Primary Care Impact

Activity Sheet

GOAL: Set Up & Monitor Diabetes		
TIME FRAME:	*15/05/2023*	*ongoing*
MEASURE:	**Timely and effective recording and treatment of diabetes**	
STARTING POINT: *Background information* *Initial discussion*	- *Information and pamphlets for diabetes around clinic to prompt conversation with GP* - *Staff meeting and awareness training of diabetes (recording data , reminders and follow ups in systems)* - *Doctor to discuss with patients who may fit criteria of suffering from diabetes and request pathology to confirm (doctor to record results in system for reminders , follow ups etc)* - *Administration to utilize BP software to collate a list of diabetic patients for follow up appointments , check ups , referrals ect.* - *Initial appointment to ensure bloods , health check , weight and height recorded if no presenting issues follow up appt in 3 & 6 months for health check and bloods* - *Repeat process annually*	
IMPROVEMENT IDEA: *Engage team* *Brainstorm ideas* *Decide which idea*	*Team meeting:* *Understanding how to triage diabetic patients in an emergency , understanding terminology of diabetes.* *Brainstorm and discussion about diabetes and the most at risk patients.*	

Step One: Consider the Change Management

WHY will we do this? **What difference will it make?** 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*	**Importance of doing this** *See QI starters for more information* **Team Score** **/10**
What difference will this idea make to patients? **Better monitoring and recording of diabetes for future reference , understanding their diabetes better.**	
What difference will this idea make to clinicians? **Understanding their patients needs better , reviewing medication and treatment more frequently ensuring it is suitable for patients ongoing.**	**Confidence we will succeed** *See QI starters for more information* **Team Score** **/10**
What difference will this idea make to the practice? **Quality data and efficient management of diabetes.**	
What difference will this idea make to the health system? **Collates information for diabetes for Pen CS for health statistics.**	

Step Two: Planning-Testing-Analysing

	PLAN THE TEST	RUN THE TEST ON A SMALL SCALE	ANALYSE RESULTS AND COMPARE AGAINST YOUR PREDICTION
START TESTING	**Who will do what, when and by when?** **Team meeting to discuss how to implement** **What data, who and how to collect?** **Patients details , weight , height , blood pressure and pathology**	**Start date of test** **25/05/2023** **End date of test** ongoing	**Results** **Team understand the importance of improving current diabetes monitoring** **ready for roll out**
ROLLOUT TO BUSINESS AS USUAL	**Who will regularly do what, when and by when? How will you maintain your improvement (what is your plan B if staff are on leave, etc)?** Diabetes registers will be monitored by 2IC for follow up appointments , health care check ups and referrals needed for patients using BP software for reminders of dates for each individual patient.		

	What data will you collect to review your progress? **Number of patients added to the register since commencing and the quality of data recording diabetes in patient files.**
	X MONTH REVIEW DATE: JUNE 2023