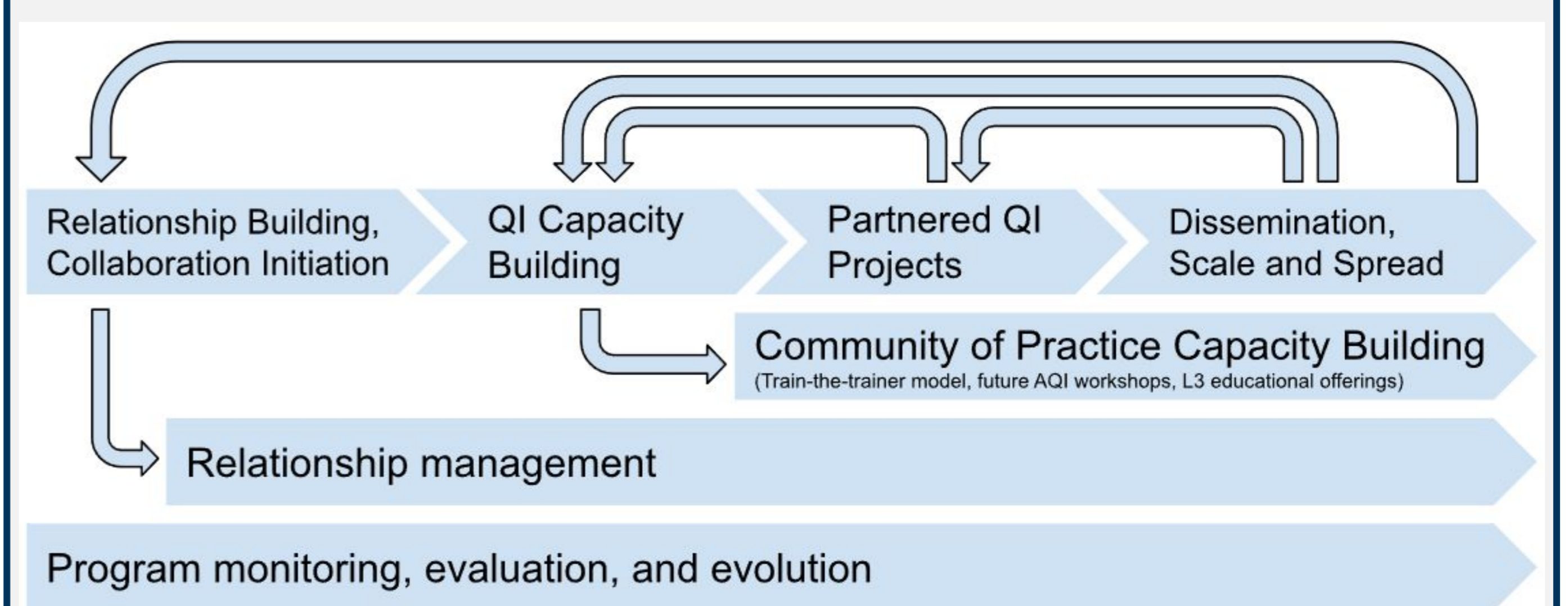


Background

Quality improvement (QI) activities are important in health care, however, capacity, resources, and supports vary across the healthcare continuum. Although regulators require completion of these for maintenance of certification, physicians have expressed skills, knowledge gaps, and capacity constraints as barriers to QI work. Primary Care Networks (PCNs) in Alberta have been tasked with supporting physicians and teams in QI, but the scale and breadth of QI approaches across the province limits large scale projects. To support this work and build capacity in QI in PCNs throughout Alberta, the PLP has partnered with 3 PCNs (Chinook, Edmonton O'day-min, Edmonton North) through the Advanced Quality Improvement (AQI) program from the Office of Lifelong Learning (L3).

