Operationally Defining the "Quality Culture" of Primary Care Teams

The vision for the Quality Improvement Program is "*Primary care teams living a quality culture*." What does "quality culture" mean? This synopsis is meant to provide guidance describing culture and quality, and what that might look like, in the context of the evolution to primary care teams.

The Evolution to Primary Care Teams

We have defined teams as "a small number of people with complementary skills, committed to a common purpose, a set of performance goals, and an approach for which they hold themselves mutually accountable."[1] Why are primary care teams growing as the preferred model of primary health care delivery?

An organization often evolves in structure and processes as a reflection of its mission and goals and the complexity of the environment in which it operates. In primary health care:

a) Health care delivery exists within complex systems, particularly primary care and its services to populations with increasingly complex needs,
b) The understanding of the scope of influence of determinants of health on a population's health status in increasing,
c) The body of knowledge of health science turns over increasingly rapidly, and
d) Health care delivery is in a nascent position in its use of improvement science and business processes to achieve better outcomes.

Facilitated by alternative payment models rather than payment by fee-for-service, preferred primary care models of health care delivery are proactive team based models whose missions relate to meeting and improving services delivery, beginning with defining a population's needs. This shift in care delivery requires a more collaborative or relational management approach. Collaboration can be enhanced using technologically enabled multimodal and asynchronous communication pathways between providers and with patient populations, in addition to direct real-time (usually face-to face) communication

Over a lifetime, primary care delivery models encompass screening, prevention and promotion, pre-natal and intra-partum obstetrical care, diagnosis and treatment of acute illness, management of chronic disease over time and across locations, end of life and bereavement care, and much more. Primary care intersects and interacts with public health, home and community services and navigates access to hospital, rehabilitation and long-term care. While one might design more efficient and effective delivery models for a component or sub-system of these services, for example health prevention and promotion or end of life care, comprehensive primary care strengthened through the continuity of long-term relationships, covers all. Particularly in the face

[1] Katzenbach, Jon. Smith, Douglas. The Discipline of Teams HBR Mar-Apr 1993

of escalating needs of complex populations, an organizational team-based approach that builds cooperative relationships with other community and health system agencies is logical. The current design challenge for primary care teams is to design the critical process, size, and scope of team that operates most efficiently and effectively in meeting a population's needs.

Operationally Defining An Organization's Culture

An organization's culture reflects "the pattern of beliefs, values, practices, and artifacts that define, for its members, who they are and how they do things."[2] It usually reflects accumulating organizational knowledge as well as its continual evolution – what has been learned, and what learning may yet come. It also clearly signals to those outside the organization its identity, the "why" of its existence. In that context, primary care culture is increasingly an organizational team-based culture, not one that is tied solely to the value set of an individual. A primary care team culture is one that reflects a "collective" pattern of beliefs and practices, whose members come from diverse backgrounds, disciplines and skill sets. We recognize the value of that diversity and the different lenses through which these team members focus on different aspects of the systems in which we work. Each has a necessary and valuable contribution to make, toward achieving the organization's vision and mission.

An organization's culture is visible through the patterns of behaviors of its members, business structures and processes, and symbols and rituals.

- *Patterns of Behaviour* - When observing a primary care team, what do you see? Do members have an engaging and respectful relationship with each other, with patients, and with their community? What is the level of energy and emotions of each, and collectively? Do you see certain rules of behaviour respected, such as the protection of personal health information? If a team member is "overloaded" do others step in with offers to help? If you had the opportunity, would this be a work environment that you would be eager to call 'your team'?
- *Business Structures and Processes* – What efforts are made by the team to utilize effective business structures and processes? Do members meet, how frequently, and for what purposes? How are decisions made, communicated, and by whom? As actions from those decisions are carried out, what systems of coordination and control exist to ensure they have the intended impact, and that it is sustained? What values do governance and operational structures and processes represent? For example, if the team values patient and provider engagement, what evidence is there that providers and patients can and do influence organization direction?
- *Symbols and Rituals* – Symbols (simply described as visual depictions or images, of ideas representing a particular value and/or belief held by the organization) and rituals (simply described as traditional systematic activities intended to acknowledge a value and/or belief held by the organization) are meant to reflect and reinforce behaviours that support the organization's culture. For example, trust between members is enabled through the

[2] Bolman, Lee and Deal, Terrence – Reframing Organizations: artistry, choice and leadership Jossey-Bass 1991

building of relationships between members. This development might be supported in part through social activities, such as the celebration of personal achievements and milestones.

