12 Month | Quality Improvement Record

|  |
| --- |
| **GOAL SETTING****NOTE:** This document can be used for **ONE** “Practice Incentive Payment Quality Improvement (PIP QI)” Quarter or is suitable for a **12-month** strategic approach.**This record can be used to assist with preparation for RACGP Accreditation requirements** |
| General Practice:  |  | PIP QI Quarter/s: |  |
| Record completed by: |  | Date:  |  |
| **FOCUS AREA & AIM**  |
| **What are you trying to achieve? What is your goal?**Use**Specific, Measurable, Achievable, Relevant, Time-based, Agreed (S.M.A.R.T.A)** goals.***Example:*** *Our practice would like to increase clinical coding/recording of smoking status, weight, alcohol intake and physical activity in each patient’s clinical record within the next 3/6/9/12 months.* |
| Our General Practice aims to increase the recording of cervical screening participation rates by XX in our active patients, eligible to participate in the National Cervical Screening Program aged 25 – 74 years, clinical record within the next 12 months.  |
| **What are the ways that you can review and measure the activity?** ***Example:*** *The practice nurse can use the Primary Health Network practice dashboard (or run a CAT 4 report in PEN CS) to observe the baseline data. This can be reviewed at monthly intervals and at the end of the PIP QI Quarter.* |
| Baseline data and ongoing data review and maintenance will be performed through:* CAT4
* Cervical Screening Dashboard Report and or
* General Practice Quarterly Dashboard Report

**NOTE:** baseline data can be established through calculating the percentage of active patients aged 25 – 74yrs with an up-to-date cervical screen i.e., HPV <=5yrs  |
| **IDEAS****What activities and changes can we make to help you reach your goal?** Develop ideas that you would like to test towards achieving your goal. Use the **S.M.A.R.T.A** approach when developing your ideas. ***Example:*** *By August 2021, record 100% allergy status for all active patients.* |
| **IDEA 1.** | By <INSERT DATE> review cervical screening data in CAT4 and identify active patients aged 25 – 74 years who are overdue and or do not have cervical screening result recorded in their electronic medical record. |
| **IDEA 2.** | By <INSERT DATE> utilise the National Cancer Screening Register to review and update patient cervical screening status in their electronic medical record. |
| **IDEA 3.** | By <INSERT DATE> review current recall and remind system to ensure a well-defined and effective system is implemented to support cervical screening.  |
| **IDEA 4.** | By <INSERT DATE> identify health promotion and preventative opportunities to embed in General Practice to improve cervical screening participation rates.   |

Quality Improvement

**Plan, Do, Study, Act (PDSA) Cycle**

|  |  |
| --- | --- |
| **IDEA 1** | By <INSERT DATE> review cervical screening data in CAT4 and identify active patients aged 25 – 74 years who are overdue and or do not have a cervical screening result recorded in their electronic medical record. |
| **PLAN***Who is going to undertake this activity?**When are they going to do it? What resources/software will they need?* | Who:  | Practice Manager |
| When:  | 1 XXXX 2022  |
| Where:  | General Practice  |
| Data to be collected:  | CAT4: active eligible female patients, aged 25 – 75 years who are overdue or do not have a cervical screening result recorded (HPV>5yrs/Pap>2yrs (no HPV) ­+ Not Recorded) |
| Data predictions:  | Approximately 45% of eligible patients do not have a cervical screening result recorded in their electronic medical record.  |
| **DO (DID)***Was the plan executed?* *Were there any unexpected events or problems? Record data.* | Data was successfully extracted from CAT4. |
| **STUDY***Review actions and reflect on outcome. Compare to predictions* | As per the data predictions, our General Practice has a high population of patients eligible to participate in the National Cervical Screening Program and do not have cervical screening result recorded in their electronic medical record, <INSERT %>.  |
| **ACT***What now?* *What will you take forward?* *What is the next step?* | * Discuss findings with clinical team
* Review data in further detail and identify age cohorts and or at-risk population groups with high overdue and or not recorded screening rates.
* Ensure all relevant staff have access to the National Cancer Screening Register.
* Our General Practice have determined we will focus on <INSERT PATIENT COHORT> initially for IDEA 2.
 |

