

# Implementing Quality Improvements

## - PIP QI -

Presented by:  
Katrina Otto  
Train IT Medical Pty Ltd  
[www.trainitmedical.com.au](http://www.trainitmedical.com.au)  
[katrina@trainitmedical.com.au](mailto:katrina@trainitmedical.com.au)





## Learning Objectives:

1. Understand the changes to PIP and the new PIPQI
2. Learn how to conduct quality improvement activities in your practice
3. Identify areas for practice specific quality improvement activities
4. Develop a quality improvement culture within your practice

## Learning Objective 1:

Understand the changes to PIP and the new PIPQI





# 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*

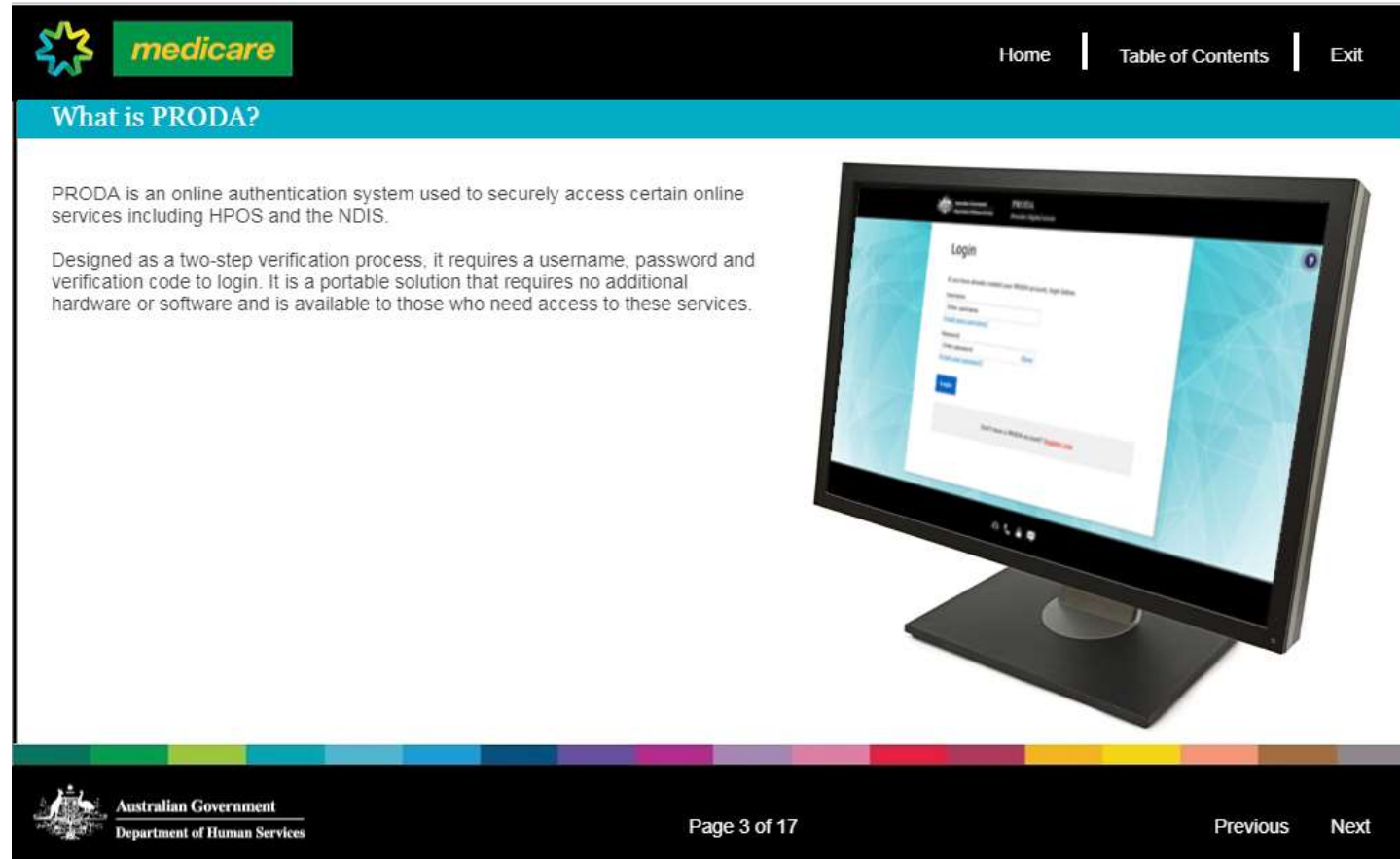
# PIPQI Preparation Checklist

## DO NOW

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



# PRODA? Provider Digital Access



The screenshot shows the Medicare PRODA website. At the top left is the Medicare logo and the word "medicare" in a green box. To the right are navigation links for "Home", "Table of Contents", and "Exit". Below this is a teal header with the text "What is PRODA?". The main content area contains two paragraphs of text and a photograph of a computer monitor displaying the PRODA login page. The text describes PRODA as an online authentication system for HPOS and NDIS, and details its two-step verification process. The footer includes the Australian Government logo, the text "Australian Government Department of Human Services", the page number "Page 3 of 17", and "Previous" and "Next" navigation buttons.

**What is PRODA?**

PRODA is an online authentication system used to securely access certain online services including HPOS and the NDIS.

Designed as a two-step verification process, it requires a username, password and verification code to login. It is a portable solution that requires no additional hardware or software and is available to those who need access to these services.

Australian Government  
