

Implementing Quality Improvements

- PIP QI -

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Learning Objectives:

1. Explain the new Practice Incentive Payment Quality Improvement (PIPQI)
2. Recognise and understand the importance of data quality
3. Learn to interpret practice data
4. Use data to identify and track areas for improvement
5. Develop a data quality plan and next steps

Learning Objective 1:

Explain the new Practice Incentive Payment Quality Improvement (PIP QI)





Practice Incentive Payments

1. PIPQI – *starts 1 August 2019*
2. eHealth Incentive
3. After Hours Incentive
4. Rural Loading Incentive
5. Teaching Payment
6. Indigenous Health Incentive
7. Procedural General Practitioner Payment
8. General Practitioner Aged Care Access Incentive




PIP QI supports general practices that encourage:

Continuing
Improvements

Quality care

Enhancing
capacity

Improving
access and
health outcomes
for patients



“The PIP QI Incentive will give practices increased flexibility to improve their detection and management of a range of chronic conditions & to focus on issues specific to their practice population”



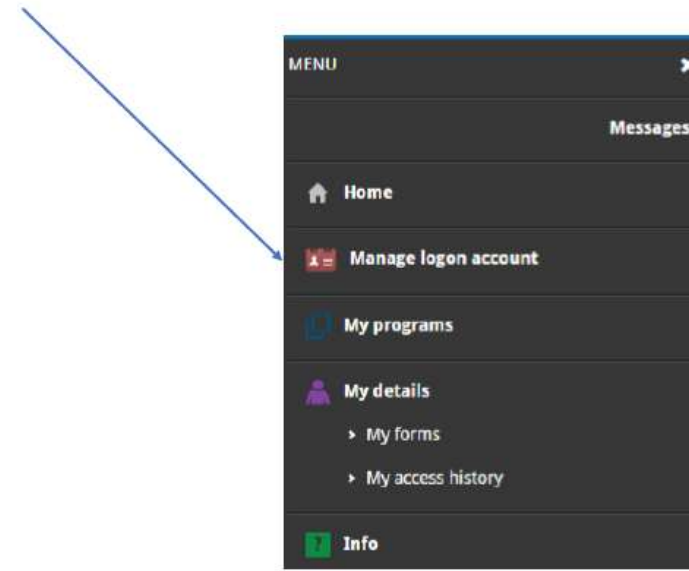
PIP QI from 1 August 2019

- First quarter payments (covering 1 August to 30 October) made 1 November.
- General practices complete an annual confirmation statement each year declaring compliance.
- Must maintain evidence of compliance for 6 years (not PHN responsibility)
- Dept Health conducts audits & compliance checks of payments made under the Practice Incentives Program

Katrina's tip: Document every improvement activity you do & celebrate each achievement

Access to PIP via PRODA

You may have previously provided your Individual HPOS PKI RA number to the PIP team to permit you to update the Practice PIP details. As you have a separate PRODA RA number, you will need to ensure this number is linked to PIP. To find your PRODA RA number, you will need to CLICK on Manage logon account



You will be taken to the following screen: Hover over the MENU button until you see the following icons:

Click on My Login Details:





PIPQI Preparation Checklist

DO NOW

- Practice accreditation
- Review data sharing agreement with EMPHN
- Set up PRODA to apply online for PIPQI (from 1 August 2019)

DO NEXT

- Install & learn Pen CS or Polar (your data extraction tool)
- Review 10 measures in 'Eligible Data Set'
- Start Implementing Quality Improvement Activities



PIP QI – Eligible data set - Improvement measures

1. Proportion of patients with **smoking** status recorded
2. Proportion of patients with **alcohol** status recorded
3. Proportion of patients with **weight** recorded
4. Proportion of patients with up-to-date **cervical screening**.
5. Proportion of patients with **diabetes with blood pressure recorded**
6. Proportion of patients with **diabetes with current HbA1c result**
7. Proportion of patients with **diabetes immunised against influenza**
8. Proportion of patients **COPD & immunised against influenza**
9. Proportion of patients **over 65 immunised against influenza**
10. Proportion of patients with **necessary risk factors to enable CVD assessment**



QUESTION:

What are the prescribed targets?

ANSWER:

There are no prescribed targets associated with any of the Improvement Measures.




QUESTION:

Do you have to focus your quality improvement activities on the 10 Improvement Measures?

ANSWER:

No.

Focus on areas which are informed by your clinical information system data and meet the needs of your practice population.



Practices may focus their quality improvement activities on areas which are informed by their clinical information system data and meets the needs of their practice population.



Learning Objective 2:

Recognise and understand the importance of data quality



Active versus Inactive patients



Database search

File Help

Setup search: Demographics Drugs Conditions **Visits** Immunisations Cervical screening Observations Family/Social

SQL Query: `SELECT *
FROM BPS_Patients
WHERE StatusText = 'Active'
ORDER BY surname, firstname`

Include inactive patients Include de

Name Address

Home phone

Run query
Load query
Save query
New query

Search for visits

Seen by: All users Include inactive providers

From: 15/07/2017

To: 15/07/2019

AND OR NOT

Add

Condition
AND NOT Seen since 15/07/2017

OK Cancel



Active versus Inactive patients



MedicalDirector®

Patient Search [X]

Age
Age greater than or equal to:
Age less than or equal to:

Occupation

Gender
 All
 Not Stated
 Male
 Female
 Intersex/Other

Transgender
 All
 Yes
 No

Pregnant
 All
 Yes
 No

Other demographic criteria

ATSI
 Not stated/inadequately described
 Aboriginal
 Torres Strait Islander
 Aboriginal and Torres Strait Islander
 Neither Aboriginal nor Torres Strait Islander

Smoker >= /day Never Smoked Ex-Smoker

Drug/Condition
 Currently taking drug
 Currently taking drug from class
 Previous script for drug
 Condition
 Symptom
 Sign

