Quality Improvement Toolkit
For General Practice

phn

DARLING DOWNS
AND WEST MORETON

An Australian Government Initiative

Introduction

PURPOSE

This toolkit is designed to help your practice complete Quality Improvement (QI) activities and improve patient information in medical records. This toolkit focuses on priority populations and health conditions identified through Darling Downs and West Moreton PHN's comprehensive needs assessment. Ultimately, QI activities will benefit not only your practice but the health outcomes of your patients and the community as a whole.

DARLING DOWNS AND WEST MORETON PHN HEALTH NEEDS ASSESSMENT (2019-2021)

Our PHN covers the Darling Downs and West Moreton region which includes 10 local government areas (LGAs). The major communities in our region are Ipswich and Toowoomba, plus the surrounding communities located in the Lockyer Valley, Scenic Rim, Somerset, South Burnett, Cherbourg, Southern Downs, Goondiwindi and Western Downs LGAs. We work with two hospital and health services that cover our region, Darling Downs Health and West Moreton Health. The size (95,500km2) of our region and population provides several challenges for ensuring people living in our communities can access the health care they need.

In 2017, Darling Downs and West Moreton PHN conducted a Health Needs Assessment 2019-2021 on the health of people and services available within the Darling Downs and West Moreton region. Based on this understanding of our regional needs, we engage and work within the health care system and with local communities to improve health and wellbeing for everyone. Review and analysis of data, consultation and literature enabled a refinement and enhancement to the previous nine PHN priorities with this updated HNA defining 10 clear clinical priorities of the region.

- Maternal and infant health and child development
- Prevention and management of chronic conditions
- Health for Aboriginal and Torres Strait Islander people
- Workforce capacity and wellbeing
- Health for older Australians
- Primary mental health care
- Drug and alcohol misuse
- Access and integrated service delivery
- Health for priority populations
- Health promotion and prevention strategies.

A CASE FOR CHANGE

Our region, like many other regions in Australia and around the world is facing numerous challenges associated with an ageing population, overall population growth, increasing prevalence of chronic conditions, and the ever-increasing cost of health care. [1]

Our current primary health care system works well for the majority of Australians, we are living longer, with less disability than ever before. Australia outranks most other highly developed economies in health outcomes[2]. However, for the growing number of people with chronic and complex conditions, care can be fragmented, and the system can be difficult to navigate. The Primary Health Care Advisory Group's 2016 [3] report to the Australian Government states that "Our current health system is not optimally set up to effectively manage long term conditions".

It also reveals that patients often experience:

- a fragmented system, with providers and services working in isolation from each other rather than as a team
- uncoordinated care
- difficulty finding services they need
- at times, service duplication; at other times, absent or delayed services
- a low uptake of digital health and other health technology by providers to overcome these barriers
- difficulty in accessing services due to lack of mobility and transport, plus language, financial and remoteness barriers
- feelings of disempowerment, frustration and disengagement

Transforming health care will require sustained effort at all levels of the health system, but what is clear is that there is significant long-term international evidence that the way in which primary care development takes place really does matter. Darling Downs and West Moreton PHN positions itself as a leader; an interpreter, influencer and coach in bridging the gap between policy, strategy and practical implementation of health care change in the community.

Why is everyone talking about QI and CQI?

A business or organisation will never realise their full potential until improvement becomes part of every worker's day job, rather than a temporary phenomenon[1]

[1] Batalden P, Davidoff F. What is "quality improvement" and how can it transform healthcare? Qual Saf Health Care 2007;16:2–3

QUALITY IMPROVEMENT IN GENERAL PRACTICE

Quality improvement is foundational to contemporary high performing primary care. It includes team-based approaches, peer review, reflective practice, best practice, and data analysis. It can improve uptake of evidence-based practices for better patient outcomes, better professional development, and better system performance.

The Royal Australian College of General Practitioners (RACGP) defines continuous quality improvement as an ongoing activity undertaken within a general practice with the primary purpose to monitor, evaluate or improve the quality of healthcare delivered to practice patients. Maintaining clear and accurate patient health records is essential in order to provide high quality care. This is especially relevant when this information is shared with other healthcare providers involved in patients care, when creating care plans and referrals as well as uploading information to patients' My Health Record.

