





Bone Health

**PIP Quarter:** [ ]  Feb-Apr [ ]  May-Jul [ ]  Aug-Oct [ ]  Nov-Jan



1. **PDSA Example**

A sample activity using the PDSA Template to illustrate how to structure your quality improvement activity.

1. **PDSA Template**

The template to complete and store (for audit purposes) as part of your activity, guiding you through each stage of the PDSA cycle.

1. **CAT Recipe**

A step-by-step guide for filtering your patient cohort and running activity reports in CAT4 to support your activity.

1. **Topbar Amgen REFRAME App**

REFRAME app provides easy access to reporting relating to patients that have osteoporosis risk.





**Strong Foundations: Supporting Bone Health**

August’s focus is on bone health and osteoporosis prevention, with an emphasis on early identification of patients at increased risk. Osteoporosis affects over 1 million Australians and often remains undetected until a fracture occurs.

Fractures related to osteoporosis are common, serious, and preventable. Up to 1 in 2 women and 1 in 3 men over 60 will experience a minimal trauma fracture in their lifetime. Despite this, many at-risk individuals are not receiving appropriate screening or management.

* More than 173,000 Australians fracture a bone each year due to osteoporosis
* Over 70% of people who suffer a minimal trauma fracture are never investigated or treated for underlying osteoporosis
* Fractures can lead to long-term disability, reduced independence, and even premature death
* A prior fracture doubles the risk of a future fracture
* Early intervention can make a critical difference in quality of life, mobility, and healthcare costs.

**Data from our PHN Dashboard**

* 21,322.84 individuals diagnosed with Osteoporosis out of total 638,274.

**Relevant PIP QI Measures**

* QIM7 – Proportion of patients aged 65+ immunised against pneumococcus (related to fracture recovery and general fragility health)
* QIM10 – Proportion of regular patients with a recorded blood pressure (linked to falls risk)

**PDSA: August 2025 – Osteoporosis: Overdue or No DEXA Screening**

This month’s focus is on increasing the proportion of regular (active) patients with osteoporosis who are overdue (2–5 years) and/or not recorded for DEXA screening, by the end of the PIP quarter.

Regular DEXA screening allows for early detection of osteoporosis, which is critical for preventing fractures and other complications related to bone health.

Use this activity to identify gaps in screening, ensure accurate coding, and prioritise follow-up and recalls where needed.

**Resources**

* *Updated RACGP Guidelines (March 2024)*: [Osteoporosis - RACGP Guidelines](https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/osteoporosis/osteoporosis-risk-assess-diagnosis-and-management)
* **Topbar REFRAME Osteoporosis App (Amgen)** Provides patient-specific prompts and risk indicators. [REFRAME App Guide](https://help.pencs.com.au/display/TUG/REFRAME%2BOsteoporosis%2BApp%2BDetails)
* [Healthy Bones Australia – For Patients & Professionals](https://healthybonesaustralia.org.au)
* [Know Your Bones Tool](https://www.knowyourbones.org.au)
* [The Bone Bus – Awareness Campaign](https://www.thebonebus.com.au)
* [Toowoomba Bone Health Community News](https://www.ddwmphn.com.au/news/toowoomba-residents-empowered-to-protect-their-bone-health)
* [Dairy Australia: Healthy Bones](https://www.dairy.edu.au/healthy-bones)



A PDSA cycle is a structured, step-by-step method that helps teams actively work through an improvement activity while also recording the process and outcomes for reflection and learning.

