**QUALITY IMPROVEMENT:**

**STRATEGIC PLAN**

|  |  |
| --- | --- |
| **Practice name:** |  |
| **Lead GP/PN:** |  |
| **Date plan to be implemented:** |  |
| **Date plan to be reviewed:** |  |

***All items in grey italics are directions on how to use this planning document and should be deleted out of the document once complete.***

***Instructions for document use:***

*This template is offered as a guide for use in general practice (within small to medium organisations). The template is based on contemporary planning models but is not a comprehensive and detailed approach to planning. It is designed to be a starting point for organisations that do not have an established quality plan in place. The quality plan should align with other organisation plans, such as the strategic and/or business plans. This template is a simple planning approach and is intended to help organisations: • engage the team • understand the organisation’s current performance • determine a focus area • identify appropriate measurement • identify strategies that may improve performance and outcomes • use the Model for Improvement to identify and test ways to improve systems and processes • implement successful ideas • monitor and revise the plan over time.*

# **CONTEXT AND SCOPE**

|  |  |
| --- | --- |
| **Size of organisation:** |  |
| **How long this organisation has been in place:** |  |
| **Links to organisational strategic plan / business plan:** |  |
| **Organisational definition of quality:** |  |

# **QUALITY TEAM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Team member name** | **Job title** | **Role in QI management** | **Time period of membership (from/to)** | | **Comment** |
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**Resources available to the Quality Team:** <for practice to complete>

***Section instructions:*** *This section should include resources available to the team, including the amount of protected time required (a small team would need approximately 4 hours per fortnight on average). • Additional resources to introduce an organisational wide change for improvement can be considered on a case by case basis, e.g. the need to purchase new equipment. • The time period of team membership should also be detailed. Ideally the team will change over time; annually is a reasonable time for at least one team member to exit and another team member be appointed. • How the team will communicate with the broader team, e.g. the team can provide an update at monthly staff meetings/huddles/pow wows on the progress and achievements realised. Note that the team is responsible for management of the plan but not every activity related to its implementation. The broader team needs to take responsibility for tasks as assigned by the quality team.*

# **KEY ORGANISATIONAL FACTORS**

<for practice to complete>

***Section instructions:*** *Undertake a diagnostic assessment of the organisation’s performance, consistent with the scope, and consider the environment that the general practice/health service is working within. • Use clinical audit tools to identify opportunities for improvement in clinical areas such as chronic disease management and/or prevention, cancer screening, Aboriginal and/or Torres Strait Islander health, mental health etc. • Document key environmental factors relating to quality, e.g. the PIP QI, relationship to accreditation etc. • Consider a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis specifically as it relates to implementing the quality improvement plan. For example, a strength could be a clinician’s interest, specialisation and experience in a particular condition; a weakness may be the lack of staff skill in using clinical audit tool(s).*

# **FOCUS AREA AND AIM(S)**

|  |  |
| --- | --- |
| **Focus Area:** |  |
| **Aim Quarter 1:** |  |
| **Aim Quarter 2:** |  |
| **Aim Quarter 3:** |  |
| **Aim Quarter 4:** |  |

***Section instructions:*** *This section is designed to select and define an area of focus to begin working on. It is essential to include a specified time frame. When selecting a focus area, choose one that has a high probability of success, taking into account the data you have collected and your individual organisational factors. Once you have agreed on a focus area, you can develop your aim(s) for quality improvement within your organisation. Ideally you will engage the broader team in agreement on the aim and the subsequent generation of strategies or actions that could be used to achieve the aim.* ***Use the SMART (specific, measurable, attainable, realistic, timebound) acronym to develop your aim(s).*** *From your Model for Improvement template, transfer your SMART ideas into this table.*

# **MEASUREMENT**

<for practice to complete>

***Section instructions:*** *Detail the measurement you will use to monitor your progress over time. Cat4 has a large number of measures (quality indicators) built into the reports, some of these measures are likely to be suitable to monitor your improvement work. It is also possible to create your own improvement measurements that relate to your chosen focus area(s). It is essential that your measures relate directly to your aim(s) and that they are sensitive to change over time.*

# **STRATEGIES AND ACTIONS**

<for practice to complete>

|  |  |  |
| --- | --- | --- |
|  | **Strategies to achieve aims** | **Actions** |
| **Quarter 1** |  |  |
| **Quarter 2** |  |  |
| **Quarter 3** |  |  |
| **Quarter 4** |  |  |

***Section instructions:*** *In this section, list all strategies and actions that you believe will help you achieve your aim(s). This does not need to be an exhaustive list and should be stated at a reasonably high level. For example, if your focus area is diabetes, you could include: • Ensure data quality: All people living with diabetes are coded appropriately and have the required data collected. • GPMPs: Increase the proportion of people living with diabetes who have claimed a GPMP within the past 18 months, or a review within the past 6 months • Annual cycle of care: Increase the proportion of people living with diabetes who have all elements of the annual cycle of care completed within the required timeframe • Immunisation: Maximise the number of people living with diabetes who have an annual influenza vaccination. • Diabetes under control: Increase the proportion of people living with diabetes who have their HbA1c, blood pressure and lipids at or below recommended targets. You will note above strategies and actions are not stated as aims. Each strategy/action will require using the Model for Improvement with multiple PDSAs (template following) to detail the implementation methods.*