Quality Improvement generally follows these simple steps:

1. Utilise data extraction tool to conduct clinical audit

2. Record outcomes of clinical audit

3. Document proposed actions following clinical audit, including delegated responsibilities

4. Keep evidence of implementation

5. Document follow up plans

Quality Improvement models and practices used in this toolkit are based on those developed or endorsed by the following organisations:

- The Royal Australian College of General Practitioners (RACGP)

- The Institute of Healthcare Improvement (IHI)

- The Improvement Foundation

USING YOUR PRACTICE DATA TO DRIVE QUALITY IMPROVEMENT

Darling Downs and West Moreton PHN can provide several tools to help practices to analyse and improve their data. The Pen CS suite including CAT4 and Topbar are provided at no cost to the practice. The benefits of using these tools include:

Enhance the quality of patient information in your practice to:

- Support more coordinated, comprehensive care.

- Increase quality and safety

- Medicines and patient safety

- Meet accreditation standards

- Increase practice revenue through practice incentive payment program i.e. PIPQI and ePIP

- Web-based benchmarking reports that your practice can use to reflect on and gain insights into opportunities for quality improvement

- Contributing to enhancing understanding of population health needs in the Darling Downs and West Moreton region

The quality improvement activities contribute to the uptake and use of digital health systems and technologies to improve access to patient information, sharing of accurate and correctly coded patient information, integration and coordination of patient care. To find out more about Pen CS CAT Plus tools, please contact Darling Downs and West Moreton PHN's Data and Analytics team on: practicesupport@ddwmphn.com.au

QUALITY IMPROVEMENT ACTIVITIES USING THE MODEL FOR IMPROVEMENT AND PDSA

This Quality Improvement (QI) Toolkit is made up of modules that are designed to support your practice to make easy, measurable and sustainable improvements to provide best practice care for your patients. The Toolkit will help your practice complete QI activities using the Model for Improvement.

Darling Downs and West Moreton PHN have several QI modules within this Toolkit, and these will continue to expand over time. Throughout modules of this Toolkit you will be guided to explore your data to understand more about your patient population and the pathways of care being provided in your practice. Reflections from the module activities and the related data will inform improvement ideas for you to action using the Model for Improvement.

The Model for Improvement uses the Plan-Do-Study-Act (PDSA) cycle, a tried and tested approach to achieving successful change.

It offers the following benefits:

- It is a method to plan, develop and implement change that anyone can apply.
- It reduces risk by testing small changes before wider implementation.
- By starting small, there is less resistance to change.
- You can achieve team unity on common goals.
- It encourages individual creativity and ideas from team members.

After completing any of the workbook activities, you may identify areas for improvement in the management of patients. Follow these steps to conduct a QI Activity using The Model for Improvement and PDSA.

THE MODEL FOR IMPROVEMENT AND PDSA

The model consists of two parts that are of equal importance.

STEP 1: The **'thinking'** part consists of three fundamental questions that are essential for guiding improvement work:

- What are we trying to accomplish?
- How will we know that the proposed change will be an improvement?
- What changes can we make that will lead to an improvement?

STEP 2: The **'doing'** part is made up of Plan, Do, Study, Act (PDSA) cycles that will help to bring about rapid change. This includes:

- Helping you test the ideas
- Helping you assess whether you are achieving your desired objectives
- Enabling you to confirm which changes you want to adopt permanently.

THE PLAN-DO-STUDY-ACT (PDSA) CYCLE

The Plan-Do-Study-Act (PDSA) cycle is a useful tool for documenting a test of change. Running a PDSA cycle is another way of saying testing a change —you develop a plan to test the change (Plan), carry out the test (Do), observe, analyse, and learn from the test (Study), and determine what modifications, if any, to make for the next cycle (Act).

Fill out one PDSA worksheet (at the end of this document) for each change you test. In most improvement projects, teams will test several different changes, and each change may go through several PDSA cycles as you continue to learn. Keep a file (either electronic or hard copy) of all PDSA cycles for all the changes your team tests.

Plan: Plan the test, including a plan for collecting data.

- State the question you want to answer and make a prediction about what you think will happen.
- Develop a plan to test the change. (Who? What? When? Where?)
- Identify what data you will need to collect.

Do: Run the test on a small scale.

