



12 Month | Quality Improvement Record

GOAL SETTING

NOTE: This document can be used for **ONE** “Practice Incentive Payment Quality Improvement (PIP QI)” Quarter or is suitable for a **12-month** strategic approach

This record can also be used to assist with preparation for RACGP Accreditation

Practice name:	PIP QI Quarter/s:
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.

Identify and reduce Cardiovascular Risk in patients over a 12-month period by:

- Increasing screening for CVD.
- Cleansing practice data to identify patients that may have been missed.
- Assessing modifiable risk factors.
Looking at the treatment efficacy.

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 practices data which identifies the number of patients at risk of CVD, will have reduced and/or lowered in severity and be reflected in the CVD Dashboard Report.

IDEAS.... What activities and changes can we 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 1.	<u>Use of Absolute Cardiovascular Risk Score (Screening)</u> To increase the use of the Absolute Cardiovascular risk score as part of a screening measure by % by <insert date>.
Idea 2.	<u>Indicated Diagnoses (Cleansing)</u> To identify and then reduce the number of indicated diagnoses by % by <insert date> through the Pen Cat data cleansing tool.
Idea 3.	<u>Modifiable Risk Factors (Clinical Coding)</u> To increase the recording of modifiable risk factors (i.e., smoking alcohol, physical activity, BMI) into the clinical software by % by <insert date>.
Idea 4.	<u>Reducing CVD Risk- Looking at treatment efficacy</u> To identify patients whose response to lifestyle and pharmacological treatment has not reduced modifiable CVD risk factors to recommended target from% to% by <inset date>, for example, patients with hypertension receiving anti-hypertensive medication but not meeting recommended target.



Quality Improvement

Plan, Do, Study, Act (PDSA) Cycle

IDEA 1	Use of Absolute Cardiovascular Risk Score (Screening)
<p>PLAN <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: Clinical Staff.</p> <p>When: <insert date></p> <p>Where: Practice premises.</p> <p>Data to be collected: Before: A Pen Cat extraction looking at the number of ACR scores recorded and the level of severity After: Looking to see if there was improvement from start date to finish date. i.e., were patients that were considered high risk now considered low risk. The recipe for this extraction can be found on the PenCS website under QIM 8- Cardiovascular Risk. The CVD Dashboard report available through the PHN will also reflect this data.</p> <p>Data predictions: There will be a high number of patients with a high-risk percentage of having a cardiovascular event in the next 5 years.</p>
<p>DO (DID) <i>Was the plan executed? Were there any unexpected events or problems? Record data.</i></p>	<p>Plan was executed and there was a % in screening attended to using the Absolute Cardiovascular Risk Score.</p> <p>Some GPs were not as proactive in screening.</p>
<p>STUDY <i>Review actions and reflect on outcome. Compare to predictions</i></p>	<p>The goal was achieved by %.</p> <p>Training in using the clinical software to record the ACR will be given to the GPs to encourage screening.</p> <p>Clinical reminders can be used as a friendly prompt for clinical staff to conduct an ACR score.</p> <p>The number of high-risk patients was <insert number> on <insert date> and is now reduced to <insert number> on <insert date></p>
<p>ACT <i>What now? What will you take forward? What is the next step?</i></p>	<p>Continue to monitor and measure CVD Risk through Pen Cat extractions and the CVD Dashboard report available through the PHN to try for continual improvement and ensure that there is no decrease in screening. Continue to identify the level of risk and aim to reduce the level of risk.</p>



Quality Improvement

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IDEA 2	Indicated Diagnoses (Cleansing)
<p>PLAN <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 and Clinical Staff.</p> <p>When: <insert date></p> <p>Where: Practice premises</p> <p>Data to be collected: Before: A PenCat extraction under data cleansing showing indicated diagnoses After: Looking to see if there is an improvement between the start date and end date. The way to access this is explained on the PenCS website under Cleansing View and Data Cleansing.</p> <p>Data predictions: The initial collection of data will have a high number of indicated diagnoses but when crossed checked to the patient file it was due to incorrect clinical coding.</p>
<p>DO (DID) <i>Was the plan executed? Were there any unexpected events or problems? Record data.</i></p>	<p>Some of the clinical staff were not coding the diagnoses properly which was leading to the indicated diagnoses i.e., free texting NIDDM Type 2 Diabetes, rather than selecting the coded diagnoses of Type 2 Diabetes.</p>
<p>STUDY <i>Review actions and reflect on outcome. Compare to predictions</i></p>	<p>Lists of patients created through the PenCat extraction was given to each provider for review and to correct and code the diagnoses where indicated.</p>
<p>ACT <i>What now? What will you take forward? What is the next step?</i></p>	<p>Continue to perform training around clinical coding and the importance of it. If it continues an option could be to remove the ability to free text.</p>



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IDEA 3	Modifiable Risk Factors (Clinical Coding)
<p>PLAN <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: Clinical Staff.</p> <p>When: <insert date></p> <p>Where: Practice premises</p> <p>Data to be collected: Before: A Pen Cat extraction looking at the modifiable risk factors After: Looking at whether the numbers have improved and if there is an increase in number of factors being recorded. How to do this is on the PenCS website under Risk Factors Filtering.</p> <p>Data predictions: Our practice will have a lot of patients that are current smokers.</p>
<p>DO (DID) <i>Was the plan executed? Were there any unexpected events or problems? Record data.</i></p>	<p>There was an increase in number of modifiable risks recorded but no reduction in the risk factors. i.e., patients had not reduced level of alcohol intake.</p>
<p>STUDY <i>Review actions and reflect on outcome. Compare to predictions</i></p>	<p>There was a % increase in risk factors being recorded but in terms of lifestyle education and changes there was little reduction. There is ... % of the population that are smokers. This could indicate further training around smoking cessation management to assist patients in reducing their risk factors.</p>
<p>ACT <i>What now? What will you take forward? What is the next step?</i></p>	<p>Training and development around reducing lifestyle factors such as smoking cessation, increase in physical activity leading to weight loss, and reduction in consumption of alcohol.</p>



Quality Improvement

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IDEA 4	Reducing CVD Risk- Looking at treatment efficacy.
<p>PLAN <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: Clinical Staff.</p> <p>When: <insert date></p> <p>Where: Practice premises</p> <p>Data to be collected: A cross tabulated report for cohort of patients with a modifiable CVD risk factor with recommended management and recommended target. Further information on how to do this is available on the PenCS website under Cross Tabulation Report.</p> <p>Data predictions: There will be a small number of patients who are on medication which do not appear to be having a therapeutic effect.</p>
<p>DO (DID) <i>Was the plan executed? Were there any unexpected events or problems? Record data.</i></p>	<p>The plan was executed and there were patients identified that were not meeting therapeutic targets even with pharmacotherapy. These patients were discussed and noted to their regular GP.</p>
<p>STUDY <i>Review actions and reflect on outcome. Compare to predictions</i></p>	<p>The patients were reviewed, and some medications/doses were adjusted which was then reflected in the data as there was improvement in the treatment efficacy.</p>
<p>ACT <i>What now? What will you take forward? What is the next step?</i></p>	<p>Continue to look at the PenCat extractions for treatment efficacy as a quality check as part of the practices' clinical meetings.</p>