SAMPLE Quality Improvement (QI) Activity

- Improve recording of Aboriginal and/or Torres Strait Islander status

What is our GOAL? (what are we trying to accomplish)	Improve identification and focused health improvement initiatives for patients who identify as Aboriginal and/or Torres Strait Islander. Record Aboriginal and/or Torres Strait Islander status.			
What measures will we use? (i.e. data)	% of patients with Aboriginal or Torres Strait Island status recorded in the coded section of their medical record.			
What ideas can we use? (how are we going to achieve our goal)	 List ideas here to work on in table below Pen CAT / Polar Data Quality Audit of records to measure baseline. Assess current waiting room and process. Learn correct place to enter information in software. Attend education e.g. webinars / face to face sessions Post-education follow-up team discussion Team meeting to discuss the issue, benefits & any current barrier. 			
Possible ideas from brainstorming at team meeting:	Prioritise on patient registration form. Double-check details are being transposed from patient registration form. Attend cultural competency training. Put up self-identification posters in waiting room. Have focus groups and include existing patients so staff can learn how best to ask. Design culturally appropriate 'dialogue' for front desk staff for how to ask based on recommended guidelines. Model how to ask with all front desk staff. Increase aboriginal artwork on walls. Put up Aboriginal and Torres Strait Islander flags. Hire an Aboriginal Health Worker Start an Aboriginal Health Clinic Add information relating to relevant services offered on our website.			



SAMPLE QI Activity - Recording of alcohol status

Which area of your practice might benefit from a QI Activity – Administrative or Clinical?	Administrative /Clinical	
QI Activity Description	Improve collection of data for patients who 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 benchmark 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 QI Activity - Improve Diabetes Register

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 <u>start</u> 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
- Review definition of diabetes and code Type 1 and Type 2
- Search for all patients on relevant medications that are not coded as having diabetes and code correctly
- Search for all patients that have had a relevant test performed (e.g. HBA1c) but are not coded with diabetes and code correctly