- Carry out the test.
- Document problems and unexpected observations.
- Collect and begin to analyse the data.

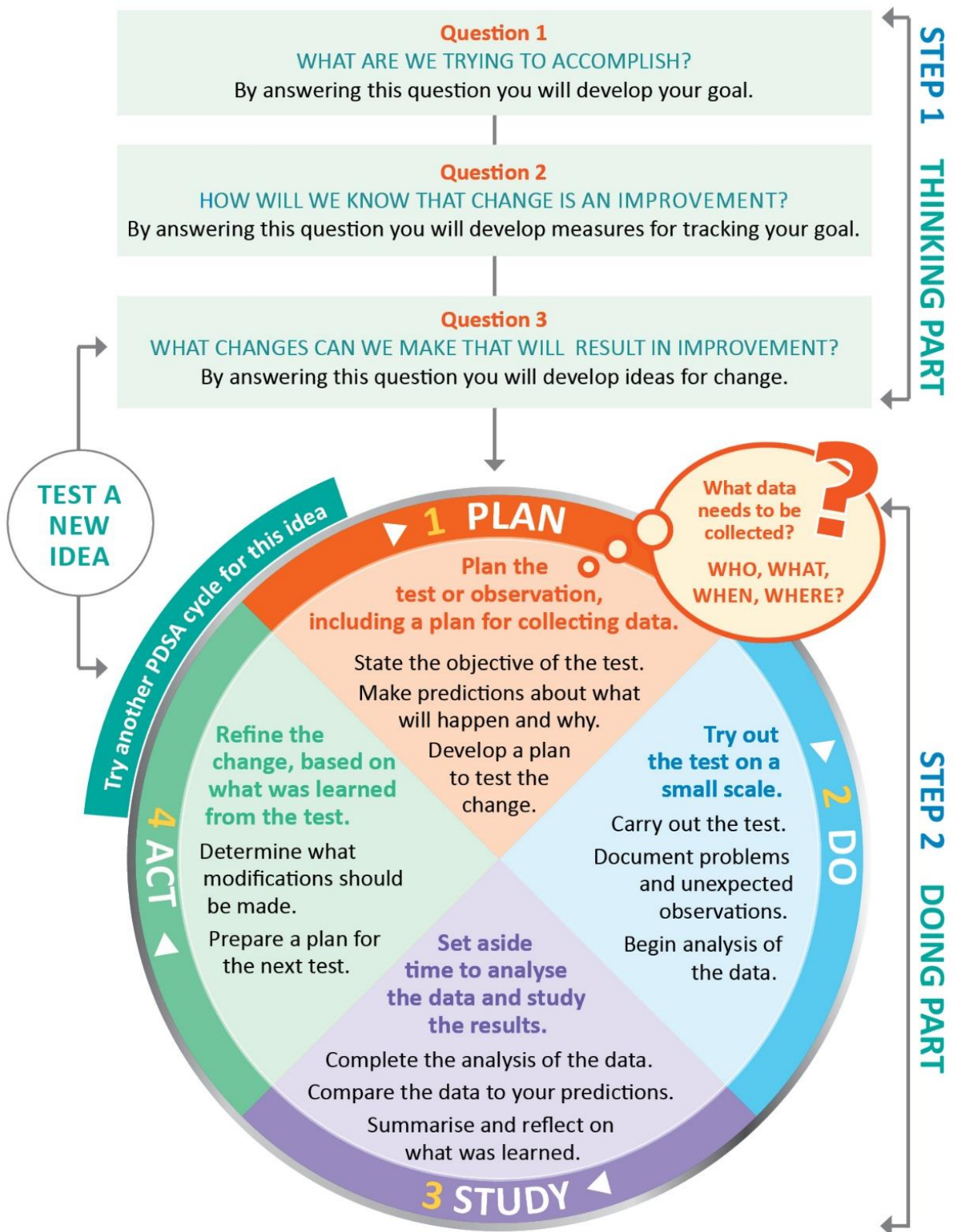## Study: Analyse the results and compare them to your predictions.

- Complete, as a team, if possible, your analysis of the data.
- Compare the data to your prediction.
- Summarize and reflect on what you learned.

Act: Based on what you learned from the test, make a plan for your next step.

