



QUALITY IMPROVEMENT: GOAL SETTING

Ask the three questions:

1. What are we trying to accomplish?

By answering this question, you will develop your goal for improvement.

Improve the capture rate of Allergy status for active patients of the practice.

2. How will we know that a change is an improvement?

By answering this question, you will develop measures to track the achievement of your goal.

We would like to see this improving from our current rate of ___% as at the 1st of ___ 2021 to ___% by the 1st of ___ 2022. This would mean an improvement of ___%. This is ___ patients.

3. What changes can we make that can lead to an improvement?

List your ideas for change.

By answering this question, you will develop the ideas you would like to test towards achieving your goal. Use the SMART approach when developing ideas (specific, measurable, attainable, realistic, timebound). E.g. By March 2020, complete 100% of HbA1c tests for all eligible (have not had a test in the past 6 months) active patients.



Idea 1.	We intend to use the PHN's Social & Lifestyle template to encourage patients to update their risk factors while waiting to see the GP. We will focus on patients who are not seeing the nurse & here for short appointments. 10 patients surveyed in the waiting room. Patient to take their paperwork into the GP to update their record.
Idea 2.	Utilise the MPA to assist patients to complete the Social & Lifestyle template before they see the GP or Nurse to update their allergy status in the patient record.
Idea 3.	Generate Cat4 report on those patients who have not had their allergy status updated in the last 12 months to narrow the focus. Check if any of these are due for GPMP/TCA r/v's & if due/overdue then book for same with Nurse & GP & add appointment note or Topbar prompt to update their allergy status.





Idea 4.	Change posters in waiting room to show the QI activity the practice is working on & get patient engagement. Ask for patient help to update their records. Also ensure we capture this for all new patients with Nurse time booked for new patients before they see the GP.
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QUALITY IMPROVEMENT: PLAN, DO, STUDY, ACT CYCLE

<p>Idea being tested:</p> <p><i>From page 1: Idea 1,2,3 or 4</i></p>	<p>We will try idea's 1, 3 & 4 in combination & review weekly as to what is successful.</p>
	<p>Plan <i>Who? When? Where? Data predictions? Data to be collected.</i></p> <p>Over the 8 weeks of the QI period all members of the team will have a task to do –</p> <p>Admin to survey patients in waiting room – 10/day per GP</p> <p>GPs to update patient record where patient is not seen by nurse using template- same 10 patients</p> <p>Nurse to update record during appointments for HA's & GPMP/TCA r/v's, Wound Care & Vaccinations - Aiming for another 10 per day</p> <p>The practice team will meet weekly for an update on how we are tracking & to refocus efforts. Data from Cat4 will be run weekly to discuss. The prediction is that we will meet our goal of a 10% improvement.</p> <p>Prize for the team member who contributes the most!</p>
	<p>Do <i>Was the plan executed? Any unexpected events or problems? Record data.</i></p>
	<p>Study <i>Analysis of actions and data. Reflection on the results. Compare to predictions.</i></p>



	
	<p>Act <i>What will we take forward; what is the next step or cycle?</i></p>