

Measuring for quality improvement using a web portal

About the APCC Program

More than 1,100 health services and 90 networks of general practice have participated, to date, in the Australian Primary Care Collaboratives (APCC) Program, the largest primary health care quality improvement program of its kind in Australia. Through this Program over 2,200 general practitioners, nurses, practice staff and support staff have been trained in quality improvement methods.



Collecting data manually to measure for improvement

Participating health services submit monthly Program measures to track improvement. Prior to developing the web portal with associated electronic data submission:

- Manual data submission was a long and cumbersome process for participants, which led to typographical errors.
- Feedback graphs were manually generated and emailed to each participant, which was time consuming and resource intensive.

A better way to collect and manage data

A new secure online web portal now provides:

- A single, fast and efficient way for participants to submit data electronically with associated storage of aggregated, de-identified data.
- The generation of automatic feedback reports by way of charts, dashboards and tabular data.
- A better way to monitor participant activity and performance. This allows the Program to direct additional support to participants that need it.

What we've learnt

- Provision of adequate training and support is key to the successful implementation of new technologies.
- Training and support must take into account a wide variety of end-user computer skills, not all users will be computer savvy!
- Using electronic data submission, health services have access to a greater range of measures to benchmark themselves against others and measure improvements in care.
- Technology is ever evolving, in order to improve nation-wide systems of care, proactive use of available tools and technology is necessary.

Effects of the change

- Data submitted is more accurate and the process is quicker, allowing participants more time to focus on quality improvement activities.
- A richer set of measures is available. Old manual system collected just 11 measures in 2005, the new system can collect 130+ measures.
- New measures specific to Indigenous Australians have been added to address an important health priority.
- Health services are starting to continue submitting data after their official participation in the program has ended.
- 17 months after launch 81% of web portal users use the new electronic method of data submission. 18% continue to submit manually.

Implementing the change

- Trials conducted with sample groups of end users so refinements could be made prior to going live.
- Training provided to in-house and regional support staff and end users (face-to-face, online presentations, teleconference, help desk support).
- Ongoing communication via email groups.
- Simple and straightforward user guides provided to participants.

Developing the web portal

- Collaborated with developers with extensive clinical software knowledge.
- Worked with national bodies (i.e. Royal Australian College of General Practitioners, Heart Foundation, Diabetes Australia) to develop national consistency in APCC Program measures.
- Data extraction tool developed and provided to participants to enable electronic data exports from clinical software to the web portal.
- Initial build time of 6 months and more functions are developed over time.
- The web portal environment has allowed the introduction of more sophisticated tools to manage and monitor participant activity.

WHAT OTHERS SAY ABOUT USING THE WEB PORTAL

"Our results stimulate discussion amongst the team about how we approach patient care, and gets us thinking about how we manage key issues. With clear data, we can continue to keep track of how we're going and what needs to be done next."

Carole Meade, Brooke St. Medical Centre, Victoria.

"We run our data extraction every month and consider how we could be doing things better. It has engaged us as a team, all working towards the same goal of improving our patients' health."

Dr Alison Edwards Broughton Clinic, South Australia.

"By providing data regularly, I can see exactly how I am travelling, build on my strengths and eliminate my weaknesses.

Analysed data helps my practice create a profile of disease and morbidity, which in turn can be used to enable us to target areas of need and improvement within the practice and contribute to our community's health in a meaningful way."

Dr Nick Stephens, Daisy Hill Medical Centre, Queensland.