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| **GOAL:** *(Specific, Measurable, Achievable, Realistic, Time-limited)* | * To increase percentage of active patients with an ethnicity recorded to 80% by June 2020
* To increase percentage of active patients with a smoking status recorded to 90% by June 2020
* To increase percentage of active patients with allergy status recorded to 90% by June 2020 – ACHIEVED Jan 2020
* To increase percentage of active patients with alcohol status recorded to 70% by June 2020
 |
| **TIME FRAME:**  | *1/10/19* | *30/6/20* |
| **MEASURE:** | We will measure our achievements by tracking data using the CAT 4 tool We will do monthly comparisons for each provider and include Cabarita Medical Centre figures for those doctors that work at both our centres |
| **STARTING POINT:***Background information**Initial discussion* | Initial meeting with Practice Manager, Practice Nurse Manager, GP Principle and Primary Health Coordinator from NCPHN. We looked at PIP QI dashboard and thought it would be a great starting QI activity to work on data quality at our practice. |
| **IMPROVEMENT IDEA:***Engage team**Brainstorm ideas**Decide which idea* | Engage Team by sending out email to all staffPut up progress graphs in staff roomCreate a data quality spreadsheet so that each GP can see how they are trackingCompare figures for each provider after three months |

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 Score9/10** |
| 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?** We will have up to date patient records making their quality of care better |
| **What difference will this idea make to clinicians?** If a clinician is seeing another GP’s patient they can ensure that the record is up to date which will save time. | **Confidence we will succeed***See QI starters for more information***Team Score****9/10** |
| **What difference will this idea make to the practice?** Time saving, risk reduction |
| **What difference will this idea make to the health system?** Having this conversation earlier on with our patients around alcohol, smoking, allergies and ethnicity ensures that we are able to offer them support if need be which may help prevent the need for interventions later on. |

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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| **Send an email to all staff notifying them of the QI work we are doing and the goals we are working on.** | **Pilar will send out an all staff email on Monday 21 October notifying staff of the four quality improvement activities we will be doing at King Street Medical Centre and Cabarita Beach Medical Centre.****Informing staff of the goals and that the graphs will be displayed in the staff room** | **21/10/19** | **All staff now aware of the quality activities and using the Top Bar tool to see what clinical and demographic data is missing****Ensure all computers have access to Top Bar and know how to use it.****Ensure Drs know how to use Top Bar** |
| **Put up graphs in staff room so that staff can easily see the data.** | **Purchase a cork board to display graphs** **Pilar will put up graphs in staff room on Monday 21 October.** | **21/10/19 to 15/11/19** | **Graphs supplied by PHN discussed with Dr Warne 15/11/2019 and then displayed in doctors staff room** |
| **Create a data quality spreadsheet with individual GPs data so that each GP can see how they are tracking at each medical centre** | **Pilar will collect data relating to quality activities using the PenCat tool****Spreadsheet will be developed and displayed monthly 21/10/2019****Pilar to download data for quality improvement activities using the Pencat Tool for previous months data.** **Spreadsheet completed for each provider at both practices and displayed each month** | **21/10/19** | **GPs are reading spreadsheet and are very interested in their figures****Spreadsheet was hard to visualise because of the placement of the corkboard and size of print.****Corkboard will be moved for easier access and spreadsheet will be enlarged for easier reading** |
| **After three months compare the figures for each provider for each of the four quality improvement activities and the percentages of ‘Nothing recorded’ for these** | **Pilar collected data through the Pencat tool on 5/2/2020 and put into spreadsheet.****Spreadsheets displayed in the staff room and internal memo sent to all staff with information****Reception staff informed of need to check all patients have ‘Ethnicity’ recorded when checking their demographic details** **Nurses to check all details where possible whilst in treatment room but particularly those coming in for care plans****Doctors reminded to check all 4 areas of quality improvement activities** | 5/2/20 | **We have reached our target of 80% recorded on Allergies, Smoking and Ethnicity but only 67.9% on Alcohol status****Showed that in all cases at both Cabarita Beach and King Street Medical Centre – Alcohol Status was least recorded followed by ‘Ethnicity’** |
| **ROLLOUT TO BUSINESS AS USUAL** | **We have decided that we will check our data quality on a three monthly basis. The PIP QI dashboard provided by NCPHN will be a reminder to do this.****We feel our practice team now has a better understanding of data quality and the importance of doing this and it has now become business as usual at our practice to ensure that our data quality remains of a high standard.** |
| 3 MONTH REVIEW DATE: September 2020 |