# One PIP QI Quarter - Quality Improvement Record

## GOAL SETTING

**NOTE:** This document can be used for **ONE** "Practice Incentive Payment Quality Improvement (PIP QI)" Quarter

**This record can 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.*

Improve the management of vulnerable patients through the use of digital health and in particular the use of My Health Record (as a method to share information) with a focus on vulnerable patients.

### 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 scan dashboard report and attach to this document. Your PCIO can help with this if you need.*

The total number of Shared Health Summaries for 'vulnerable patients' uploaded to My health Record will increase by 10% each month for the next 3 months.

- Set targets for individual clinical staff to achieve each month.
- Set up a notice board in staff room with targets.
- Use clinical Software to check how many uploads have been done by each provider.
- Use Pen CS reports to identify vulnerable patients and flag in software to develop an action plan.
- Train any new staff on My Health Records

### 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.*

| **Idea/s**<br>*What is your area for improvement?*<br>*What level of improvement are you aiming to achieve?*<br>*What is the timeframe?* | **Focus Area/s:**<br>• Creating a Shared Health Summary for patients that are on multiple medications due to a chronic health condition.<br>• Creating a Shared Health Record (SHS) for patients that travel on a regular basis.<br><br>**Aim:** Improvement in sharing health information for vulnerable patients.<br><br>**Timeframe:** Quarter starting (insert date) |
|---|---|

# Quality Improvement Record

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

| PDSA | |
|---|---|
| **PLAN**<br>*Who is going to undertake this activity?*<br>*When are they going to do it?*<br>*What resources/software will they need?* | **Who:** Whole of team approach: including reception staff, nurse, doctors and Practice Manager.<br><br>**When:** Over the quarter (insert date)<br><br>**Where:** (Name Practice)<br><br>**Data to be collected:** Report from Best Practice and Pen CS data<br><br>**Data predictions**:<br>• Team meeting to be held – Date.<br>• Receptionist staff to help educate patients on My Heath Record<br>• Pen CS report to search for patients.<br>• Clinical staff to be trained on how to upload and allowed to ask any questions or concerns on activity before the starting month.<br>• Clinical staff to be given their target of uploads. |
| **DO (DID)**<br>*Was the plan executed?*<br>*Were there any unexpected events or problems?*<br>*Record data.* | • Pen CS report printed, and patients were called to arrange appointments.<br>• Baseline data collected from both Pen CS and clinical software.<br>• All practice staff trained.<br>• GPs were given their individual targets to reach. |
| **STUDY**<br>*Review actions and reflect on outcome.*<br>*Compare to predictions* | • To make business as usual need to allow additional time for patients that require the nurse to upload a Shared Health Record (SHS)<br>• More brochures to be put around the waiting room to educate patients on the benefits of My Health Record (MHR)<br>• Nurse was not given enough time for all patients to upload her target.<br>• GP reached goal target of uploaded shared Health Summaries. |
| **ACT**<br>*What now?*<br>*What will you take forward?*<br>*What is the next step?* | *e.g., PM to track changes on graph and make it visible for whole practice in lunchroom, PM to use CAT4 data extract between PHN dashboard to track changes and to be done end of month (put in calendar)*<br><br>• Any new staff including doctors be trained on My Health Record (MHR).<br>• My Health Record (MHR) will be discussed with all new patients to allow for future uploads to be done without the need for consent.<br>• Monthly updates will be given a staff meeting to confirm the number of uploads for the practice. |