

## NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

**Submission Id:** 6381

### **Title**

*Implementing quality improvement into practice: Exploring the work to develop and implement a QI project in primary care*

### **Priority 1 (Research Category)**

Dissemination and implementation research

### **Presenters**

Eric Wiedenman, PhD, MPH, Lauren Eastman, Camila Honorato Albuquerque Torres, Sanja Kostov, MD, BSc, CCFP, Roseanne Yeung, MD, FRCPC, MPH

### **Abstract**

**Context:**The College of Physicians and Surgeons of Alberta launched the Physician Practice Improvement Program in 2021 requiring physicians to incorporate one personal development and two quality improvement (QI) activities into their practice over a continuous five-year cycle. Physicians receive little QI training in their formal education and require professional development opportunities to learn necessary QI training and skills. This presentation explores the work to implement a practice-driven QI project, what resources and education was needed, and what constraints exist for primary care physicians to conduct QI. **Objective:** The purpose of this study was to explore what is required to conduct QI work, the supports and resources necessary, and perceptions of QI prioritization to improve healthcare. **Study Design and Analysis:** Interviews and focus groups were conducted with the physicians who co-led the project, resident physicians and staff who participated in QI training for the project, resident physicians who assisted in project implementation and reporting, and content experts in QI in healthcare. Questions were developed using the normalization process theory (NPT) to explore the social organization of the work and necessary activities in development and implementation of the project, and the interactive process framework (IPF) to explore the non-linear and dynamic nature of the real-world implementation. Transcripts were coded deductively using the NPT and IPF constructs, with additional codes developed inductively using reflexive thematic analysis. Analysis meetings with co-investigators resolved any disagreements in coding for each transcript and developed code consensus. **Results:** Key themes were needing additional QI training and project support, reliance on resident physicians and clinic staff to assist in implementation, and the constraints on physicians to complete QI work. **Conclusions:** This project highlights work and time required to conduct quality QI projects in practice, the supports and structures necessary for this work, and the variance in QI support and structure across health systems in Alberta. In response to training and support needs, project co-leads

developed a more comprehensive QI course with mentorship and support for ongoing QI project development and implementation. The challenges and constraints faced by the motivated physicians of this project to implement QI in practice provide important context for QI work.

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