

# 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.

Increase awareness and education around domestic family abuse and violence (DFV) for patients and staff.

### 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.

- Identification of practice staff limitations in knowledge, procedure, and experience.
- Increase in numbers of patients disclosing DFV to practice staff.
- Practice staff engage in targeted professional development.
- Practice staff identify professional development as effective in addressing knowledge gap.
- Practice procedures adapted to reflect changes in screening.

### 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.





<b>Idea 1.</b>	Team meeting to discuss awareness and ability to identify patients at risk of, or impacted by, DFV.
<b>Idea 2.</b>	Use visual resources, such as posters and social media tiles, to educate patients about DFV and encourage disclosure to GPs.
<b>Idea 3.</b>	Increase utilisation of the DFV Primary Care Action Plan for patients identified as experiencing DFV by import the template into clinical software and training all GPs and Nurses on how to use the Action Plan template.
<b>Idea 4.</b>	Use HealthPathways to locate appropriate services, clinical information, and patient resources.

<b>Idea 5.</b>	Draft a policy and procedure on how to deal with patient-initiated abuse/violence. Dedicate some time at a staff meeting to discuss the policy.
<b>Idea 6.</b>	Build a list of patients reporting DFV through coding. Using the code <i>DSWB</i> as reason for visit/presentation/appointment/general notes.
<b>Idea 7.</b>	<i>For practice consideration &amp; completion.</i>





# QUALITY IMPROVEMENT: PLAN, DO, STUDY, ACT CYCLE

<b>Idea being tested:</b>	<b>Idea 1:</b> Team meeting to discuss awareness and ability to identify patients at risk of, or impacted by, DFV.
	<b>Plan</b> <i>Who? When? Where? Data predictions? Data to be collected.</i>
	<b>Who:</b> Whole of practice <b>When:</b> Within 2 months of completion of The Safe and Healthy DFV Level 1 & 2 training. <b>Where:</b> General Practice <b>Data predictions:</b> Practice staff will be able to identify limitations to knowledge and practice procedure when engaging with patients presenting with indicators of DFV. <b>Data to be collected:</b> List of limitations in knowledge, procedure, and experience. To be provided to DFV specialist.
	<b>Do</b> <i>Was the plan executed? Any unexpected events or problems? Record data.</i>
	<b>Study</b> <i>Analysis of actions and data. Reflection on the results. Compare to predictions.</i>
	<b>Act</b> <i>What will we take forward; what is the next step or cycle?</i>





# QUALITY IMPROVEMENT: PLAN, DO, STUDY, ACT CYCLE

<b>Idea being tested:</b>	<b>Idea 2:</b> Use visual resources, such as posters and social media tiles, to educate patients about DFV and encourage disclosure to GPs.
	<p><b>Plan</b>    <i>Who? When? Where? Data predictions? Data to be collected.</i></p> <p><b>Who:</b> Practice Manager  <b>When:</b> Posters put up within 1 months of completion of the Safe and Healthy DFV Level 1 &amp; 2 training. Social media tiles used at regular intervals, approximately once per fortnight.  <b>Where:</b> Practice waiting room, bathrooms, and social media accounts.  <b>Data predictions:</b> An increase in the number of patients becoming aware of DFV and disclosing to their GP.  <b>Data to be collected:</b> Baseline data and number of patients disclosing DFV to GPs or other practice staff at intervals after implementation.</p>
	<p><b>Do</b>    <i>Was the plan executed? Any unexpected events or problems? Record data.</i></p>
	<p><b>Study</b>    <i>Analysis of actions and data. Reflection on the results. Compare to predictions.</i></p>
	<p><b>Act</b>    <i>What will we take forward; what is the next step or cycle?</i></p>





# QUALITY IMPROVEMENT: PLAN, DO, STUDY, ACT CYCLE

<b>Idea being tested:</b>	<b>Idea 3:</b> Increase utilisation of the DFV Primary Care Action Plan for patients identified as experiencing DFV by import the template into clinical software and training all GPs and Nurses on how to use the Action Plan template.
	<p><b>Plan</b> <i>Who? When? Where? Data predictions? Data to be collected.</i></p> <p><b>Who:</b> Practice Manager  <b>When:</b> Within 1 month of completion of the Safe and Healthy Level 1 &amp; 2 training.  <b>Where:</b> General Practice  <b>Data predictions:</b> An increase in the number of incidences of utilisation of the Action Plan  <b>Data to be collected:</b> Baseline data on number of incidences of use of Action Plan template, and number of incidences at intervals after implementation.</p>
	<p><b>Do</b> <i>Was the plan executed? Any unexpected events or problems? Record data.</i></p>
	<p><b>Study</b> <i>Analysis of actions and data. Reflection on the results. Compare to predictions.</i></p>
	<p><b>Act</b> <i>What will we take forward; what is the next step or cycle?</i></p>





