Primary Health Care

Essentials

Foundational Quality Improvement Toolkit

This toolkit is designed to help your practice undertake Quality Improvement (QI) activities by focusing on the following:

- What is quality improvement, benefits and importance
- Building your health care team
- Engaged leadership and effectively lead and manage change
- Understanding your population
- Model for Improvement
- QI tools to get started
- Celebrated success

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We respect their continued cultural and spiritual connection to country, waters, kin, and community.

We also pay our respect to their Elders past, present, and emerging as the custodians of knowledge and lore.

We are committed to making a valued contribution to the well-being of all Aboriginal and Torres Strait Islander peoples of northern Queensland.

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Where to get help?

Northern Queensland Primary Health Network

For more information, please contact the Primary Care Engagement Team
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Throughout the guide symbols will be used to identify each part of the activity.

SYMBOL	MEANING	SYMBOL	MEANING
	Tips and hints		Goal
	Starting points for activities		Measure
	Resources		Idea

Introduction to Quality Improvement

What is QUALITY Improvement (QI)

Quality improvement is a system of monitoring and refining processes in order to improve coordination of care and deliver better health outcomes for patients. The RACGP defines quality improvement as an ongoing activity undertaken within a general practice. The primary aim is to monitor, evaluate and improve the quality of healthcare delivered to patients.

Benefits of Quality Improvement

Engaging in quality improvement activities provides an opportunity for the general practice to:

- Bring about positive change in practices and positively impact patient health outcomes
- Improve quality and safety for patients in areas such as practice structures, systems and clinical care
- Improve patient care while identifying potential business revenue
- Establish sustainable systems and processes for your practice
- Enhance data management to better understand your patient population and measure outcomes
- Link to referral pathways and optimise usage of digital enablers
- For filling requirements for:
  - o Practice Incentive Program (PIP) Quality Improvement (QI)
  - o Continued Professional Development (CPD) hours for GPs, Nurses and Pharmacists
  - o RACGP Standards for general practices 5th edition

Importance of Quality Improvement

The Quintuple Aim[1] serves as a template in both the design and evaluation of QI activities and measuring practice transformation. When developing a QI activity in your practice, you should identify how each proposed improvement would affect and achieve each of the five areas below and therefore achieve the Quintuple Aim.

- Improved Experience of Care
- Improved Health Outcomes
- Improved cost efficiencies & sustainability
- Improved Provider Experience
- Equity for All

Underpinning this work is the Quintuple Aim[1] which serves as a template in both the design and evaluation of QI activities and measuring practice transformation.

Supporting your primary care transformation journey are the 10 Building Blocks of High Performing Primary Care[2] and this CQI toolkit. Our Primary Care team will work closely with you to implement CQI cycles allowing you to achieve the first four blocks of engaged leadership, data-driven improvement, patient registration and team-based care.

[1] Mate K. On the Quintuple Aim: Why Expand Beyond the Triple Aim. Institute for Healthcare Improvement. 4 Feb 2022
[2] Bodenheimer, T,Ghorob, A, Et Al. The 10 Building Blocks Of High-Performing Primary Care. Annals Of Family Medicine 2014: 12:166-171

Build your health care team

To create effective sustainable improvements which will ultimately support patient outcomes, patient safety, efficiencies, and effectiveness of your primary healthcare service, it is essential to engage the practice team. This will ensure there is an understanding of what is trying to be achieved. Making change is difficult on your own.

Engaged leadership

An engaged leader will create the vision, share the vision and empower their team to drive practice transformation. Staff at all levels of the practice are willing to continually examine processes, adapt to change, be involved in decision making and facilitating improvements. Learn more about the Engaging Leadership through the 10 building blocks of a high performing primary care

Leading and managing change

Influencers or change leaders have an important and unique role when initiating improvements, it is their responsibility to test change before implementing, provide a clear vision, and explain how the change will be implemented and why. It is important that change leaders:

- Expect resistance to change.
- Demonstrate the need for change.
- Model enthusiasm for the process.
- Foster an environment of open communication.
- Offer support via training and additional resources.
- Consider the Psychology of change IHI Psychology of Change Framework
- Watch this video to learn more about Quality Improvement in General Practice - leading and managing