|  |  |
| --- | --- |
| **Practice name:** Example Practice | **Date:** 01/08/2025 |
| **Team member:** P. Manager |

|  |  |
| --- | --- |
| PLAN | Describe the brainstorm idea you are planning to work on. (Idea) |
| Decide what you want to improve, what changes you'll try, and how you'll measure success. |
| What do you want to achieve?Increase the proportion of active eligible patients with osteoporosis who are overdue (2–5 years) and/or not recorded for DEXA screening, by the end of the PIP quarter.What will you change?Use PenCS CAT4 to identify eligible patients overdue for DEXA screening and/or those with no recorded DEXA result and recall them for screening using HotDoc and opportunistic reminders at consultations.Who will help?QI Team, GP practice staff (reception, nurses, GPs), potentially support from PenCS CAT4 and HotDoc.What do you need?* PenCS CAT4 software to run reports on eligible osteoporosis patients who are overdue and/or have no recorded DEXA screening result.
* HotDoc to send recall reminders to patients.
* GP and nurse time to flag and discuss DEXA screening during consultations.
* Baseline data collected at the start of the PIP quarter.

How will you measure success?* Track the proportion of eligible patients who are overdue and/or have no DEXA screening recorded by comparing baseline data to the result data collected at the end of the PIP quarter.
* Use PenCS CAT4 and the QI Team to run reports and track the improvement.
 |
| DO | **Who is going to do what? (Action)** |
| Put your plan into action and collect data. |
| Actions at the beginning of the PIP quarter:* Hold a team meeting to ensure all practice staff are aware of the QI activity and goals.
* Gather feedback from the team to refine and improve the plan.
* Discuss roles and responsibilities for report generation, patient recalls, and follow-up tasks.

During implementation:* PenCS CAT4 was used to identify eligible osteoporosis patients who are overdue or have no recorded DEXA screening result.
* HotDoc was used to send recall reminders to those patients for DEXA screening.
* Opportunistic reminders were provided to patients attending appointments.
* Reports were run to establish baseline data for comparison.
* Monitor progress regularly to ensure the plan is being followed and identify any issues early on.

At the end of the PIP quarter:* Hold a follow-up team meeting to review results and discuss challenges.
* Gather feedback to refine the process.
 |
| STUDY | **Does the data show a change? (Reflection)**  |
| Look at the results. Did the change work as expected? What did you learn? |
| What data did you collect?* Baseline: X eligible patients overdue and/or not recorded for DEXA screening result
* Result: Y eligible patients still with overdue and/or no DEXA screening
* Improvement: Z fewer patients overdue and/or without a result — a Z% improvement

What did you learn?* The recall system worked well and resulted in a measurable increase in DEXA screening.
* Opportunistic reminders during appointments were effective in capturing additional patients.
* Some patients required multiple reminders before booking their DEXA screening.
 |
| ACT | **Do you need to adjust the plan, or did everything go as expected? (What Next?)** |
| Decide what to do next—keep the change, adjust it, or try something different. |
| What will you do next?* Adopt: Continue using PenCS CAT4 and HotDoc for patient recalls, maintaining the increase in DEXA screening.
* Adapt: Explore ways to further personalise recall reminders or improve opportunistic reminders at appointments.
* Abandon: If repeated reminders are ineffective or cause patient frustration, trial a one-time recall strategy.

Next Steps:* Consider using the Topbar REFRAME app for future CQI.
* Consider partnering with local chemists and/or allied health for awareness.
 |

****

**Please attach your data reports/results to this PDSA.**

|  |
| --- |
| Should your practice be audited, having these documents on hand will serve as evidence of the changes made, the data collected, and the outcomes achieved during the PDSA cycle. Ensure that the baseline data and result data are included, along with any relevant reports from PenCS CAT4 and HotDoc that were used to track the improvement. |



A PDSA cycle is a structured, step-by-step method that helps teams actively work through an improvement activity while also recording the process and outcomes for reflection and learning.

|  |  |
| --- | --- |
| **Practice name:**  | **Date:**  |
| **Team member:**  |

|  |  |
| --- | --- |
| PLAN | Describe the brainstorm idea you are planning to work on. (Idea) |
| Decide what you want to improve, what changes you'll try, and how you'll measure success. |
| What do you want to achieve?What will you change?Who will help?What do you need?* …
* …
* …
* …

How will you measure success?* …
* …
 |
| DO | **Who is going to do what? (Action)** |
| Put your plan into action and collect data. |
| Actions at the beginning of the PIP quarter:* …
* …
* …