OR NOT

Seen By From To

Not seen since

Custom Field 1
Custom Field 2
Custom Field 3

All patients who have not been seen since 15/07/2017





Know your clinical software



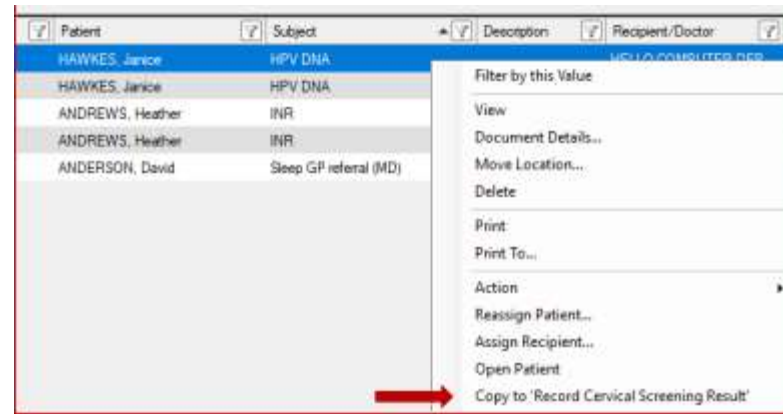
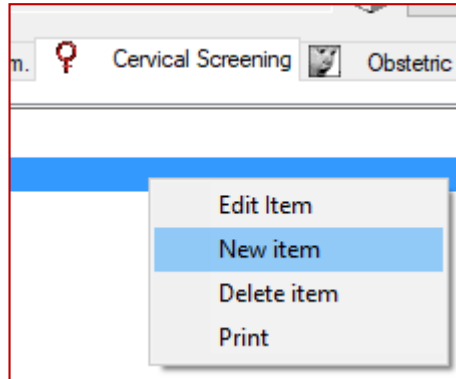
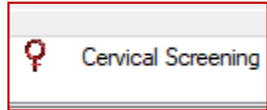
MedicalDirector[®]



PIP QI – Eligible data set – needs to be coded in MD

- Cervical screening result
- Coded diagnoses eg. diabetes, COPD etc.
- HbA1C result
- Alcohol
- Smoking
- Weight
- Patients with necessary risk factors to enable CVD assessment
- Blood pressure (for patients with diabetes)
- Influenza immunisation (specifically for patients with diabetes and COPD & aged 65+)

Record cervical screening result from the Holding File or patient record



Record Cervical Screening Result

Penny ANDERSON

DOB: 04/07/1993 Record No:

Screening Result

Date: 13/07/2019 Result: Negative

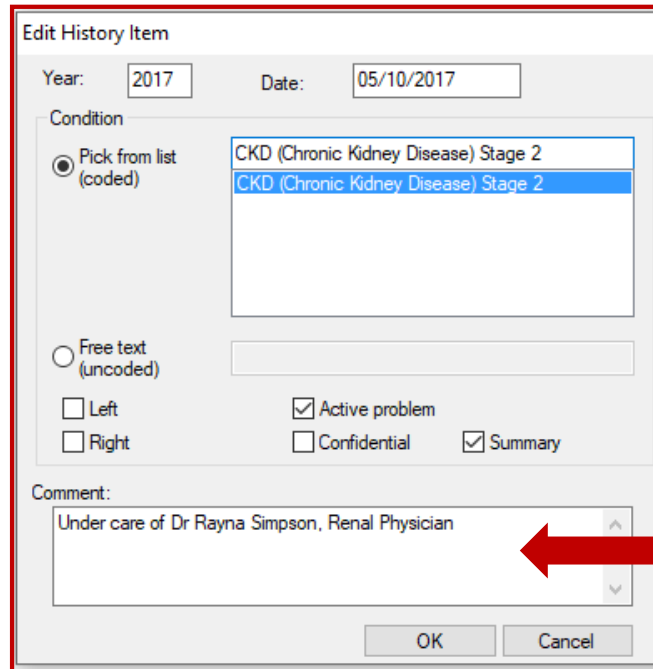
Endocervical cells present? HPV changes present?

Comment:

[View AMBS 2004 Comparison Table](#) Add Recall Add Cancel

'Coding' a diagnosis is vital

The 'Past History' list



Year: 2017 Date: 05/10/2017

Condition

Pick from list (coded)

CKD (Chronic Kidney Disease) Stage 2
CKD (Chronic Kidney Disease) Stage 2

Free text (uncoded)

Left Active problem
 Right Confidential Summary

Comment:
Under care of Dr Rayna Simpson, Renal Physician

OK Cancel

ONLY add significant active or inactive 'events' and chronic conditions

BEST TIP!!

Add comment

eg Care team involved, further detail of operation or condition.



Know your clinical software



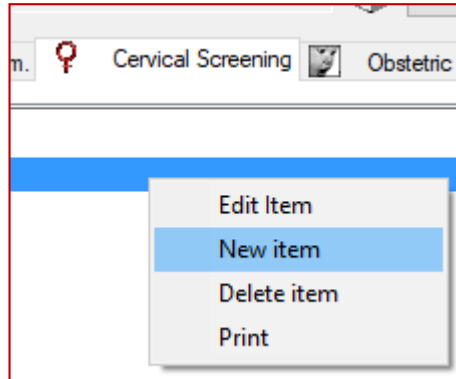
Bp[®] Premier



PIP QI – Eligible data set – needs to be coded in BP

- Cervical screening result
- Coded diagnoses eg. diabetes, COPD etc.
- HbA1C result
- Alcohol
- Smoking
- Weight
- Patients with necessary risk factors to enable CVD assessment
- Blood pressure (for patients with diabetes)
- Influenza immunisation (specifically for patients with diabetes and COPD & aged 65+)

Record cervical screening result from the Inbox or patient record



Record Cervical Screening Result

Penny ANDERSON

DOB: 04/07/1993 Record No:

Screening Result

Date: 13/07/2019 Result: Negative

Endocervical cells present? HPV changes present?