Steps to sustaining change

Identify your change team	• Identify your practice team members to drive quality improvement work (e.g. one nurse, GP, admin, PM). • Consider Allied Health, visiting clinicians and others that may form part of your team. • Identify who will need to be kept informed. • Ensure that you have identified the "why, as some team members may not see Quality Improvement as important or necessary. • Ask yourself the question, what motivates a team member to want to be part of sustaining change and making improvements? • Plan frequency of planning meetings for QI team.
Consider the roles of the team members	• This is an important step as team members have different skill sets, interests, scope of practice and levels of authority. • Assign roles and responsibilities according to staff skill, interest and position.
Allocate protected time	• As with all tasks, allocation of time is required.
Communication	• Identify the method(s) that will be used to inform and update all staff of any changes as a result of the QI activity e.g. staff/Clinical/Admin/Nurse meetings, email, noticeboard, group chat. • Ensure all staff are advised of the chosen communication(s) method. • Consider communication style needed for all team members.
Provide regular staff updates	• Provide updates to all staff of ongoing changes e.g. add QI to staff/Clinical/Admin/Nurse meetings. • Allow staff to contribute ideas and provide opportunities for staff feedback. • Distribute minutes / action points following meetings held and ensure staff are aware of any follow-up needed.

Understanding your Patient Population

Understanding the patient population and your practice data is crucial for effective Quality Improvement (QI) efforts in primary care. This enables you to tailor QI activities to match the specific needs, preferences, and characteristics of your patient population. Monitoring and evaluating your improvement goals by using the measures is essential for accessing the effectiveness of change and achieving sustainable quality improvement.

For more information refer to the QI data quality toolkit.

Get ready to use your data

- ***Identify data source.***
- ***Include a mix of process and outcome measures, qualitative and quantitative data.***
- ***Consider small-scale testing***
- ***Establish baseline data, set practice targets.***
- ***Record data regularly (monthly), analyse patterns linked to improvement activities***
- ***Ensure you are on the latest version of clinical software.***
- ***Ensure data extraction tool is functioning correctly.***
- ***Check that team members can log in and are familiar with using Primary Sense.***

Help: *Contact the NQPHN Primary Care Engagement team for support at pce@nqphn.com.au*

Relationship building

When commencing on the change journey it can be useful to seek advice and support from outside of your organisation. Your local Primary Health Network (PHN) is a great place to start. Getting to know your NQPHN Primary Care Officer and forging strong relationships will be very beneficial. Similarly embrace the opportunity when a NQPHN Primary Care Officer reaches out to you as they have a wealth of skills and knowledge for you to utilise. Think of any relationship building like sharing 3 cups of tea. It takes time and commitment to understand each other and to build that level of trust.

Developing a Quality Improvement (QI) Plan: Identifying a Focus Area

Developing a clear QI plan is essential to define the problem, set priorities, and align team efforts toward achieving measurable and impactful improvements.

Steps to identify a focus area

Understand Practice Priorities	• Begin by reviewing your practice's strategic goals, accreditation requirements, and feedback from staff or patients. Aligning QI activities with these priorities ensures relevance and organizational support.
Analyze Data	• Use data from clinical software, patient surveys, and reports to identify areas where performance lags or improvement opportunities exist. Establish baseline measures to understand the current state.
Enagage the Team	• Conduct brainstorming sessions with staff to gather insights on potential problem areas. Involve diverse roles (e.g., clinicians, administrators) to ensure a comprehensive understanding of practice challenges.

Use a Driver Diagram	• A Driver Diagram can help visualize the system influencing your focus area. It consists of:
	  • **Aim:** A clear, measurable goal.
	  • **Primary Drivers:** High-level factors contributing to achieving the aim.
	  • **Secondary Drivers:** Specific interventions or activities that affect the primary drivers
	Example: If improving patient follow-up rates is the aim, primary drivers might include communication processes and staff training, with secondary drivers detailing steps like automated reminders or updated protocols.

Prioritize Based on Impact and Feasibility	• Assess potential focus areas using criteria such as:
	  • Potential to improve patient outcomes.
	  • Alignment with practice goals or incentives (e.g., PIP QI).
	  • Feasibility of implementation considering resources and staff capacity.

Set a SMART Goal	• Define a goal that is Specific, Measurable, Achievable, Relevant, and Time-bound. For instance: "Increase cervical cancer screening rates from 55% to 70% among eligible patients within six months."