- Adapt (make modifications and run another test), adopt (test the change on a larger scale), or abandon (don't do another test on this change idea).
- Prepare a plan for the next PDSA.

To find out more about QI, please contact your Darling Downs and West Moreton PHN Primary Care Liaison Officer (PCLO) directly or email practicesupport@ddwmphn.com.au

Institute for Healthcare Improvement · ihi.org

The model for improvement diagram

Question 1
WHAT ARE WE TRYING TO ACCOMPLISH?
By answering this question you will develop your goal.

Question 2
HOW WILL WE KNOW THAT CHANGE IS AN IMPROVEMENT?
By answering this question you will develop measures for tracking your goal.

Question 3
WHAT CHANGES CAN WE MAKE THAT WILL RESULT IN IMPROVEMENT?
By answering this question you will develop ideas for change.

TEST A NEW IDEA

Try another PDSA cycle for this idea

1 PLAN
Plan the test or observation, including a plan for collecting data.
State the objective of the test.
Make predictions about what will happen and why.
Develop a plan to test the change.

What data needs to be collected?
WHO, WHAT, WHEN, WHERE?

2 DO
Try out the test on a small scale.
Carry out the test.
Document problems and unexpected observations.
Begin analysis of the data.

STEP 2 DOING PART

4 ACT
Refine the change, based on what was learned from the test.
Determine what modifications should be made.
Prepare a plan for the next test.

3 STUDY
Set aside time to analyse the data and study the results.
Complete the analysis of the data.
Compare the data to your predictions.
Summarise and reflect on what was learned.

Source: http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementTestingChanges.aspx

THE MODEL FOR IMPROVEMENT AND PDSA WORKSHEET EXAMPLE

STEP 1: THE THINKING PART

The 3 Fundamental Questions

Practice name:		Date:
Team member:		

<table>
<tr><td colspan="2">Q1. What are we trying to accomplish?</td><td>(Goal)</td></tr>
<tr><td colspan="3">By answering this question, you will develop your goal for improvement</td></tr>
<tr><td colspan="3">

Our goal is to:
- Record physical activity in all active patient's records.

Our S.M.A.R.T. goal is to:
- Increase the number of our patients over 50 yrs who have physical activity recorded by 10% by 31 August.

</td></tr>
<tr><td colspan="2">Q2. How will you know that a change is an improvement?</td><td>(Measure)</td></tr>
<tr><td colspan="3">By answering this question, you will develop MEASURES to track the achievement of your goal.
E.g. Track baseline measurement and compare results at the end of the improvement.</td></tr>
<tr><td colspan="3">

We will measure the percentage of active patients over 50 yrs who have physical activity recorded. To do this we will:

    A) Identify the number of active patients over 50yrs old
    B) Identify the number of active patients over 50 yrs who have physical activity recorded

B divided by A x 100 produces the percentage of patients over 50 yrs who have physical activity recorded.

We will do this search at the beginning of our QI and at the end of the QI activity. Times and dates outlined in the PDSA below.

</td></tr>
</table>

Q3. What changes could we make that will lead to an improvement?	**(List your IDEAS)**

> **By answering this question, you will develop the IDEAS that you can test to achieve your CHANGE goal.**
> **You may wish to BRAINSTORM ideas with members of our Practice Team.**

Our ideas for change:

1. Using CAT4, identify active patients over 50 yrs

2. Prioritise higher risk groups (overweight, hypertensive, with mental health issues or with a chronic disease) to make the task less daunting. Use CAT4 to search these patients.

3. Collect information on activity status via a survey form from patients waiting to see the RN or GP. RN or GP to enter information.

4. Do a CAT4 search on patients over 50 yrs and chronic disease who have a TCA. Physical activity information may have been recorded by a dietician or exercise physiologist and reported back to GP. Enter this into the practice software.

5. Teach practice staff where to record the physical activity status in the software

6. Source and provide endorsed patient education resources on physical activity (in waiting rooms, etc)

The team selects one idea to begin testing with a PDSA cycle

Note: Each new GOAL (1st Fundamental Question) will require a new Model for Improvement Guide

Source: Langley, G., Nolan, K., Nolan, T., Norman, C. & Provost, L. 1996, The Improvement Guide, Jossey-Bass, San Francisco, USA.