Comment:

[View AMBS 2004 Comparison Table](#) Add Recall Add Cancel

'Coding' a diagnosis is vital

'Past History' list

ONLY add significant active or inactive 'events' and chronic conditions. Always select from coded picklist.

BEST TIP!!

Add further detail
eg Care team involved, details of operation or condition.

Past History

Date: / / 2013

Condition:

Condition

- Total knee replacement
- Total knee replacement revision

Left Right Bilateral

Acute Chronic

Mild Moderate Severe

Active Inactive

Provisional diagnosis

Fracture:

Displaced Undisplaced

Compound Comminuted

Spiral Greenstick

Further detail:

Send to My Health Record

Confidential

Include in summaries



**Know your population,
know your data extraction tool**

POLAR

POpulation Level Analysis & Reporting

The screenshot shows a web browser window displaying the POLAR website. The browser's address bar shows the URL <https://polarexplorer.org.au>. The website's navigation menu includes links for Reports, Management, Downloads, and Contact Us. A user is logged in as 'Hello Sue' with a 'Log off' option. The main banner features the POLAR logo and the text 'POLAR - Population Level Analysis and Reporting'. Below the banner are three content boxes: 'About Us' (describing POLAR Explorer tools), 'Reporting' (listing report types like GP's, Health Services, and Population, Community Health), and 'Support' (providing contact information for assistance). The footer contains copyright information for Outcome Health and links to Terms of Use, Privacy Policy, and Accessibility.

Education and Support - POLAR | Home - POLAR | polar reporting logo - Bing ima: | +

https://polarexplorer.org.au

POLAR Reports Management Downloads Contact Us Hello Sue Log off

POLAR

POLAR - Population Level Analysis and Reporting

About Us
POLAR Explorer tools are an easy-to-use web-based interface that allows health data to be analysed instantly.

Reporting
POLAR Explorer Reports include GP's, Health Services and Population, Community Health. To experience our solution run reporting...

Support
To request support, provide feedback, or contact us for another reason, use our [Contact Form...](#)

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Windows taskbar: ENG 7:32 AM

Know your population, know your data extraction tool



41,806
PATIENTS



16,894
ACTIVE PATIENTS



679,238
SCRIPTS



120,077
IMMUNISATIONS



8,386
RACGP ACTIVE PATIENTS



576,737
ACTIVITIES



667,062
TESTS



793,204
MBS ITEMS



Set a baseline for QI Activities



Baseline



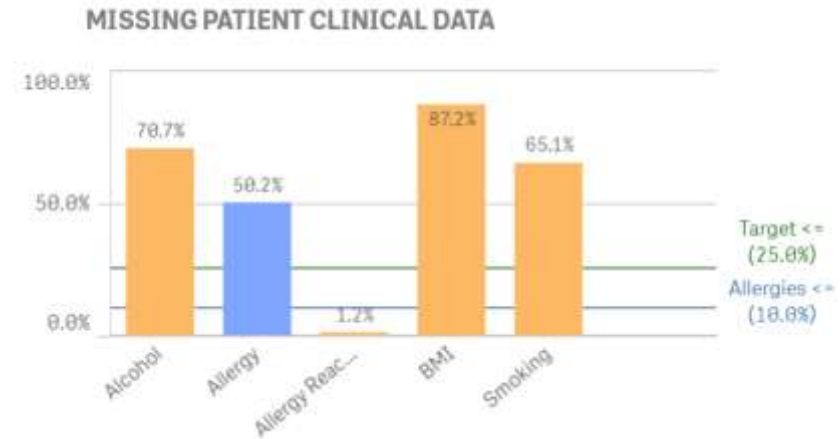
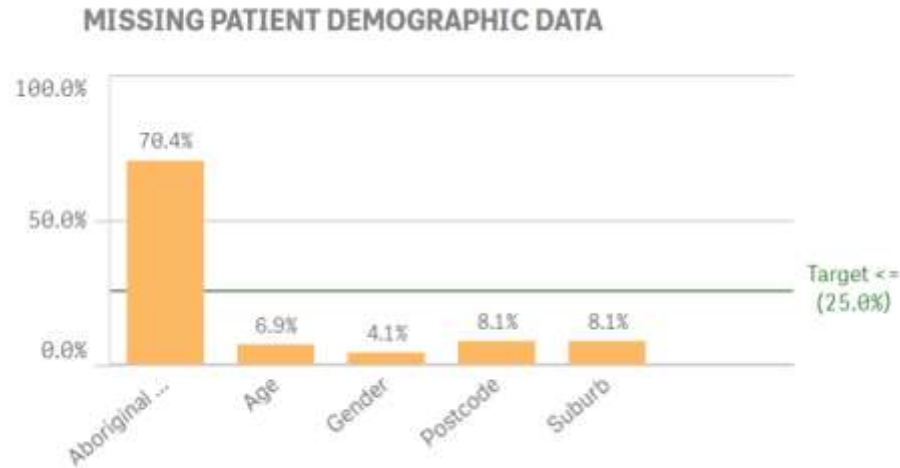
RECORDED PATIENT CLINICAL DATA

Quality Param Medical	Q	% Recorded	Target
Alcohol		54.3%	75%
Allergy		95.0%	90%
Allergy Reaction		97.7%	75%
BMI		42.7%	75%
Smoking		77.3%	75%

Use POLAR to measure your success over time!