QI tools to get started

Quality Improvement tools enable us to improve processes using a systematic approach. When considering changing a system, it is important to test the change first, as not all changes will result in improvements. Always test change before implementation as this saves time, resources and ensures a positive impact.

To test an idea you should use the Model for Improvement, which includes the Plan, Do, Study, Act (PDSA) cycle. Other helpful tools that can help with understanding the problem, breakdown the change and making decisions include:

- Flowcharts and Process Maps- Appendix
- Cause and Effect Diagram also referred to Ishikawa or fishbone diagram), Appendix
- Run Charts: Appendix
- Pareto Chart- Appendix

Videos:
Quality Improvement in General Practice - leading and managing
Quality Improvement in General Practice - quality improvement tools

By leveraging these tools, you can enhance your capacity to identify areas for improvement, implement targeted activities, and track progress towards achieving optimal patient outcome and practice performance. For more information refer to IHI's Quality Improvement Essentials Toolkit

Document your QI activities

Documentation must be kept for evidence of PIP QI, Accreditation and CPD requirements and auditing purpose.
Help: *Contact the NQPHN Primary Care Engagement team for support at pce@nqphn.com.au*

Model for improvement

About the model for improvement

When considering changing a system, it is important to test the change first as not all change results in an improvement. In healthcare, this is even more important as in all cases we are working in a live system and cannot take the system offline for a test. Always test change before implementation, this saves time and resources and ensures it has a positive impact. To test an idea, consider using the Model for Improvement (MFI) which includes the Plan Do Study Act (PDSA) cycle.

The MFI is a simple quality improvement tool which helps us:

Test change ideas.

Make sure that the idea works and results in an improvement.

Better understand matters relating to implementing the idea across the entire practice.

Achieve rapid results by breaking down change into small steps and reduce risk by starting small.

Why use the Model for Improvement?

The MFI uses the Plan-Do-Study-Act (PDSA) cycle, a tried and tested approach to achieving successful change. It offers a number of benefits:

- It is a simple approach to making change that anyone can apply.
- It is a method to plan, develop and implement change.
- It reduces risk by testing small changes before wider implementation.
- By starting small, there is less resistance to change.
- You can achieve team unity around common goals.
- It encourages individual creativity and ideas from team members.
- It provides an opportunity to celebrate successes.

The Thinking Part and the Doing Part

The MFI is a two-step process comprised of the 'thinking' part; and the 'doing' part.