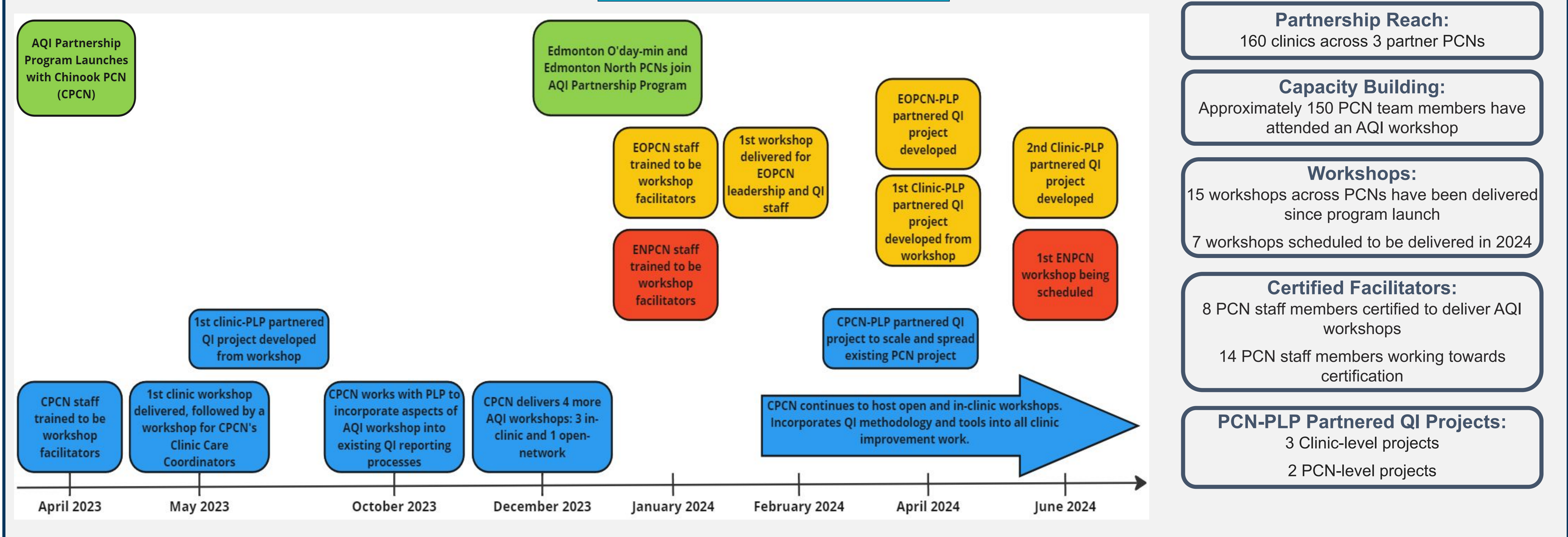
The AQI program includes a stepwise process and evidence-based tools based on the Canadian Neonatal Foundation Evidence-based Practice for Improving Quality (EPIQ) program, delivered using either simulated or real-world projects. Its focus on training teams aligns with team-based health care delivery, and consistent language, methods, and tools that empower PCNs to better support broad scale QI projects. AQI uses a train-the-trainer model, which builds capacity and infrastructure that allows PCNs to continue building QI skills within their zone at a manageable cost in response to growth, turnover, and increased demand from health care practitioners. As part of the AQI Program, L3 developed the MyL3Plan, a free online tool that can be used to meet and support the 3 activities/action plans required by the PPIP-CPSA and earn CME credits. This tool has been introduced to the PCN improvement facilitators so that physicians can complete the practice-driven quality improvement activity using objective data (CQI).

AQI Partnership



The AQI partnership program focuses on strong long term collaborative relationships, building QI capacity and infrastructure in PCNs and primary care clinics, carrying out quality improvement projects, and building a provincial community of practice for QI in primary care. As part of the partnership, PLP provides development and implementation support for new QI projects resulting from AQI workshops, as well as scale and spread efforts for existing projects from PCNs and clinics. Program monitoring and evaluation is ongoing throughout each partnership, with the goal of improving and refining the program in a responsive, pragmatic manner over time.