Data Quality Reports



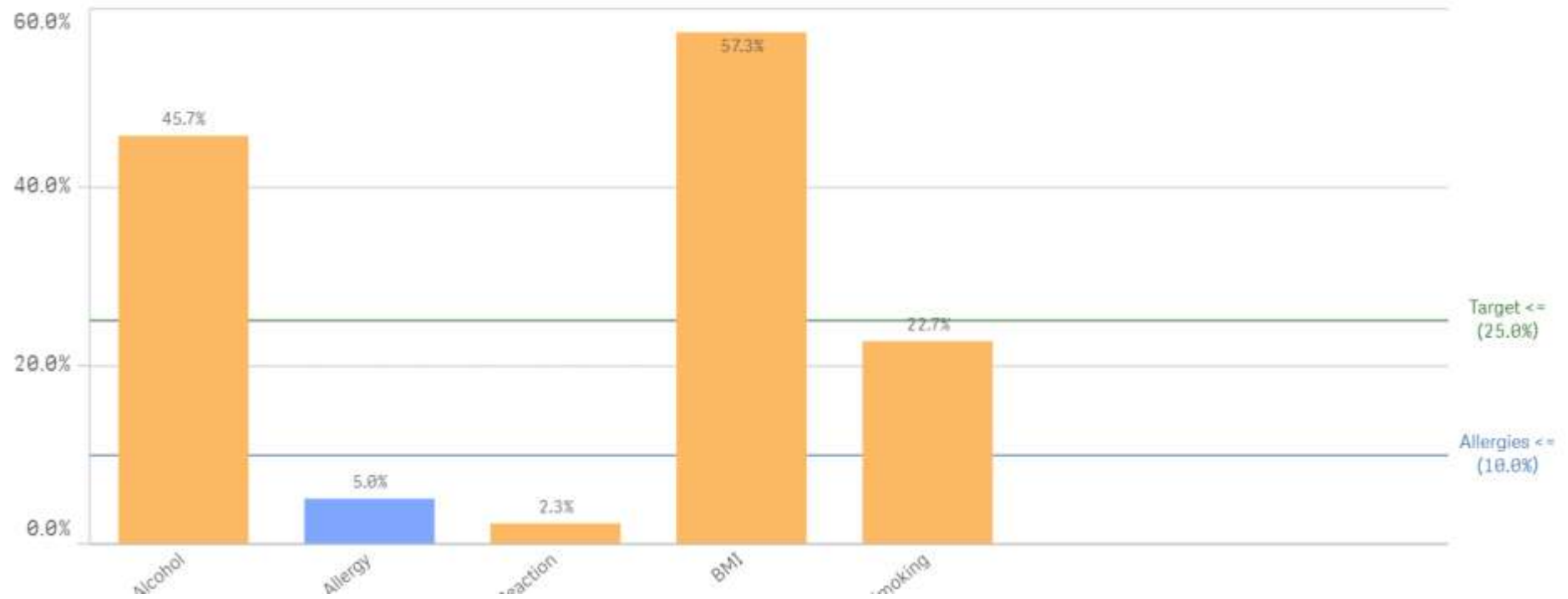
Missing Demographic and Clinical data



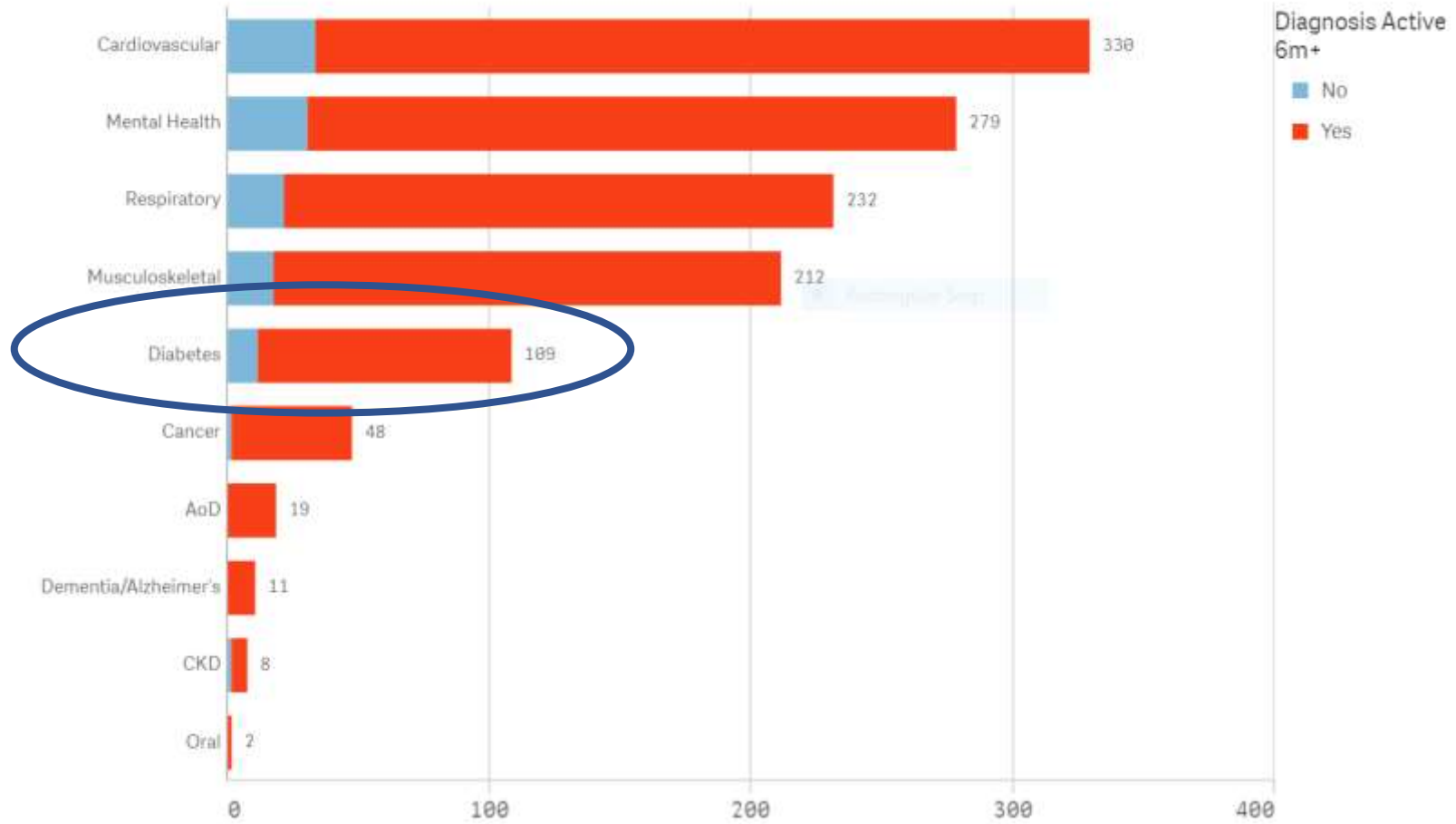
Accreditation compliance



MISSING PATIENT CLINICAL DATA



Chronic disease management



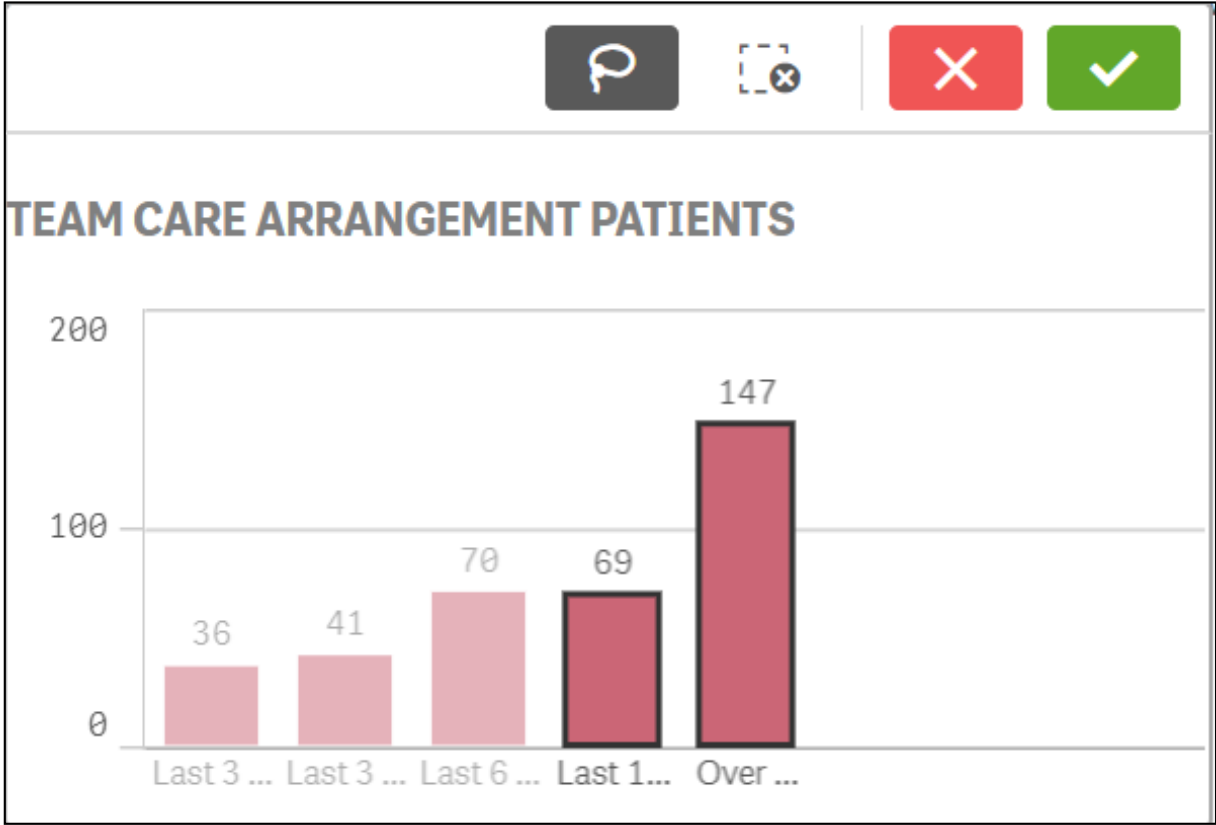
Improve diabetes management

Search for patients with possible diabetes but no diagnosed/coded condition recorded in their Past Medical History.

The screenshot shows the POLAR clinical summary interface for Diabetes QI. The navigation menu includes Reports, Dashboard, Patients, Clinical, and MBS. The 'Clinical' menu is highlighted with a red box, and a blue arrow points to a dropdown menu containing the following items: Diagnosis, Prescriptions, Pathology, Radiology, Cervical Screening, Diabetes QI (highlighted with a red box), Immunisation, Patient Metrics, and Trends. Below the menu, there are two charts: 'CODED DIABETES STATUS' showing 68 suspected diabetes mellitus cases, and 'NON DIAGNOSED DIABETES PATIENTS' showing 23 diabetes medications and 38 suspected diagnoses.

Category	Count
Diabetes Medications	23
Suspected Diagnosis	38

Care Planning Improvements



Customise 'Queries'



POLAR Clinical Indicators Reports Filters Help Patient List Bookmarks

RACGP Active Active =Text([Age Band]) 45-49 Services Date R... ALL MBS Item No Ex... 4 of 1092

Double click to view list
Active Patient Count
104
(Excluded Patients: 8)

RACGP Active: Active
MBS Item No
Exclusive: 701, 703, 705, 707
Services Date Range
Exclusive: Last 1 Month, Last 3
Patients with diagnosis co-morbidities can be found by combining the diagnosis filters (i.e. 'SNOMED' filter for first condition and 'AND SNOMED' filter

Filters can be selected in multiple dropdown boxes. Filters act as an OR within a dropdown box (i.e. 'SNOMED'>Asthma OR COPD) and as an AND between boxes (i.e. 'SNOMED' > COPD and 'AND 'SNOMED' >Asthma). Active Diagnosis" and "Current Medication" filters only shows patients with an active diagnosis or current medication in the clinical software.