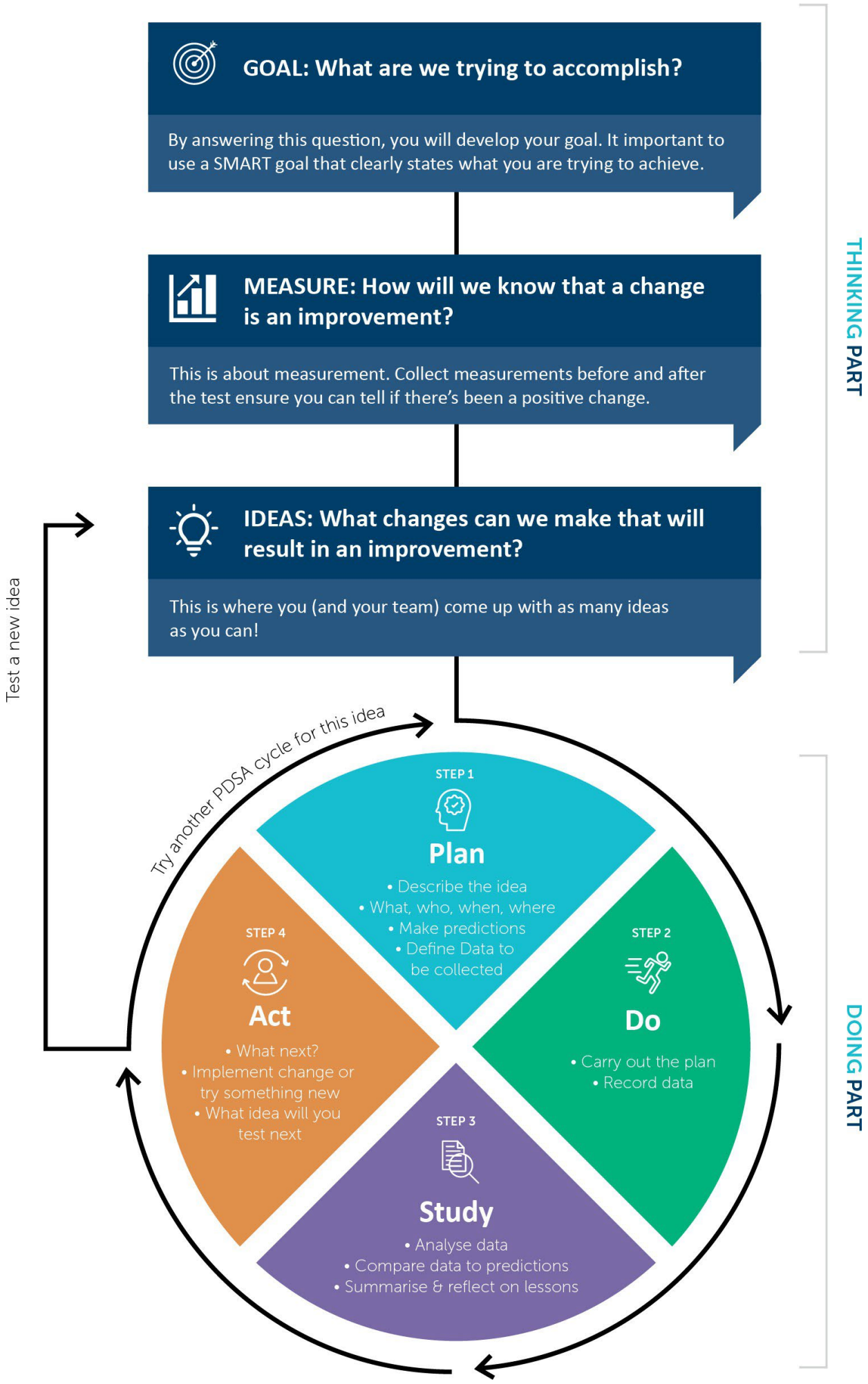
1. The ***'thinking part'*** asks you to answer these questions to help you develop:

The Goal: What are we trying to accomplish?

The Measure: How will we know that a change is an improvement?

The Idea: What changes can we make that will result in an improvement?

2. During the ***'doing part',*** you work through PDSA cycles that will:
   - Help you test the ideas.
   - Help you assess whether you are achieving your desired objectives.
   - Enable you to confirm which changes you want to adopt permanently.



Source: North Western Melbourne PHN - Quality Improvement Guide & Tools For General Practice

Part 1: Thinking part

In the ***'thinking part'*** we must ask ourselves three fundamental questions:

Question 1: GOAL

Once you have identified your priority area, identify the overall goal of your quality improvement activity. Creating a GOAL answers the first question of the Model for Improvement *"What are we trying to accomplish?"*. By incorporating a S.M.A.R.T goal, you can provide the team a starting point and clear direction of what you are aiming to achieve with your priority area within a timely manner.

A **S.M.A.R.T** Goal provides the team a breakdown of your goal into:

- **Specific:** Make it clear what you want to achieve
- **Measurable:** How will you know a change has occurred
- **Achievable:** Being ambitious is good, but what if the goals aren't completed and people lose motivation
- **Relevant:** Everybody will lose interest if they can't see the point
- **Timely:** Include a date or timeframe (e.g. by 31/05/17, next 3 months)

Review the activity goal with your practice team and adjust the target and timeline according to your general practice requirements.

Refer to the Appendix 1: AIM Statement Template

<u>When to create a new Goal</u>
If you are moving onto a new focus area, it will require a new Model for Improvement plan outlining a new GOAL (1st fundamental question) of the "thinking part".

Question 2: MEASURE

Data is a powerful tool in quality improvement and learning how to link measurement to your activity topic and goal is a fundamental step to implementing change. Data can indicate where you actually are compared to where you thought you were and allow you to track activity over time. Once your team is provided a summary of your activity data, it can also support decision making and planning and ultimately motivate the team to make changes when improvements can be seen.

When Identifying what data/measures you will use to help you identify if a change leads to an improvement, consider:

- Using data that is easily obtained (clinical software or data extraction tool).
- Using a combination of process and outcome measures.
- Using both qualitative (descriptive) and quantitative (numerical) data.
- Using only the data you need.
- Using sampling to test on a small scale.