Quality Improvement

**Plan, Do, Study, Act (PDSA) Cycle**

|  |  |
| --- | --- |
| **IDEA 2** | By <INSERT DATE> utilise the National Cancer Screening Register to review and update patient cervical screening status in their electronic medical record. |
| **PLAN***Who is going to undertake this activity?**When are they going to do it? What resources/software will they need?* | Who:  | Whole of team approach with Practice Manager lead |
| When:  | 1 XXXX 2022  |
| Where:  | General Practice  |
| Data to be collected:  | Cervical screening results via the National Cancer Screening Register, recorded correctly in patients electronic medical record |
| Data predictions:  | Approximately 25% of patients without cervical screening result recorded in their electronic medical record have been screened elsewhere.  |
| **DO (DID)***Was the plan executed?* *Were there any unexpected events or problems? Record data.* | Patient cervical screening results was successfully reviewed in the National Cancer Screening Register and imported into their electronic medical record. |
| **STUDY***Review actions and reflect on outcome. Compare to predictions* | From utilising the National Cancer Screening Register we have improved the recording of cervical screening participation rates by <INSERT %>.  |
| **ACT***What now?* *What will you take forward?* *What is the next step?* | * Review the process undertaken to access and record patient cervical screening results in their electronic medical record.
* Commence offering a Well Women’s Health appointment to patients who do not have a cervical screening result recorded in the National Cancer Screening Register.
* Commence reviewing patients cervical screening history for <INSERT PATIENT COHORT>
* Our General Practice will continue the process of identifying a patient cohort > reviewing and accessing cervical screening results in the National Cancer Screening Register > offering a Well Women’s Health appointment until all cohorts of patients have been actioned.
* Our General Practice will undertake this activity every 6 months to ensure all patients are up-to-date with their cervical screening.
 |

Quality Improvement

**Plan, Do, Study, Act (PDSA) Cycle**

|  |  |
| --- | --- |
| **IDEA 3** | By <INSERT DATE> review current recall and remind system to ensure a well-defined and effective system is implemented to support cervical screening.  |
| **PLAN***Who is going to undertake this activity?**When are they going to do it? What resources/software will they need?* | Who:  | Whole of team approach with Practice Manager lead |
| When:  | 1 XXXX 2022  |
| Where:  | General Practice  |
| Data to be collected: |  Identify all recall and reminder codes available and used from <INSERT CLINICAL SOFTWARE>  |
| Data predictions:  | Approximately 12 different recall and reminder codes are within our clinical software and there is no consistency across our General Practice as to how they are used.  |
| **DO (DID)***Was the plan executed?* *Were there any unexpected events or problems? Record data.* | All recall and reminder codes were successfully identified in our clinical software. Our practice currently has <INSERT NUMBER> of recall and reminder codes available for use.  |
| **STUDY***Review actions and reflect on outcome. Compare to predictions* | We identified that there were multiple codes that were incorrectly spelt, using old ‘Pap Smear’ terminology and or do not meet current cervical screening clinical guidelines. There is no consistency in the recall and reminder codes utilised in our General Practice and or who’s role and responsibility to add, amend and or remove codes.  |
| **ACT***What now?* *What will you take forward?* *What is the next step?* | * Review recall and reminder protocols ensuring the meet the current cervical screening clinical guidelines and RACGP Accreditation 5th Ed Standards.
* Create clear recall and reminder codes within our clinical software including a follow up recall system for patients referred on for further investigation and or specialist referral.
* Develop a recall and reminder workflow to ensure all staff are aware of their role and responsibilities within our system.
* Provide education to our whole General Practice team.
* Actively send reminders to patients regarding cervical screening.
* Our General Practice will review our recall and reminder workflow and systems every 6 months.
 |

Quality Improvement

**Plan, Do, Study, Act (PDSA) Cycle**

|  |  |
| --- | --- |
| **IDEA 3** | By <INSERT DATE> identify health promotion and preventative opportunities to embed in General Practice to improve cervical screening participation rates.  |
| **PLAN***Who is going to undertake this activity?**When are they going to do it? What resources/software will they need?* | Who:  | Whole of team approach with Practice Nurse and Practice Manager lead |
| When:  | 1 XXXX 2022  |
| Where:  | General Practice  |
| Data to be collected: | Identify all opportunities where cervical screening is currently discussed and or promoted to patients.  |
| Data predictions:  | N/A |
| **DO (DID)***Was the plan executed?* *Were there any unexpected events or problems? Record data.* | All health promotion and preventative health inclusions were identified.  |
| **STUDY***Review actions and reflect on outcome. Compare to predictions* | We identified that there were multiple opportunities where cervical screening could be discussed or promoted to our patients.  |
| **ACT***What now?* *What will you take forward?* *What is the next step?* | * Website, on-hold and out of hours phone message and online booking system messaging/alerts to be changed to include information regarding routine cervical screening.
* Relevant Health Assessments and Chronic Disease Management Plan templates to be updated to include screening prompts.
* New patient forms to be updated to include preventative health questions including cervical screening history.
* New patient appointment to include discussions regarding screening history.
* Display posters, pamphlets and information in our waiting room to encourage the uptake of screening.
* Identify and leverage off health promotion weeks/months to encourage the uptake of screening.
 |