Rocks Medico Family Practice

Implementing Quality Improvement Date commenced: 11/10/2019

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| **Goal for Improvement**  *What are we trying to accomplish?* | **To improve the percentage of recorded alcohol consumption status in active patients 15+ years by 10% within six (6) months** |
| **Measures**  *How will we track achievement of our goal?* | **Key measure: percentage of patients with alcohol status recorded.**   * Use the practice data quality report from our data extraction tool (Pen CS) to monitor our improvement on the last business day of every month. * Our baseline measure, according to Pen CS is 32.8% (67.2 % of patients with nothing recorded) as of 30/09/2019. |
| **Data quality** | **Of note is that we are unable to filter from our data collection software those patients who are:**   * Residents of residential aged care facilities who are not seen at the practice, however a health record is kept for medications and history reference. * Aged care workers who are provided with influenza vaccination annually and are not patients of this practice. * Patients referred to our Skin Clinic who are not necessarily patients of this practice. |

| **Ideas**  *What changes will we make to achieve this goal?* | **Plan**  *How will we do it & who?* | **Do**  *Did we do it?* | **Study**  *What happened?* | **Act**  *What is our next step?* |
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| **1. Archive all patients that do not fit within the practices definition of active patients and filter out all patients under 15 years.** | Use PenCS to archive and filter patients who meet criteria (PM). | Yes | Filters were applied to exclude this dataset. |  |
| **2. Use Topbar PenCAT to display a prompt for patients who require data collection.** | Check Topbar alerts for every patient seen (GP & PN). | Yes (PN) | Topbar was opened at the beginning of the day and accessed by PN for every patient seen. | Continue use of Topbar every day. |
| **3. Compile a questionnaire for alcohol consumption status and record in Medical Director.** | Every patient is given the questionnaire to complete (AD). Compile & enter data in MD (PN). | Yes | Every patient who attended the practice was asked to complete the questionnaire. PN entered all results into MD. |  |
| **4. Calculate data result monthly to measure improvement.** | Last day of month /business extract data from PenCS (PM & PN). | Yes (PN) | PN used Pen CS to collect data. |  |
| **5. Display results to show improvement and motivate team.** | Complete measures template and display in lunchroom (PM & PN). | Yes (PN) | Copies of results and improvements were shown to team members.  A message was sent to team members about positive improvement outcome.  Results showed an improvement from the baseline of 57.1% to final result for the period of 67.2% an increase of 10.1% | SNAP principles on meeting agenda.  Clinical team members to continue using Topbar every day to prompt data collection on nonrecorded patients.  Clinical team members to include alcohol assessment in all encounters.  Add lifestyle risk factor information to *New Patient Information Form* to support further QI activities. |

**\*PM = Practice Manager**

**\*GP = General Practitioner**

**\*PN = Practice Nurse**

**\*AD = Admin/Reception**