Once you have identified the data source (e.g. clinical software or data extraction tool) you will be using, record:

- Using dThe data report you will be using.
- List the data/measures you will use (process, outcome or balancing measures). For more information, refer to: How to Improve: Model for Improvement: Establishing Measures
- Capture your baseline data to provide the team a starting point and record each measure baseline. This is the data as it is from day one before you start any activities. Record the date of this baseline starting date.
- From this baseline data, you can also include a practice target specific to each measure to indicate what changes you are aiming to achieve.
- Once you start your QI activities, use the data source you have identified and record your data each month against each measure. By recording your monthly data, you can identify any patterns/changes in data and link this to the QI activities you have started to implement.

Review the activity goal with your practice team and adjust the target and timeline according to your general practice requirements.

Refer to the Appendix 2: Measures Template

Get ready to use your data

- ***Ensure you are on the latest version of clinical software.***
- ***Ensure data extraction tool is functioning correctly.***
- ***Check that team members can log in and are familiar with data extraction tool.***

Help: *Contact the NQPHN Primary Care Engagement team for support at pce@nqphn.com.au*

Question 3: IDEAS

Now that you have identified your activity goal and measure that you will use to track your improvement journey, it is time to record some ideas of activities you will implement to make the improvements needed to reach your goal. When creating ideas, it is recommended you present the problem to your team and together brainstorm some solutions to the problem.

Including the team with this step provides an opportunity to:

- Using data that is easily obtained (clinical software or data extraction tool).
- Develop different solutions as others can approach the problem from a different angle.
- Provide the team a good understanding of the problem and outline why it is important changes need to be made.
- Collaborate and agree on the activities you will undertake,
- Take ownership for the work to be carried out and together strive towards improvement instead of it falling on the shoulders of one person.

Individuals are more likely to participate if they have been included in the team from the start with decision making and the problem-solving process.

Brainstorming Tools

Consider using QI Tools to facilitate change with your team.

QI tools can assist your team with:

- ***Understanding the problem.***
- ***Stimulate thinking about how to tackle a problem to create your 'ideas'.***
- ***Making a decision on where to focus your efforts.***

For more information, refer to QI tools page: www.nqphn.com.au/quality-improvement

Example: Part 1 - The thinking part – The three fundamental questions

Quality Improvement Template

Practice name:	*Add your primary healthcare service name here*	**Date:**	*Add date of commencement here*
QI team:	*List the team members involved*		
Problem:	*Describe why this work is strategically important. What problem is the team addressing? What does our data indicate about it, and what are the causes?*		
Problem Statement:	*Document your succinct problem statement here*		

This document guides practice staff through the Model for Improvement (the Thinking Part) and the Plan-Do-Study-Act (PDSA) cycle (the Doing Part), a framework for planning, testing, and reviewing changes. For guidance and support on conducting quality improvement in your primary healthcare services, please contact your local Primary Health Network (PHN).

Note: each new GOAL (1st fundamental question) will require a new MFI plan

Part 2: Doing Part - plan do study act

With your ideas now listed, you have completed the 'thinking' part of your quality improvement activity. It is now time to move onto the 'doing' part. From each idea, you may need to test if the change you are making has a positive outcome or the outcome you are expecting (predicting) to happen. This is where you start testing your ideas through PDSA cycles.

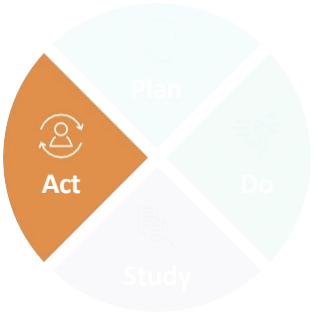
Each idea is linked to its own set of PDSA cycles. Sometimes an idea may take a few PDSA cycles as you test your idea until you get the outcome you were wanting to achieve. Some ideas do not require PDSA cycles as they may be simple administrative tasks and do not need to be tested.

Firstly, you need to select one of the ideas generated from the 'thinking part' and develop the 'Plan'. You'll find that there will be ideas that logically should be tested first. Quite often we will need to complete more than one PDSA to fine tune the plan before we consider implementing on a broader scale.