THE MODEL FOR IMPROVEMENT AND PDSA WORKSHEET EXAMPLE

STEP 2: THE DOING PART

Plan, Do, Study, Act

You will have noted your IDEAS for testing when you answered the third Fundamental Question in Step 1
You will use this sheet to test an idea.

PLAN	Describe the brainstorm idea you are planning to work on. (Idea)
Plan the test, including a plan for collecting data	*What exactly will you do? include what, who, when, where, predictions and data to be collected*

Idea: Increase the number of our patients over 50 yrs who have physical activity recorded by 10% by 31 August.

What: Collect information on activity status via a survey form from patients waiting to see the RN or GP. RN or GP to enter information

Who: Receptionist (Tim)

When: Begin 3 August for 4 weeks

Where: at the practice in the waiting room

Prediction: 20% increase in the number of our patients, who visit the practice over this time period, over 50 yrs who have physical activity recorded

Data to be collected: Number of active patients over 50 yrs and number of active patients over 50 yrs who have physical activity recorded

DO	Who is going to do what? (Action)
Run the test on a small scale	*How will you measure the outcome of your change?*

Completed 30 August – the receptionist and RN developed a short survey form to collect relevant information. The data searches were conducted in CAT4 by the practice manager, with the receptionist being upskilled to conduct further relevant searches. The RN collected the forms and entered the information into the practice software.

STUDY	Does the data show a change?	(Reflection)
Analyse the results and compare them to your predictions	*Was the plan executed successfully?* *Did you encounter any problems or difficulty?*	

There were not many patients who had physical activity recorded so the nurse spent a lot of time recording the information each day. A total of 132 active patients (40%) who attended in the 4 weeks and were over 50yrs, have had their activity status recorded = 20% higher than predicted. Allocating the data entry just to the nurse took too much of her time.

ACT	Do you need to make changes to your original plan? OR Did everything go well?	(What next)
Based on what you learned from the test, plan for your next step	*If this idea was successful you may like to implement this change on a larger scale or try something new* *If the idea did not meet its overall goal, consider why not and identify what can be done to improve performance*	

1. Need to share the workload and ask GPs and all nurses to regularly record patient's physical activity status.
2. Need to monitor the relevant CAT4 reports to ensure recording rates continue to increase.
3. Ensure the clinical team know where to record the in the physical activity status in medical software.
4. Remind the whole team that this is an area of focus for the practice.

Repeat Step 2 for other ideas – What idea will you test next?

THE MODEL FOR IMPROVEMENT AND PDSA WORKSHEET TEMPLATE

STEP 1: THE THINKING PART

The 3 Fundamental Questions

Practice name:	Date:
Team member:	

Q1. What are we trying to accomplish?	**(Goal)**

By answering this question, you will develop your GOAL for improvement

Q2. How will know that a change is an improvement?	**(Measure)**

By answering this question, you will develop MEASURES to track the achievement of your goal.
E.g. Track baseline measurement and compare results at the end of the improvement.

Q3. What changes could we make that will lead to an improvement?	(List your IDEAS)

By answering this question, you will develop the IDEAS that you can test to achieve your CHANGE goal.
You may wish to BRAINSTORM ideas with members of our Practice Team.

Idea:

Idea:

Idea:

Idea:

Note: Each new GOAL (1st Fundamental Question) will require a new Model for Improvement plan.

Source: Langley, G., Nolan, K., Nolan, T., Norman, C. & Provost, L. 1996, The Improvement Guide, Jossey-Bass, San Francisco, USA.

MODEL FOR IMPROVEMENT AND PDSA WORKSHEET TEMPLATE

Step 2: The Doing Part

Plan, Do, Study, Act

You will have noted your IDEAS for testing when you answered the third Fundamental Question in Step 1
You will use this sheet to test an idea.

PLAN	Describe the brainstorm idea you are planning to work on. (Idea)
Plan the test, including a plan for collecting data	*What exactly will you do? Include what, who, when, where, predictions and data to be collected*

DO	Who is going to do what? (Action)
Run the test on a small scale	*How will you measure the outcome of your change?*

STUDY	Does the data show a change?	(Reflection)
Analyse the results and compare them to your predictions	*Was the plan executed successfully?* *Did you encounter any problems or difficulty?*	

ACT	Do you need to make changes to your original plan? OR Did everything go well?	(What next)
Based on what you learned from the test, plan for your next step	*If this idea was successful you may like to implement this change on a larger scale or try something new.* *If the idea did not meet its overall goal, consider why not and identify what can be done to improve performance.*	

Repeat Step 2 for other ideas - What idea will you test next?

