

Staffing Shortages Challenge the Ability of Primary Care Teams to Implement Quality Improvement



In a new study, researchers aimed to identify the factors leading primary care practice personnel to reject participation in quality improvement (QI) projects. The outcome of the study is to prompt reflection on the need for new strategies aimed at improving the attractiveness of QI projects.

What we currently know is that QI projects facilitate the implementation of evidence-based practices in primary care. However, recruiting physician practices to participate in these projects is challenging.

The team conducted a qualitative study involving representatives from 31 practices. Responses revolved around the reasons for practices turning down participation.

Overwhelmingly, responses pertained to factors including staff turnover and shortages, encompassing both physician and support staff roles. Many responses pointed to the pandemic for exacerbating staffing challenges.

As a consequence of the staffing shortages, several practices struggled to maintain normal operations, leading to burnout among the remaining staff. Clinicians were stretched too thin and did not have time to spare, and as a result they did not have the time to join the QI project.

Less common reasons for declining participation included respondents' confidence in their ability to provide good care for patients. In some cases, the new EHR system posed new challenges and time constraints, and they felt they could not easily document the performance data required for participation in the QI project.

Finally, several respondents noted an expectation for greater financial compensation for participation in a QI project.

To actively participate in QI initiatives, primary care practices require both adequate time and staff capacity. Presently, many practices are operating with tight staffing levels. Moreover, the high turnover rates witnessed during the pandemic have led to the loss of knowledge of Electronic Health Record (EHR) functionalities, making it difficult for practices to engage in new QI projects.

Lastly, the study recommends that policy makers consider direct support for primary care, potentially alleviating burnout. Policy makers might consider the option of offering additional financial incentives to practices actively involved in Quality Improvement (QI). The aim of allocating these incentives is to create dedicated time for staff to focus on QI projects.

Source: [The Annals of Family Medicine](#)

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