Inclusion Filters **Exclusion Filters** ← Inclusion and Exclusion filters

Exclusion Filters Content
This section filters for what HAS NOT happened to the identified patient group.

Diagnosis Medications Test & Imaging MBS Items Immunisation

Date Range

Last 1 Month	✓
Last 3 Months	✓
Last 6 Months	✓
Last 12 Months	✓
Outside Last 12 Months	✓

MBS Item No

701	✗
702N	✗
705	✗
706	✓
707	✗
708	✓
709	✓
709	✓
709	✓
709	✓
709	✓

Cervical screening

Double click to view list

Patient Count

41,806 16,894 Active

FILTERS


- Patient
- Activity
- Provider
- Diagnosis
- Medications
- Pathology
- Radiology
- Immunisation
- Service

Cervical Screening

Excluded from Recalls

Had Hysterectomy


Select date range




3,378
PATIENTS



2,304
ACTIVE PATIENTS




140,399
SCRIPTS



1,833
RACGP ACTIVE PATIENTS



144,040
ACTIVITIES



191,941
TESTS

Patient ID	First Name	Last Name	DOB	Patient Age	Gender	Suburb	Post Code	Most Seen Clinician	Patient Status	Filters
1823	Lisa	Reed	01/09/1990	16	Female	3100	BLACKBURN NORTH	Dr DeLisle	Active	Calendar-CervicalScreeningTestDate <= 2009-04-28T00:00:00+00:00 > 2019-04-28T00:00:00+00:00
0700	Healy	Murphy	01/06/1990	20	Female	3100	BLACKBURN NORTH	Indiana Jones	Active	Calendar-CervicalScreeningTestDate <= 2009-04-28T00:00:00+00:00 > 2019-04-28T00:00:00+00:00
0420	Ryle	Mayer	01/02/1990	20	Female	3100	BLACKBURN NORTH	Dr Douglas Howser	Active	Calendar-CervicalScreeningTestDate <= 2009-04-28T00:00:00+00:00 > 2019-04-28T00:00:00+00:00
04410	Aimee	Christian	01/10/1990	20	Female	3101	SURWOOD EAST	Dr DeLisle	Active	Calendar-CervicalScreeningTestDate <= 2009-04-28T00:00:00+00:00 > 2019-04-28T00:00:00+00:00
04210	Kirley	Daniel	01/11/1990	20	Female	3101	SURWOOD EAST	Dr Sauss	Active	Calendar-CervicalScreeningTestDate <= 2009-04-28T00:00:00+00:00 > 2019-04-28T00:00:00+00:00
17003	Chana	Rea	01/08/1990	20	Female	3100	SLN WAVERLEY	Diamond Tulu	Active	Calendar-CervicalScreeningTestDate <= 2009-04-28T00:00:00+00:00 > 2019-04-28T00:00:00+00:00



PIPQI Preparation Checklist

DO NOW

- Practice accreditation
- Review data sharing agreement with your PHN
- Set up PRODA to apply online for PIPQI (from 1 August 2019)

DO NEXT

- Install & learn Pen CS or Polar (your data extraction tool)
- Review 10 measures in 'Eligible Data Set'
- Start Implementing Quality Improvement Activities



Learning Objective 3:

Learn to interpret practice data



Criterion QI1.1 – Quality improvement activities

Indicators

QI1.1▶A Our practice has at least one team member who has the primary responsibility for leading our quality improvement systems and processes.

QI1.1▶B Our practice team internally shares information about quality improvement and patient safety.

QI1.1▶C Our practice seeks feedback from the team about our quality improvement systems and the performance of these systems.

QI1.1▶D Our practice team can describe areas of our practice that we have improved in the past three years.

What is our GOAL (what are we trying to accomplish)		Raise Awareness of Clinical Coding <ul style="list-style-type: none"> ▪ Code diagnoses ▪ Enter reason for visit ▪ Enter for reason for medication ▪ Maintain updated allergy detail 		
What measures will we use? (i.e. data)		Data Extraction Tools eg. Pen CAT or POLAR		
What ideas can we use? (how are we going to achieve our goal)		<i>List ideas here to work on in table below</i> Start a Quality improvement folder Team meeting Attend education eg. webinars / face to face sessions Post-education follow-up team discussion GP & RN team review of clinical documentation (opportunistic or planned) Pen CAT / Polar Data Quality Audit		
IDEAS	PLAN How will we do it – who, what, where and when?	DO Did we do it	STUDY What happened?	ACT What is our next step?
1.				
2.				
3.				
4.				
5.				