During implementation:* …
* …
* …
* …

At the end of the PIP quarter:* …
* …
 |
| STUDY | **Does the data show a change? (Reflection)**  |
| Look at the results. Did the change work as expected? What did you learn? |
| What data did you collect?* Baseline:
* Result:
* Improvement:

What did you learn?* …
* …
 |
| ACT | **Do you need to adjust the plan, or did everything go as expected? (What Next?)** |
| Decide what to do next—keep the change, adjust it, or try something different. |
| What will you do next?* Adopt:
* Adapt:
* Abandon:

Next Steps:* …
 |

****

**Please attach your data reports/results to this PDSA.**

|  |
| --- |
| Should your practice be audited, having these documents on hand will serve as evidence of the changes made, the data collected, and the outcomes achieved during the PDSA cycle. Ensure that the baseline data and result data are included, along with any relevant reports from PenCS CAT4 and HotDoc that were used to track the improvement. |



**Identify active Osteoporosis patients who are overdue and/or not recorded for DEXA screening**

**FILTER STEPS**

Navigate to **‘General’** tab and select Activity **‘Active (3x in 2 yrs)’**.



Navigate to **‘Conditions’** tab, under the **‘Chronic’** subtab, and select the **‘Osteoporosis-Yes’** checkbox.

****

Now all filter criteria have been set, please click on **'Recalculate'** to apply the filter:



To see the full report, first minimise the filter panel by clicking on the     in the top left corner.

**REPORT STEPS**

Select the **‘Screening’** tab and the **‘DEXA’** subtab.

Select the **‘Recorded 2-5 Years’** and/or **‘Not Recorded’** section of the graph.

 ****

and/or

**NOTE:** Keep ‘Patient Count’ manageable based on staff capacity. A targeted approach ensures completion without disrupting business as usual. Need help refining numbers? Contact your PHN Primary Care Liaison Officer or emailpracticesupport@ddwmphn.com.au



On the right-hand side of the Reports pane, you will see **‘Export’** and **‘Print’** icons.

You can save a soft-copy by selecting **‘Export’** or a hard-copy by selecting **‘Print’**.

If you chose to export a soft copy of your report, click on the drop-down arrow next to the Floppy Disc **‘Save’** Icon. This is where you will select how you would like to save the file.







**PDF:** Fixed Layout Document

**DOCX:** Word Document

**XLSX:** Excel Spreadsheet

**CSV:** Excel Data Table - great for bulk recall-reminders using HotDoc etc.

Please ensure that you attach your data reports to your PDSAs at the beginning and end of each quarter.

**Pen CS Topbar Osteoporosis REFRAME App**

[REFRAME App Guide](https://help.pencs.com.au/display/TUG/REFRAME%2BOsteoporosis%2BApp%2BDetails)

The Amgen REFRAME app provides easy access to reporting relating to patients that have osteoporosis risk factors and gives the users a simple view of the patient's risk and other relevant factors in one table.

The app will apply the following patients:

* Patients 70 years of age and older and never had a DXA, or have not had a DXA within the last 2 years OR
* Patients that have experienced a fracture since the age of 50

When a patient meeting one of the criteria above is opened in your clinical system, the app will become active and show a notification in a red circle:



Clicking on the app icon will open it in full screen and display all relevant information in a table view:



If there is no information in the patient record, only the name of the indicator will be displayed. If the information is available, it will be displayed in green.

**You may wish to utilise this app as part of your PDSA actions.**



Be sure to attach your data reports to your PDSAs at the beginning and end of each quarter. If it’s not recorded, it didn’t happen! Should the Department come searching, you **MUST** have a record of your QI activities and the treasure trove of data to prove it. **X marks the spot—bury it somewhere you'll always find it!**





****

****

****

You've conquered this QI Quest and **LEVELLED UP** your practice— but the journey doesn’t end here. A new challenge awaits in the next quarter... **Are you ready to embark on your next QI adventure?"**