# QUALITY IMPROVEMENT: PLAN, DO, STUDY, ACT CYCLE

<b>Idea being tested:</b>	<b>Idea 4:</b> Use HealthPathways to locate appropriate services, clinical information, and patient resources.
	<p><b>Plan</b> <i>Who? When? Where? Data predictions? Data to be collected.</i></p> <p><b>Who:</b> General Practitioners, Nurses  <b>When:</b> After the completion of the Safe and Healthy DFV Level 1 and 2 training.  <b>Where:</b> General Practice  <b>Data predictions:</b> Utilising HealthPathways will support access to appropriate services, clinical information, and patient resources.  <b>Data to be collected:</b> Resources located</p>
	<p><b>Do</b> <i>Was the plan executed? Any unexpected events or problems? Record data.</i></p>
	<p><b>Study</b> <i>Analysis of actions and data. Reflection on the results. Compare to predictions.</i></p>
	<p><b>Act</b> <i>What will we take forward; what is the next step or cycle?</i></p>

# QUALITY IMPROVEMENT: PLAN, DO, STUDY, ACT CYCLE





<b>Idea being tested:</b>	<b>Idea 5:</b> Draft a policy and procedure on how to deal with patient-initiated abuse/violence. Dedicate some time at a staff meeting to discuss the policy.
	<p><b>Plan</b> <i>Who? When? Where? Data predictions? Data to be collected.</i></p> <p><b>Who:</b> General Practice staff  <b>When:</b> Anytime, after the completion of the Safe and Healthy DFV Level 1 and 2 training.  <b>Where:</b> General Practice  <b>Data predictions:</b> Establishing a policy to manage patient-initiated abuse/violence will increase the safety of staff.  <b>Data to be collected:</b> Clear steps for your team to take when dealing with aggressive or violent patients.</p>
	<p><b>Do</b> <i>Was the plan executed? Any unexpected events or problems? Record data.</i></p>
	<p><b>Study</b> <i>Analysis of actions and data. Reflection on the results. Compare to predictions.</i></p>
	<p><b>Act</b> <i>What will we take forward; what is the next step or cycle?</i></p>

# QUALITY IMPROVEMENT: PLAN, DO, STUDY, ACT CYCLE

<b>Idea being tested:</b>	<b>Idea 6:</b> Build a list of patients reporting DFV through coding. Using the code <i>DSWB</i> as reason for visit/presentation/appointment/general notes.
	<p><b>Plan</b> <i>Who? When? Where? Data predictions? Data to be collected.</i></p> <hr/> <p><b>Who:</b> Clinicians and administrative staff.  <b>When:</b> Ongoing. Beginning within 1 month of The Readiness Project Levels 1 and 2 training.  <b>Where:</b> In practice.  <b>Data predictions:</b> Increase in the number of patients identified in practice software as being impacted by DFV.  <b>Data to be collected:</b> Number of patients presenting to practice for DFV related treatment and support.</p>
	<p><b>Do</b> <i>Was the plan executed? Any unexpected events or problems? Record data.</i></p> <hr/>
	<p><b>Study</b> <i>Analysis of actions and data. Reflection on the results. Compare to predictions.</i></p> <hr/>
	<p><b>Act</b> <i>What will we take forward; what is the next step or cycle?</i></p> <hr/>



# QUALITY IMPROVEMENT: PLAN, DO, STUDY, ACT CYCLE

<b>Idea being tested:</b>	<b>Idea 7:</b>
	<b>Plan</b> <i>Who? When? Where? Data predictions? Data to be collected.</i>
	<b>Who:</b> <b>When:</b> <b>Where:</b> <b>Data predictions:</b> <b>Data to be collected:</b>
	<b>Do</b> <i>Was the plan executed? Any unexpected events or problems? Record data.</i>
	<b>Study</b> <i>Analysis of actions and data. Reflection on the results. Compare to predictions.</i>
	<b>Act</b> <i>What will we take forward; what is the next step or cycle?</i>