Given the uncertainty and ambiguity we face in our complex and ever-changing environment, a strong organizational culture enables clarity of direction and reinforcement of the intended vision and mission of the organization. At the same time, organizations with strong cultures must consider and implement the recruitment and integration of new members carefully to ensure a fit is achievable.

Improving Quality In Primary Care

There are many examples of how to improve quality in primary care. Quality improvement has been defined as:

- "- the combined and unceasing efforts of everyone - - to make the changes that will lead to better patient outcomes (health), better system performance (care) and better professional development (learning)"[3]

Within that definition, a primary care practice's quality may be improved with a focus on patient outcomes, or on system performance metrics or better learning through the education and collective experiences of its team members. There are comprehensive systematic methodologies that have been demonstrated to improve quality – the Model for Improvement, LEAN, and Six Sigma. Better implementation of evidence into practice can improve quality – i.e. knowledge translation. Focused subsystem efforts such as academic detailing to enhance professional development, or audit and feedback to focus patient outcomes efforts particularly with regard to chronic disease management, have also been shown to be effective. In support of these clinical service improvement processes, enabling infrastructure such as information management and business process systems can improve quality. The key element and which is fundamental to our philosophy, is that EVERYONE is committed to improving the quality of the services they deliver, and efforts to do so are continuous.

Synthesis

What then does a primary care team living a quality culture look like? Two key elements would be that 1) individual members of the team can identify their commitment and activities in reflection and improvement, and 2) the organization, recognizing that improvement reflects change, commits to measuring where possible all that it professes to do to ensure that changes do reflect improvement. On the other hand, where measurement may be difficult, that does not preclude improvement efforts. We recognize that organizations of limited size and resources may be limited in their improvement capacity compared to larger organizations. To that end, we

[3] adapted from Batalden, Paul & Davidoff, Frank - What is "quality improvement" and how can it transform healthcare? Qual. Saf. Health Care 2007;16;2-3

subscribe to the maxim attributed to Arthur Ashe – "Start where you are; use what you have; do what you can."

A primary care team living a quality culture would, through their *patterns of behaviour*, demonstrate what we would consider to be a preferred primary care work environment. Our "Teaming Project"[4] has reported on high functioning teams as having:

- A patient focus – individually and in its relationship with its community;
- Communication –timely, safe and uninhibited, responsive and mutually respectful;
- Leadership – accessible (on site and welcoming) and generative (openness to ideas for improvement, favours support for professional development, willingness to risk failure, and empowering of others); and
- Team diversity – of disciplines and roles, skills, experience, age, and ethnicity, **while still aligned with the culture of the organization**.

A culture of quality within a primary care team can be demonstrated in part through its *business structures and processes.* A priority for quality improvement could be reflected through governance processes such as having an engaged Board, (e.g. a Quality Committee of the Board), and an identified Lead for Quality (Improvement). Operationally, a dedicated quality committee, with engagement of the practice team overall, could periodically develop and guide improvement work carried out through one or more ongoing project improvement teams, enabled by dedicated time for improvement activity. Related operational committees (e.g. Executive Committee) have Quality prominent on every agenda. Leadership of the Primary Care Team would participate actively in setting a quality agenda, including individual supports for professional development (for discipline specific CE/CPD and for skills development in QI, teaching and coaching), new program development and innovation, as well as the development of necessary infrastructure (e.g. information management systems that enable an improvement agenda). Patient and communities would be engaged in designing and implementing quality activities and there would be transparent reporting such as publicly displayed data charts, posters, newsletters, town halls and annual reports providing feedback on progress. Members of their team would share practice knowledge gained with colleagues and others in their respective disciplines and communities.

Demonstrated *symbols and rituals* would reinforce the Quality agenda. Staff areas and patient areas would have publicly displayed data reports, affirmative messaging on quality progress, and celebrations of milestones and achievements in implementing their quality agenda.

Summary

Better is always possible, even with the culture of an organization. An aligned, united primary care practice will perform as a high functioning team, creating improvements both individually

[4] http://www.dfcm.utoronto.ca/teaming

and systemically to better patient outcomes (health), better system performance (care) and better professional development (learning)”[5].

[5] adapted from Batalden, Paul & Davidoff, Frank - What is "quality improvement" and how can it transform healthcare? Qual. Saf. Health Care 2007;16;2-3