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| **GOAL:** *(Specific, Measurable, Achievable, Realistic, Time-limited)* | Improve identification of patients at Central Pottsville Medical Centre at risk of CVD | |
| **TIME FRAME:** | *18/07/2022* | *Finish by: 31/10/2022* |
| **MEASURE:** | Increase CVD risk screening to 30% of our eligible patient population. | |
| **STARTING POINT:**  *Background information*  *Initial discussion* | Cherie has a background working on the cardiac and stroke ward and noticed stroke week was coming up. She discussed this with the team who all agreed to do a quality improvement activity at the practice about CVD and stroke awareness and prevention | |
| **IMPROVEMENT IDEA:**  *Engage team*  *Brainstorm ideas*  *Decide which idea* | Engage the team  Work out criteria and demographics of people who would be at risk of stroke  Applied to National Stroke Foundation for patient resources  Perform searches in Best Practices to identify at risk patients  Sent out SMS messages to invite patients in for an assessment  Search through appointment book to identify people coming into practice and invite them for an assessment  Write up patient journey  Put together pack of resources to give to patients which includes write up of patient journey. | |

Step One: Consider the Change Management

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| **WHY will we do this?**  **What difference will it make?** | **Importance of doing this** *See QI starters for more information***Team Score 10/10** |
| Understand the depth of the team’s motivation to overcome the problems as they arise, complete the change and sustain the change. The stronger the motivation, the greater your likelihood of success.  *See QI starters for more information* |
| **What difference will this idea make to patients?**  **Could prevent a stroke for our patients, awareness of lifestyle and making changes.** |
| **What difference will this idea make to clinicians?**  **Feeling more confident in assessing and detecting risks in patient’s and getting a better picture of the whole patient. Increasing skills in cardiology. Clinicians learning skills from each other.** | **Confidence we will succeed**  *See QI starters for more information*  **Team Score**  **10/10** |
| **What difference will this idea make to the practice?**  **Improving team culture and ways to work together. Improving culture of the practice. Caring for our community.** |
| **What difference will this idea make to the health system?**  **Picking up CVD issues early will prevent hospitalisation.** |

Step Two: Planning-Testing-Analysing

|  | **PLAN THE TEST** | **RUN THE TEST ON A SMALL SCALE** | **ANALYSE RESULTS AND COMPARE AGAINST YOUR PREDICTION** |
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| **START TESTING**  **Engage the team** | Nurses discussed the activity with all staff and all staff thought it was a great idea to progress this activity | **18/7/22**  **End date of test** | **All staff on board with the activity** |
| **Work out criteria and demographics of patients who were at risk of CVD** | **Cherie looked at stroke foundation resources and narrowed down to hypertension, diabetes, AF, previous TIA and cholesterol** | **18/7/22**  **1/8/22** | **Cherie and Dr Walpola went back and fourth several times to finalise criteria** |
| **Contact National Stroke Foundation for patient resources** | **Cherie filled online form** | **1/8/22** | **Patient resources posted to practice** |
| Perform searches in Best Practice to identify eligible patients | Cherie will conduct searches in Best Practice | 1/8/22 | Searches identified 240 patients that met the criteria |
| Sent out SMS Messages | Cherie contacted HealthEngine to organise SMS message |  | SMS message sent to 240 patients. Cost $30. No call backs from patients following this. |
| Search through appointment book to identify people coming into practice and invite them for an assessment | Both Cherie & Ashley searched through upcoming appointments to identify patients who had upcoming appointments who were in the eligible list and contacted them to see if they would like screening at their next appointment |  | Ten phone calls were made and 7 agreed to be seen. 3 people agreed for screening while they were at their appointment so ten screening checks conducted. Four patients were referred to the cardiologist from these screening checks. |
| Patient Journey | Cherie identified a patient who had recently had a stroke. |  | Patient was happy to share his patient journey and wrote a description of his own personal experience of his recent stroke event. |
| Put together pack of resources for patients | Nurses developed a pack to give eligible patients. This included resources from National Stroke Foundation as well as print out of patient journey. Leaflets on signs and symptoms of stroke, blood pressure check cards as well as general information. They also put up signs and posters around the surgery. |  | Patients have found the resources helpful and were grateful. |
| **ROLLOUT TO BUSINESS AS USUAL** | **CVD risk will be checked on a regular basis now. Clinicians have a better awareness of risk factors, how to record them and how to monitor for CVD risk. Nurses have more confidence in rolling out a quality improvement activity.** | | |
| X MONTH REVIEW DATE: | | |