



One PIP QI Quarter - Quality Improvement Record

GOAL SETTING

NOTE: This document is for ONE "Practice Incentive Payment Quality Improvement (PIP QI)" quarter. This record may also be used to assist with preparation for RACGP Accreditation.

Practice name:	PIP QI Quarter:
----------------	-----------------

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.

Body Mass Index (BMI) recording is our focus. We aim to increase the percentage of active patients aged 15 years and above who have their height and weight recorded correctly in our clinical software by at least 2 patients per clinical staff member per day for 12 weeks.

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.
 PCIO TIP insert image of baseline data or attach dashboard report to this document.

*Utilise the Dashboard Data
 OR
 Review CAT4 data to measure the percentage of people aged over 15 years who currently have a BMI recorded. Attach baseline numbers to this record
 AND
 Add a reminder to our daily schedule and check that each clinical team member is on track weekly*

IDEAS | What activities and changes can you 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.

<p>Idea</p> <p><i>What is your area for improvement? What level of improvement are you aiming to achieve? What is the timeframe?</i></p>	<p>Focus Area: <i>Recording of height and weight for the calculation of BMI for patients aged 15 years and above</i></p> <p>Aim: <i>We aim to improve the recording of BMI rates to identify patients who may be at an increased risk of morbidity and mortality due to being outside a healthy weight range for their height</i></p> <p>Timeframe: <i>One PIP quarter (eg 1st August to 31st October)</i></p>
---	---



<p>PLAN</p> <p><i>Who is going to undertake this activity? When are they going to do it? What resources/software will they need?</i></p>	<p>Who: Practice Manager to search CAT 4 and record the current number of active patients aged over 15 years old with no BMI recorded as a baseline for comparison.</p> <p>GPs and Practice Nurses will undertake measurement of height and weight during patient consultations.</p> <p>When: Data collection to be completed on 1st day of the PIP QI quarter. Activity to commence the same day, being the first day of the PIP QI quarter.</p> <p>Where: Office computer for data collection. Individual clinical rooms for collection and recording of height and weight. Measurements entered into the correct section of our clinical software.</p> <p>Data to be collected: Number of active patients who are missing BMI data</p> <p>Data predictions: We will improve the number of patients aged over 15 years who have their height and weight recorded by at least 47 patients by the end of the 12 week focus period (Minimum 2 patients per clinical staff member per day).</p>
<p>DO (DID)</p> <p><i>Was the plan executed? Were there any unexpected events or problems? Record data.</i></p>	<p>Discussed at Team Meeting and adopted the following process:</p> <p>In addition to the minimum measurements the team originally agreed on, we also implemented “Weigh in Wednesdays” every Wednesday of the 12 week period where we asked every person aged 15 years+ to weigh in at every visit and clinical staff also measured and recorded height if none was recorded in the past 2 years.</p> <p>We promoted the QI activity by placing signs in reception, treatment room and consult rooms as well as posts on our website and social media pages and a brief message on our “on hold” phone message.</p> <p>All clinical staff met their minimum number of 2 patients per day they worked.</p>
<p>STUDY</p> <p><i>Review actions and reflect on outcome. Compare to predictions</i></p>	<p>CAT4 search repeated by practice manager on the first day of the next PIP QI quarter to include all data from the previous month. Data reveals the recording of BMI has increased by ___% over the 12-week period.</p> <p>Feedback from team members is that this was an easy to execute activity and most clinical team members noticed they were now routinely measuring and recording height and weight during their consultations.</p> <p>The vast majority of patients stated they were pleased to see our practice was taking a proactive approach to care. Some patients expressed that having the activity for ALL patients (on a Wednesday) meant they didn’t feel singled out.</p>
<p>ACT</p> <p><i>What now? What will you take forward? What is the next step?</i></p>	<p>We will leave posters in place to encourage Healthy Lifestyle.</p> <p>Clinical team have agreed they will continue to include height and weight recording in their everyday practice.</p> <p>Practice Manager will monitor PHN dashboard data to ensure we remain on track.</p>