Learning Objective 5:

Develop a data quality plan and next steps

Clinic - Patient View

Quality Improvement Measure	Chart	Sub-Measure	Patient Counts	Add to Patient list
QIM 1 - Patients with diabetes with a current HbA1c recorded (< 12 months)		Type 1	12 / 20	Not Included
		Type 2	96 / 144	Not Included
QIM 10 - % of patients with diabetes and BP recorded			94 / 164	Not Included
QIM 2 - Patients with smoking status recorded		Current Smokers	185 / 5404	Not Included
		Ex-Smokers	1045 / 5404	Not Included
		Non-Smokers	3739 / 5404	Not Included
QIM 3 - Patients with BMI recorded		BMI >30	166 / 5399	Not Included
		BMI 25 - <30	188 / 5399	Not Included
		BMI 18.5 - <25	179 / 5399	Not Included
		BMI <18.5	17 / 5399	Not Included
QIM 4,5,6 - Influenza vaccinations given in past 15 months, by patient groups		Patients > 65	975 / 1254	Not Included
		Patients with diabetes	105 / 153	Not Included
		Patients with COPD	28 / 33	Not Included
QIM 7 - % of patients with alcohol status recorded		Currently Unavailable	0 / 0	Not Included
QIM 8 - CVD calculation elements - risk factors		Smoking Status, Systolic BP, Total & HDL Cholesterol etc.	951 / 2792	Not Included
QIM 9 - Cervical screening		2 year screening	1431 / 4270	Not Included
		5 year screening	1437 / 4270	Not Included

PIP QI - Draft

POLAR

NOTE:
THIS REPORT IS STILL
IN DRAFT

Patient List

Please add at least one cohort to the output list

Diabetes is the current PIP QI focus area for this Clinic

	Numerator	Denominator	Difference
Clear all included cohorts from Patient List	+ Add Patient list to report Selections		


Previous KPI

Next KPI

Proportion Of Regular Clients Who Have Type 1 Diabetes And Who Have Had A HbA1c Measurement Result ...

Month	Proportion
May-18	52.6%
Jun-18	52.6%
Jul-18	50.0%
Aug-18	50.0%
Sep-18	52.6%
Oct-18	88.4%
Nov-18	88.4%
Dec-18	86.7%
Jan-19	81.2%
Feb-19	81.2%
Mar-19	80.0%
Apr-19	80.0%
May-19	80.0%





Evidence has shown that
quality improvement activities lead
to positive change in practices,
particularly when a
whole practice team
approach is adopted.

Lead your team in continuous quality improvements



Example from the outstanding Greenmeadows Medical, Port Macquarie, NSW

	Whole Practice	GP 1	GP 2	GP 3	GP 4	GP 5	GP 6	GP 7	GP 8	GP 9
1. Allergy Recorded										
<u>Total population</u>	13697	2488	1996	921	1718	1839	936	604	686	43
Nothing recorded	28.8%	16.4	36.5	28.1	51.2	9.4	21.5	24.3	4.1	30.2
<u>Active population</u>	9576	1866	1628	684	1192	1445	795	397	514	30
Nothing recorded	17.7	29.5	28.5	19.7	39.9	4.2	13.8	14.9	01.0	10.0
2. Gender not recorded										
<u>Total population</u>	141	28	11	13	21	6	12	5	6	0
<u>Active population</u>	35	5	2	3	11	2	7	0	3	0
3. Smoking – nothing recorded										
<u>Active population over 16</u> <small>(Active (3x > 2 years))</small>	27%	15.7	63.9	60.4	76.4	11.5	44.6	41.0	21.2	39.7
4. Recording of ATSI patients										
<u>Total population</u>	0	0	0	1	0	0	0	0	0	0
<u>Active population</u> <small>(Active (3x > 2 years))</small>	1	0	0	1	0	0	0	0	0	0
5. Diabetes Prevalence										
<u>Total population</u>	3.5%	2.9	2.8	1.4	8.8	5.1	2.5	1.2	4.2	4.7
<u>Active population</u> <small>(Active (3x > 2 years))</small>	4.6%	3.8	3.2	1.9	11.7	6.2	2.9	1.8	5.5	6.7
<u>Diabetics 65+, 8+ medications</u>	60.9 %	61.4	74.2%	50%	77.8%	63.6%	81.3%	60%	62.5%	100%
<u>Diabetics 65+, 5+ medications</u>	90.9%	88.7	93.6%	83.4%	92.9%	90.8%	100%	80%	75%	100%
6. Diabetes “at risk” *										
<u>40-49 year olds</u>	94	5	2	3	0	12	2	1	2	0
<u>50+ year olds</u>	288	29	55	6	8	131	10	6	17	1

Table credit: Noel Stewart,

Measure
1. Proportion of patients with smoking status recorded
2. Proportion of patients with alcohol status recorded
3. Proportion of patients with weight recorded
4. Proportion of patients with up-to-date cervical screening.
5. Proportion of patients with diabetes with blood pressure recorded
6. Proportion of patients with diabetes with current HbA1c result
7. Patients with diabetes immunised against influenza
8. Proportion of patients with COPD & immunised against influenza
9. Proportion of patients over 65 immunised against influenza
10. Proportion of patients with necessary risk factors to enable CVD assessment

Whole Practice	GP 1	GP 2	GP 3	GP 4	GP 5	GP 6	GP 7	GP 8	GP 9
13697	2488	1996	921	1718	1839	936	604	686	43
28.8%	16.4	36.5	28.1	51.2	9.4	21.5	24.3	4.1	30.2
9576	1866	1628	684	1192	1445	795	397	514	30
17.7	29.5	28.5	19.7	39.9	4.2	13.8	14.9	01.0	10.0
141	28	11	13	21	6	12	5	6	0
35	5	2	3	11	2	7	0	3	0
27%	15.7	63.9	60.4	76.4	11.5	44.6	41.0	21.2	39.7
0	0	0	1	0	0	0	0	0	0
1	0	0	1	0	0	0	0	0	0
3.5%	2.9	2.8	1.4	8.8	5.1	2.5	1.2	4.2	4.7
4.6%	3.8	3.2	1.9	11.7	6.2	2.9	1.8	5.5	6.7
60.9 %	61.4	74.2%	50%	77.8%	63.6%	81.3%	60%	62.5%	100%
90.9%	88.7	93.6%	83.4%	92.9%	90.8%	100%	80%	75%	100%
94	5	2	3	0	12	2	1	2	0
288	29	55	6	8	131	10	6	17	1

Brainstorm ideas as a team



IDEAS	PLAN How will we do it – who, what, where and when?	DO Did we do it	STUDY What happened?	ACT What is our next step?
1.				
2.				
3.				
4.				
5.				