Digital health tools that can assist your practice with Quality Improvement

HEALTHPATHWAYS

HealthPathways is a local online portal assisting GPs and other health professionals with information about clinical assessment and management, and clear referral pathways into local services. HealthPathways is being actively promoted as the principal tool for use during consultations.

The pathways are written by experienced, local GPs and are reviewed by qualified experts (e.g. medical specialists). It is anticipated HealthPathways will become the main resource utilised by GPs to inform treatment and referral decisions.

DDWMPHN supports two HealthPathways portals – Darling Downs and West Moreton:

To access the portals, visit https://www.ddwmhealthpathways.com.au

SMART REFERRALS

The Smart Referrals programs supports clinical and business change through the streamlined creation and management of referrals to Queensland specialist outpatient services. Smart Referrals allows those involved in patient care to better manage the patient journey, improve patient safety and reduce specialist outpatient wait times.

Program components include GP Smart Referrals, allowing GPs to create and submit electronic referrals from existing practice software.

☐ Learn more about Smart Referrals from the QLD Health site HERE

☒ View Smart Referral resources and PDF Guides to installation and set up HERE

THE QUEENSLAND HEALTH VIEWER – THE VIEWER

The Health Provider Portal (HPP) service provides a summary patient healthcare details to registered and authenticated health practitioners. All information on display is provided via secure tunnel access to Queensland Health's read-only clinical application, The Viewer. This read-only online access will allow GPs to view public hospital information including appointment records, radiology and laboratory results, treatment and discharge summaries, and demographic and medication details.

☐ Learn all about The Viewer and FAQs HERE

☐ Already registered? Access The Viewer HERE

☐ Email the team: connectingqld@health.qld.gov.au

MY HEALTH RECORD
It is important to upload a Shared Health Summary (SHS) to the My Health Record of a patient with a chronic or complex condition to ensure continuity of care throughout their healthcare journey and ensure practice eHealth Practice Incentive Payment (ePIP) eligibility criteria are met.

☐ See cheat sheets on how to upload information to the My Health Record system HERE

☐ See a 1 min video on how to upload a SHS in Best Practice software HERE

☐ See a 1 min video on how to upload a SHS in Medical Director software HERE

☐   Access refresher training and eLearning modules HERE

☐   Read about eHealth on the RACGP website HERE

☐   Don't have access to the My Health Record system or claim the ePIP?

Start registration process HERE.

ELECTRONIC PRESCRIPTIONS

Electronic prescriptions will improve medicines safety and provide new options and convenience for patients and their medicine supply, allowing prescribers and their patients to use an electronic Pharmaceutical Benefits Scheme (PBS) prescription.

Electronic prescriptions form part of the broader digital health and medicines safety framework. They enable the prescribing, dispensing and claiming of medicines, without the need for a paper prescription. Existing prescribing and dispensing processes will not change. Patients can still choose which pharmacy they attend to fill their prescription and can choose an electronic prescription as an alternative to a paper prescription. Paper prescriptions will still exist.

Learn more about Electronic Prescriptions from the Australian Digital Health Agency site HERE.

ACKNOWLEDGEMENTS

We would like to acknowledge that some material contained in this Toolkit has been extracted from organisations including the Institute for Healthcare Improvement, the Royal Australian College of General Practitioners (RACGP); the Australian Government Department of Health; Best Practice; Medical Director, CAT4 and Train IT. These organisations retain copyright over their original work, and we have abided by licence terms. Referencing of material is provided throughout.

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The information in this Toolkit does not constitute medical advice and Darling Downs and West Moreton PHN accept no responsibility for information in this toolkit is interpreted or used.

This Darling Downs and West Moreton PHN would like to acknowledge the Brisbane South PHN as the original authors of this document.

Should the document require updating or if any errors are identified please contact the Darling Downs and West Moreton PHN's Data and Analytics team on: practicesupport@ddwmphn.com.au

Darling Downs and West Moreton PHN, 2020