



ACCESS IMPROVEMENT MODEL (AIM) PROGRAM

The Access Improvement Model (AIM) program is designed for primary care teams. It focuses on improving patient access through developing and understanding quality improvement, change management, and team-building skills. Teams will progress through eight one-hour workshops, each coordinated to fit the participating clinic's schedule. Teams will also complete a mentored project to build the skills and knowledge necessary to support ongoing improvement efforts, access-related or otherwise, at their clinic.

PATIENT ACCESS

Access means patients are getting the right provider to deliver the right care at the right time and place. Therefore, topics will be discussed to assist teams in developing a shared understanding of where inefficiencies may exist with respect to patient access. This will help maximize the team and clinic's capacity to meet patient needs.

THE THREE PILLARS OF AIM

QUALITY IMPROVEMENT

The Model for Improvement will be applied to problem-solving activities. The training provides structure and flexibility for adapting and learning from each step.

CHANGE MANAGEMENT

"While all changes do not lead to improvement, all improvement requires change."

Kotter's change model emphasizes key traits for implementing successful and lasting quality improvement strategies.

TEAM BUILDING

Simply reconfiguring resources does not ensure effective teamwork. AIM explores concepts centred around communication and engagement to promote the building of high-functioning teams.

LEARN MORE ABOUT THE PROGRAM

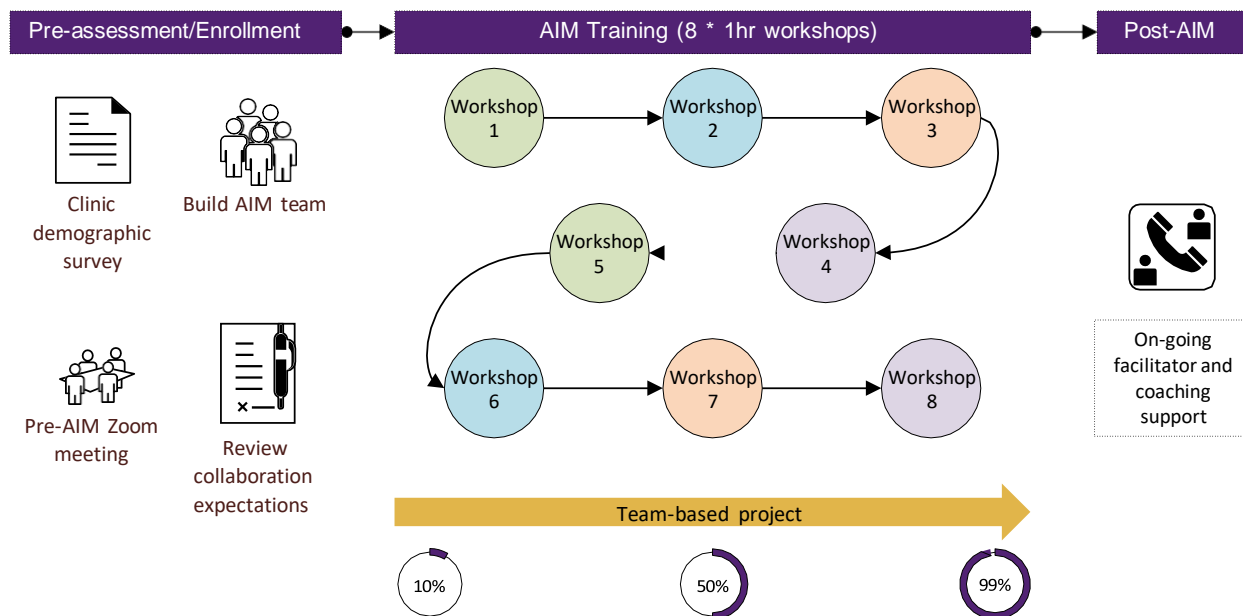


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<https://healthproviders.sharedhealthmb.ca/aim>

Access Improvement Model (AIM) OVERVIEW



Workshops 1 & 2

Teams will explore the concepts related to patient access and how to approach a quality improvement project incorporating change management and team building best practices to resolve inefficiencies and clinic operations, starting with a patient access project. Teams will begin their journey by creating a shared understanding of a barrier to access, developing a problem statement, and performing a stakeholder assessment to develop their guiding coalition.

Workshops 3 & 4

Teams will become more familiar with the Model for Improvement, while continuing their drive for change by creating an aim statement. In workshop 3, participants will develop a communication guide, as effective communication is essential to managing change to achieve collective buy-in. Emphasis will also be placed on defining types of measures (outcome/process/balance) and creating a data collection plan. This will facilitate the data collection and data visualization processes to further define potential gaps in meeting patients' needs.

Workshops 5 & 6

Teams will be introduced to various tools to conduct a root cause analysis to understand where gaps and inefficiencies exist in their process. Most initiatives fail to provide sustainable solutions and benefits because we often focus on addressing the symptoms of a problem rather than the root cause(s). Teams will need to challenge existing assumptions, beliefs, and values about their patient access by generating change ideas that may address identified challenges.

Workshops 7 & 8

Teams will learn about **Plan-Do-Study-Act (PDSA)** cycles to test change ideas, requiring teams to foster a learning mindset and be open to new information. Each PDSA cycle will be important in identifying what worked well and what didn't, informing subsequent PDSA cycles. Keeping team morale high is key throughout a change initiative, thus, the importance of generating short-term wins will be discussed. Finally, teams will explore how to maintain momentum and implement successful trials into long-lasting change. Learners are now prepared to continue their improvement journey beyond AIM training!

AIM

Roadmap