SAMPLE

Quality Improvement Activity form:

The Model for Improvement Guide



The Model for Improvement is a tool for developing, testing and implementing change.

The Model consists of two parts that are of equal importance:

1. The 'thinking part' consists of Three Fundamental Questions that are essential for guiding your improvement work.
2. The 'doing'/'testing' part is made up of Plan, Do, Study, Act (PDSA) cycles that will help you test and implement change.

This Guide will take you through the following steps:

Step 1	The 3 Fundamental Questions
Step 2	PDSA cycle

Step 1 The 3 Fundamental Questions

1. What are we trying to accomplish?

By answering this question you will develop your GOAL for improvement

2. How will we know that a change is an improvement?

By answering this question you will develop MEASURES to track the achievement of your goal

3. What changes can we make that will lead to an improvement? - list your small steps / ideas

By answering this question you will develop the IDEAS that you can test to achieve your goal

Idea _____

Idea _____



SAMPLE

Quality Improvement Activity form:

Step 1: Three Fundamental Questions

1. **What are we trying to accomplish?**

By answering this question you will develop your **GOAL** for improvement.
Each new GOAL (1st Fundamental Question) will require a new Model for Improvement

2. **How will we know that a change is an improvement?**

By answering this question you will develop **MEASURES** to track the achievement of your goal

3. **What changes can we make that will lead to an improvement?**

By answering this question you will develop the **IDEAS** that you can test to achieve your goal

Idea:

Idea

Idea

Other idea

SAMPLE

Quality Improvement Activity form:



Which area of your practice might benefit from a QI Activity – Administrative or Clinical?	
QI Activity Description	
What will a successful outcome look like (10-word elevator pitch)?	
How will you measure success?	
What is your initial benchmark?	
Who will be leading this activity?	
Who will be on the team?	
How long will the activity need?	
What additional resources will be required?	



SAMPLE

Quality Improvement Activity:



Which area of your practice might benefit from a QI Activity – Administrative or Clinical?	Administrative /Clinical
QI Activity Description	Capture those patients that do not have an alcohol recording Ensure every patient that is between the ages of 48-49 has had their 45-49 Health Assessment
What will a successful outcome look like (10-word elevator pitch)?	Lifestyle risk factors such as smoking, nutrition, alcohol and physical activity are associated with many diseases. Our practice routinely measures and records each patient (C7.1G flagged) helps provide the most appropriate care This group is an at-risk group
How will you measure success?	See increase in the number of patients with recorded alcohol and increase in the 45-49 H/A before these patients are no longer eligible for this check Improvement in our practice data
What is your initial benchmark?	Practice bench mark report POLAR June 18 identified 210 patients aged between 48-49 and of these patients only 18.6% have alcohol recorded. This probably means that most of these patients have not had a 45-49 HA
Who will be leading this activity?	Practice Manager and Practice Nurse
Who will be on the team?	All admin team, nurses and doctors
How long will the activity need?	When all identified patients have had a 45-49 Health Assessment (6months)



SAMPLE

Quality Improvement Activity:

Goal

What are you trying to accomplish?

Improve the accuracy and completeness of the diabetes register by June 30th 2019

Measure

How do you know that change is an improvement?

Compare

- The number of people on the diabetes register at the **start** of the improvement activity (baseline)
- The number of people on the diabetes register at the **end** of the improvement activity

Ideas

What changes can you make that will lead to an improvement?

1. Archive all patients that do not fit within the practice's definition of active patients
2. Review definition of diabetes and code Type 1 and Type 2
3. Search for all patients on relevant medications that are not coded as having diabetes and code correctly
4. Search for all patients that have had a relevant test performed (e.g. HBA1c) but are not coded with diabetes and code correctly



Lead your team with positivity



VISION



SKILLS



INCENTIVES



RESOURCES



ACTION PLAN

= CHANGE!

Katrina's tips for a successful, happy practice of the future:

- Set small (achievable) clean-up goals (eg coded diagnosis, smoking status)
- Focus on key data items
- Celebrate progress – no matter how small
- Document and review improvement activities
- Train all staff on software & new processes
- Create a team spirit
- Monitor and communicate performance
- Celebrate progress (yes – again!)



Extra Learning Resources



RACGP

[Improving health & record quality in general practice](#)

[RACGP – Standards for General Practice \(5th Edition\)](#)

[Using Data for Better Health Outcomes](#)

Australian Digital Health Agency:

[Importance of Data Quality](#)

[Data Cleansing & Clinical Coding](#)

[Data Quality Checklist](#)

Train IT Medical

[Practice Management Free Resources](#)

[Digital Health Free Resources \(including Pen CAT4\)](#)

[5 Steps to Data Quality Success \(blog\)](#)

[Cheatsheets to enter cervical screening in MedicalDirector and Bp Premier](#)

[Pen CAT4 summary sheet](#)



More Learning Resources

Practice Incentive Payments

[Practice Incentives Program Guidelines](#)

[Eligibility for the PIP](#)

Data Analytic Systems

[CAT4 Recipes](#)

[Topbar video](#)

[Polar Learning & Support](#)

PRODA

[PRODA E-Learning](#)

[PRODA Registration](#)

[DHS – Link your PRODA Account to HPOS](#)

Quality Improvements

[APCC – Model for Improvement](#)

[APCC - PDSA template](#)

[EMPHN resources](#)

[Practice Assist](#)

[Model for Improvement video](#)



Where to Next

- EMPHN Letter
- Registration steps for PIP QI
- Support offered by EMPHN
- **EMPHN Quality Improvement Learning Module**
 - www.emphn.org.au/quality-improvement
 - Training videos
 - Practical guides
 - Checklists
 - Resources

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Thank you! With best wishes, Katrina Otto