Plan - the test or observation:
Start by describing the idea, what you will do, who will carry it out, when will this occur and where will it be carried out. Make predictions about what you think will happen and define the data to be collected. Remember, this should be a small test.

Do – try out the test on a small scale:
Carry out the plan and record whether it was completed or not. This is also a time to record contextual information relating to the test, perhaps you noticed barriers that were previously not aware of, or unintended consequences that occurred through the test.

Study – analyse the data and study the result:
Reflect on what has or hasn't occurred. To do this, analyse the results (Measurement) from the test and consider contextual information, compare it to the pre-test results and predictions you made, and reflect on what you have learnt from the test.



Act - What you will take forward:
Based on what you have learnt, will you-

- **Adopt:** Implement the idea as you've demonstrated that there's adequate evidence to move to implementation.
- **Adapt:** Make some adjustments to your Plan and test it again? What will be the next PDSA cycle?
- **Abandon:** the idea altogether and prioritise another idea generated from Q3.

Example: Part 2 - The doing part – Plan Do Study Act (PDSA) Cycle

You will have noted your IDEAS for testing when you answered the 3rd fundamental question in Part 1. You will use this template to test an idea. Each idea may need more than one PDSA to fine tune the plan before you consider implementing on a broader scale.

PDSA (Plan-Do-Study-Act)

Step 2: Doing Part - Plan-Do-Study-Act
Once you have completed the Model for Improvement (MFI), use the template below to document and track your PDSA cycles (i.e. small rapid tests of change).

Idea	Plan		Do	Study	Act
#	Plan the test	Prediction	Do the test on small scale	Analyse the results	Make a plan for next step
	How will we run this test? Who will do it and when? What will we measure?	*Prediction or hypothesis on what will happen.*	*Was the plan completed? Yes or No. Collect data. Consider what worked well and why? Document any unexpected observations, events or problems.*	*Analyse results, compare them to predictions, and reflect on what you learned. .*	*Based on your learnings from the test, what will you do next (e.g., adopt, adapt or abandon)? How does this inform the plan for your next PDSA?*
Change idea 1.1	*Specify*				
Change idea 1.2	*Introduce a new change idea is required.*				
Summary of Results					

Resource
For Model for Improvement and PDSA template, refer to appendix 5 & 6

Note: Once PDSA cycle completed for idea 1, move onto your next idea to test

Celebrating Success

Celebrate the small achievement as well as the big ones! Acknowledge your outcomes and achievements at team meetings and with a celebratory morning tea or lunch. Consider sharing your improvement activity efforts with your patients through newsletters, website or in your waiting room. E.g. displaying 'run charts' to demonstrate change over time.

By celebrating your 'wins', you will engage your practice team more deeply with your QI projects, enhance morale and foster a culture of striving for improvements.

- Celebrate your outcomes and achievements by sharing a with a morning tea with your team.
- Consider sharing your improvement activity efforts with your patients through newsletters, website or waiting room. E.g. displaying 'run charts' to demonstrate change over time.

List of abbreviations

- CQI - Continuous Quality Improvement
- CPD - Continuing Professional Development
- CST - Cervical Screening Test
- GP - General Practitioner
- IHI - Institute for Healthcare Improvement
- MFI - Model for Improvement
- NCSR - National Cancer Screening Register
- PDSA - Plan-Do-Study-Act
- PHN - Primary Health Network
- PIP QI - Practice Incentive Program Quality Improvement
- QI - Quality Improvement
- RACGP - Royal Australian College of General Practitioners
- SMART - Specific, Measurable, Achievable, Relevant, Time-bound

Glossary

Aboriginal Medical Service
Aboriginal Medical Services, typically Aboriginal Community Controlled Health Organisations (ACCHOs), provide access to holistic and culturally appropriate primary health care to the community for better health outcomes for Aboriginal and Torres Strait Islander people. (Source)

Balancing Measures
Metrics used to ensure that changes made to improve one aspect of care do not negatively affect other aspects of care.

Baseline Data
The initial set of data collected before implementing a Quality Improvement (QI) activity. It provides a reference point for measuring progress.

Carer
A carer provides personal care, support and assistance to another person due to a disability, medical condition, mental illness, or who is frail or aged. A person is not considered a carer if paid, a volunteer for an organisation or caring as a part of a training or education program. (Source)

Cause and Effect Diagram (Fishbone Diagram)
A tool used to identify and visually display the potential causes of a specific problem.

