



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 recording of the alcohol status of patients aged 15 years and over.

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 seeing the GP for an appointment. 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 record or update their alcohol status in the patient record.
Idea 3.	Extract list as per PenCS CAT4 Recipes - see QIM7 or narrow focus by generating a CAT4 report on patients who have not had their alcohol status updated in the last 12 months. Record the number or percentage of patients missing alcohol status. Set a reminder message for TopBar if available (install if not) to prompt admin and clinical staff of missing status. During patient visits clinical staff, check status with patient and record in relevant section in the clinical software. Cleansing CAT can identify patients with missing alcohol status. Export a list of patient names and set a reminder in patients details in clinical software. Check if any of these are due for GPMP/TCA r/v's & if due/overdue then book with Nurse & GP & add appointment note to update their alcohol 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.



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, 2, and 3 in combination and review weekly to gauge any change in the recording of the alcohol status of patients aged 15 years and over.</p>
	<p>Plan <i>Who? When? Where? Data predictions? Data to be collected.</i></p> <hr/> <p>PM or PN - Extract list as per PenCS CAT4 Recipes - see QIM7. Reminder set using TopBar if available. Consider installing TopBar if not. Reminder set in clinical software. GP or Nurse to update when being seen.</p> <p>Admin to survey patients whilst in waiting room – 10/day per GP. GPs or nurse to update these patient record when seen.</p> <p>Nurse to update alcohol statue during appointments for HA's or GPMP/TCA or r/v's or wound Care or 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>