Timeline and Reach



Impacts and Lessons Learned

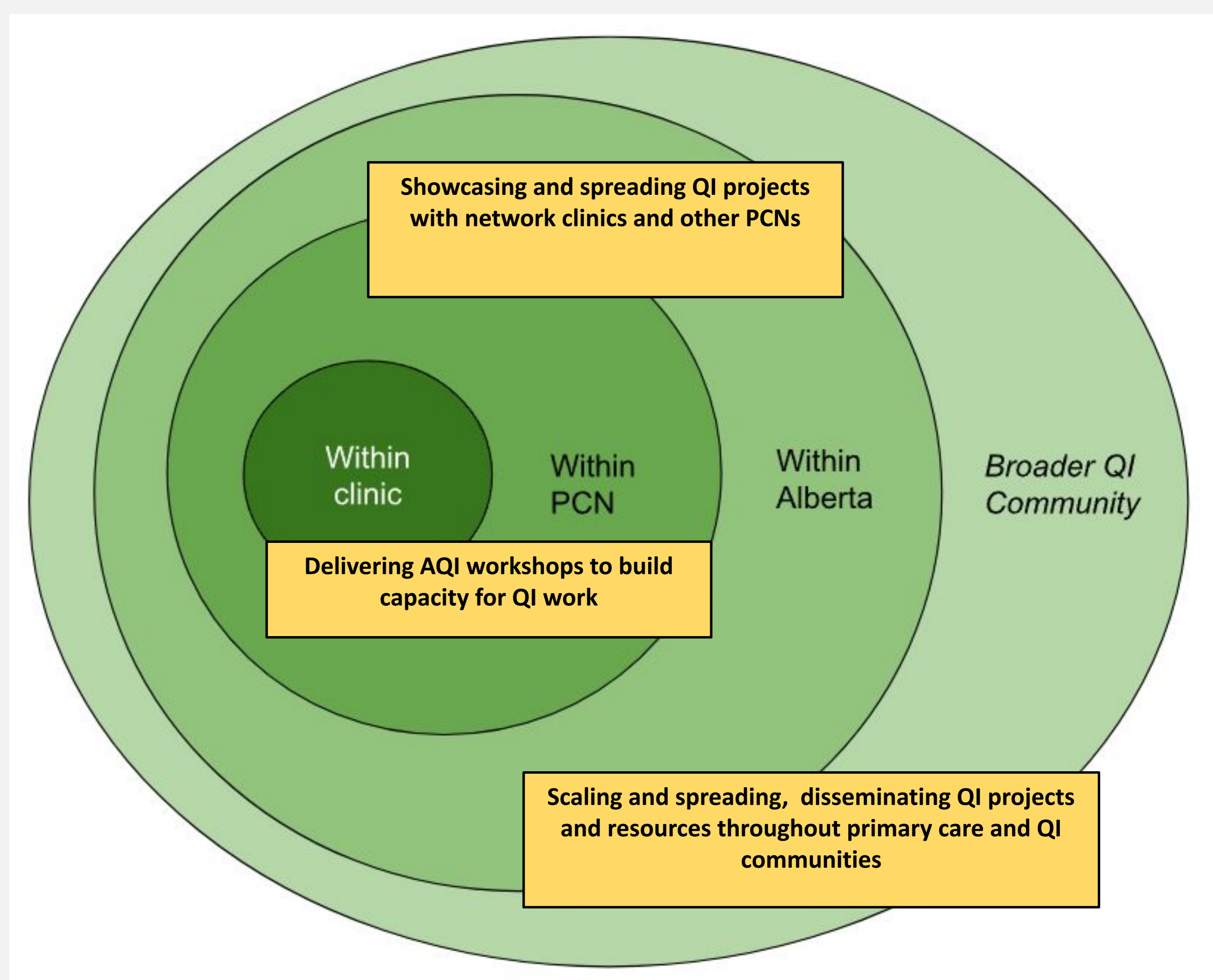
Impact

The AQI program supports a learning healthcare system around QI in Alberta, building strong relationships and social capital through rich engagement with PCNs and their clinics. Outcomes of the AQI program include building a QI ecosystem allowing L3 and PLP to engage with PCNs around QI projects and tailor educational and learning activities to address ongoing and emerging issues within the primary care space.

Lessons Learned

- Developing a strategy for building QI capacity with PCNs and clinics:
 - A collaborative and flexible partnership with each PCN that iteratively evolves with them
 - Adaptable to PCN structure, their short- and long-term organizational and AQI partnership goals, and specific needs to support QI training and work
 - Responsive and pragmatic to shifting PCN, clinic, and broader healthcare ecosystem context, identifying and exploring emergent issues and opportunities
 - Respectful of PCN/clinic/staff members' time, resources, expertise and knowledge
- Constant, ongoing monitoring and evaluation of partnership activities and projects
 - Iterative refinement and evolution of partnership program to emergent PCN and ecosystem contextual shifts and priorities
 - Developing educational, learning activities and tools (MyL3Plan) with L3 to support current and emerging needs of PCN and ecosystem for QI
- Mobilizing knowledge through scale and spread of QI projects and other dissemination activities and opportunities

Building Capacity for a QI Community of Practice in Primary Care



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