time to dedicate to team building – a result of human resource shortages – has been expressed by several of the potential team members as another barrier. Health care professionals' schedules are already overextended as they attempt to keep up with the everyday patient demand. Instability in key team positions, such as Public Health, also threatens team development. Again human resource issues, uncertainty and frequent turnover of providers can be detrimental to true team development. Despite these and other challenges, I believe we are capable of building and sustaining an interdisciplinary team focused on improving PHC and patient care.

### **1.4 Team Members**

A preliminary list of team members has been compiled, although it should be noted that the list is certainly not exhaustive.

- Patient group representative (differs depending on team's focus)

- Physician group
- Nurse Practitioner
- Registered Nurses
- Public Health
- Home Care
- Community Dietitian
- Pharmacist
- Social Work
- Therapies (OT, PT)
- Mental Health
- EMS
- Cypress Health Region Primary Health Care Team
  - Director
  - Facilitator
- Heartland Health Region Primary Health Care Team
  - Director
  - Facilitator
- The Primary Health Services Branch of Saskatchewan Health
- Saskatchewan Health Quality Council

Once the initial team development has begun and more specific development begins, other more specialized internal and external team members will be included as part of the team (i.e. Regional Diabetes Coordinator, Podiatrist, Heart and Stroke Foundation, etc.).

## 1.5 Team Development

Recently, the Centre for Strategic Management (CSM) was commissioned to help in the development of four pilot Regional Health Authorities primary care teams. While I have personalized the specific team development processes to the needs of the Cypress Health Region, I respectfully acknowledge that the framework is similar to that incorporated by the CSM. Three different elements make up our framework.

### ***Practitioner Ownership of the Process and the Results:***

*“People support what they help create”*  
CSM’s primary operating premise

This is the key initial step in the team development process. An initial face-to-face meeting will be held, and involve both the front-line team members as well as representatives from the Cypress Health Region and the Primary Health Services Branch of Saskatchewan Health. Ideally, all front-line team members will attend, and although it is recognized that conflicting schedules may not allow for this, every attempt will be made to accommodate everyone. This initial meeting will allow each team member the opportunity to voice their opinion on the team’s vision and goals, and their potential role(s) and responsibilities in meeting those goals. Issues dealing with communication links between team members, team status within the Health Region, operating ground rules, plans for conducting regular meetings and initial plans for priority areas of the

community will be discussed. An overview of systems thinking and the PDSA cycle and its role in the team development will be introduced.

By creating ownership amongst the team members, a strong sense of support and pride for the team will be generated. At the end of the initial meeting, all team members will have a clear understanding of the team's vision and goals, a solid understanding of the PDSA cycle process, and a clear view of where the team is headed. Subsequent team meetings will be held on a monthly basis to ensure continued team building and allow for problem solving opportunities.

It is imperative that the Cypress Health Region support this team development step, not only with their representation at the actual meeting, but by affording the front-line members the time and/or coverage necessary to participate in the meetings.

***Systems Thinking:***

*“Focus on the outcomes – which must always be directed towards ‘serving you clients’.”*  
-Primary principle of Systems Thinking

Systems have inputs, processes, outputs and outcomes, with ongoing feedback among the various parts. If one part of the system is changed or removed, the nature of the entire system is changed. Traditionally, healthcare has been managed by balancing *parts* of a system and inducing resources to try and migrate from a current state to a desired state. In other words, activities are driven by the gap in services. While some departments operate well by themselves, they do not integrate well with others; therefore the organization suffers as a whole.

With systems thinking, organizations are viewed from a broader perspective, and have their patterns and events interpreted as a whole. Systems thinking proves useful in several situations:

- complex problems that involve helping many actors see the “big picture” and not just their part of it.
- for recurring problems or those that have been made worse by past attempts to fix them.
- issues where an action affects (or is affected by) the environment surrounding the issue.
- for problems where solutions are not obvious.

By both the frontline members and Cypress Health Region, approaching team development from a systems view, we will be better able work collaboratively in PHC team advancement, problem solving and ultimately enhancing patient care.

***Skills Development:***

While all team members are highly skilled in their own professional discipline, many may not have had experience working collaboratively within an interdisciplinary team setting. Continuing education support for the development and refinement of these skills is critical in creating a successful, sustainable PHC team. Organizations such as the

Saskatchewan Health Quality Council will be invaluable resources for this continued learning.

## **1.6 Summary**

Team development is key in creating a successful PHC environment. While there are several tools available to assist in the development process, it is imperative that all team members come together to decide on a team vision and mandate, individual roles and responsibilities, and issues surrounding communication, before any type of development is initiated.

The use of PDSA cycles will be a valuable tool for quality improvement and change management projects that are undertaken by the PHC team. However, it is essential that all members have a clear understanding of the role of the PDSA cycle, and the proper methods for utilizing the cycles.

Support for team development must come from all levels, including government, regional, local and from amongst the individual team members themselves.

It is obvious that challenges will arise as we pursue team development. However, I believe that with the right tools, attitudes and support, we will be able to overcome them and successfully develop a sustainable interdisciplinary PHC team – one capable of showcasing the potential of PHC to the rest of the province.

## **Appendix I. PDSA Cycle for Initial PHC Team Development in Leader**

(Methods taken from United Kingdom's National Primary Care Development Team presentation at Health Quality Council QI-Nexus Conference)

### **Overall objective that this cycle links to:**

- Enhancement of PHC in the Cypress Health Region

### **Specific objective for this cycle:**

- Initiating team development with all members of PHC team

### **What are we going to do:**

- Set up meeting for all PHC members
- Discussion by all members to determine team mandate and goals, members' roles and responsibilities, communication links, partnerships with the Region and Sask Health
- Q&A session
- Presentation on systems thinking and PDSA cycles, and their role within the team

### **Who will be involved:**

- representatives from Cypress and Heartland Health Region's Primary Health Care Division (Director, Team Facilitator)
- representative from the Primary Health Care Branch of Sask Health
- physicians                      -NP                                      -Public Health
- pharmacist                     -RN                                      -Home Care
- dietitian                        -Social Work                        -therapies
- Mental Health                -EMS                                    -community members

### **Where will it take place:**

- ambulance building in Leader

### **When will it take place:**

- scheduled during office hours so everyone is available and willing to attend
- ideally before the end of November

### **What do we predict will happen:**

- lots of questions
- skepticism
- enthusiasm

### **What are we going to measure in this cycle:**

- acceptability/willingness of team members
- attitudes about potential accomplishments