Clinical Software
Programs used in healthcare settings to manage patient records, track outcomes, and facilitate data analysis.

Consumer
A consumer is a person who uses (or may use) a health service or provides support for a person using a health service. Consumers can be patients, carers, family members or other support people. (Source)

Continuous Quality Improvement (CQI)
An ongoing process of identifying, analysing, and implementing improvements in healthcare practices and processes.

Data Extraction Tool
A software or system used to gather data from clinical records to measure and monitor quality improvement efforts.

Engaged Leadership
A leadership style that involves creating and communicating a vision, fostering team collaboration, and driving change initiatives within a healthcare practice.

Flowchart/Process Map
A graphical representation of a process, used to identify areas for improvement and visualize steps in a workflow.

General Practice
A general practice in Australia is a primary healthcare service provided by general practitioners (GPs), who are medical doctors with expertise in diagnosing, treating, and preventing various health conditions. General practices serve as the first point of contact within the Australian healthcare system for individuals seeking medical attention. These practices offer a broad spectrum of care, encompassing health promotion, illness prevention, chronic disease management, and mental health services. General practitioners work in community-based settings and may operate in solo or group practices, offering consultations within their clinics and in patients' homes, aged care facilities, and sometimes hospitals. General practices in Australia are integral to the healthcare system, coordinating patient care and facilitating referrals to specialist services when necessary. They play a key role in ongoing health maintenance, focusing on patient-centred care and managing long-term health issues. They emphasise holistic treatment approaches that consider well-being's physical, psychological, and social aspects of well-being. The Australian government supports general practice through Medicare, providing accessible and subsidised healthcare services to the population.

Health service organisation
A place that provides consumers with information, care and treatment for health-related issues.

Hospital Districts or Networks
Hospital networks are independent authorities set up by the states and territories to manage public hospital services and funding. The name will vary between States and Territories, and they may be known as Local Health Districts (NSW), Hospital and Health Services (Queensland), Local Health Networks (South Australia) or Tasmanian Health Organisations (Tasmania). There are 135 Local Hospital Networks (LHNs).

Model for Improvement (MFI)
A framework for accelerating improvement that includes three questions to define goals, measures, and change ideas, along with the Plan-Do-Study-Act (PDSA) cycle.

Outcome Measures
Metrics that reflect the results of healthcare services on patients, such as improved health outcomes or patient satisfaction.

Pareto Chart
A bar graph that prioritises factors contributing to a problem to focus improvement efforts on the most significant areas.

PDSA Cycle
A four-step process (Plan, Do, Study, Act) used to test and implement changes in healthcare settings systematically.

Practice Incentive Program Quality Improvement (PIP QI)
An Australian government initiative that provides incentives to general practices to improve the quality of care provided to patients.

Primary Health Network (PHN)
PHNs are predominantly commissioning organisations that work directly with GPs, other primary health care providers, hospitals, and the broader community. They aim to:

- Increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes
- Improve coordination of care to ensure patients receive the right care in the right place at the right time

Process Measures
Metrics that track whether the steps in a process are performed as intended.

Protected Time
Allocated periods where healthcare staff can focus solely on Quality Improvement activities without interruptions.

Quality
Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes. It encompasses several dimensions and is consistent with current professional knowledge.

Quality Assurance
Quality assurance is the process of following standards and practices to deliver quality services to patients at a healthcare organisation.

Quality Improvement
Quality improvement refers to a continuous and systematic approach that leads to measurable improvement in health care services and the health status of targeted patient groups.

Quality Management
Quality management refers to the administration of systems design, policies, and processes that optimise patient care and outcomes and reduce harm from care.

Run Chart
A graph that displays data over time to identify trends, shifts, or patterns related to a Quality Improvement initiative.

SMART Goal
A specific, measurable, achievable, relevant, and time-bound objective used to guide QI activities.

Team-Based Care
A collaborative approach where healthcare professionals from different disciplines work together to provide comprehensive care to patients.

Ten Building Blocks of High-Performing Primary Care
A framework identifying core elements required for a successful, high-performing primary care practice, including engaged leadership, team-based care, and data-driven improvement.

The Quintuple Aim
A framework for improving healthcare through five goals: enhanced patient experience, better health outcomes, reduced costs, improved provider experience, and equity for all.

Appendices

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