Department of Human Services

Page 3 of 17

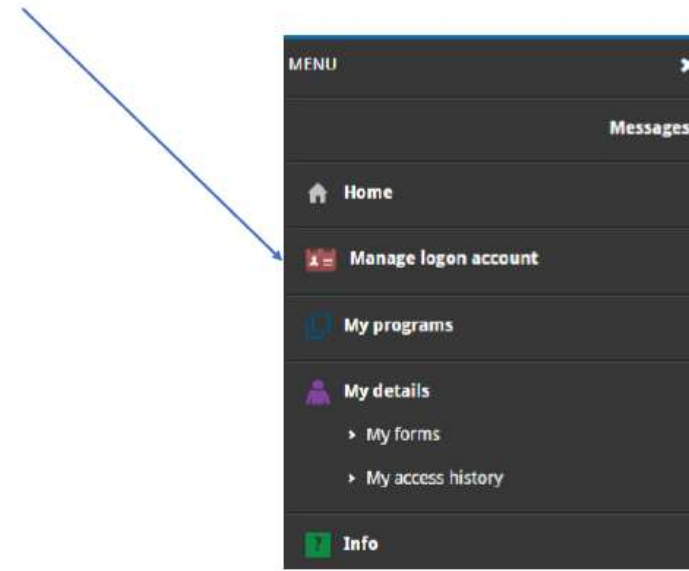
Previous Next

Used to securely access government online services



# 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 NBMPN
- Set up PRODA to apply online for PIPQI (from 1 August 2019)

## DO NEXT

- Install & learn Pen CS
- Review 10 measures in 'Eligible Data Set'
- Start Implementing Quality Improvement Activities



**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.***

# Brainstorm ideas as a team



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



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





## 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**

## Learning Objective 2:

Learn how to conduct quality improvement activities in your practice



# 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 30<sup>th</sup> 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

# SAMPLE

## Quality Improvement Activity form:

<b>What is our GOAL?</b> (what are we trying to accomplish)	Improve identification and focused health improvement initiatives for patients who identify as Aboriginal and/or Torres Strait Islander. <ul style="list-style-type: none"><li>▪ <b>Record Aboriginal and/or Torres Strait Islander status.</b></li></ul>
<b>What measures will we use? (i.e. data)</b>	% of patients with Aboriginal or Torres Strait Island status recorded in the coded section of their medical record.
<b>What ideas can we use?</b>	<u>List ideas here to work on in table below</u>



# Sample Quality Improvement Activity:

What is your improvement GOAL?

What measures will you use to determine success?

What ideas are you going to try?

Did that idea work?

Measure the change

## SAMPLE QUALITY IMPROVEMENT (PDSA)



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

<b>What is our GOAL?</b> (what are we trying to accomplish)	Improve identification and focused health improvement initiatives for patients who identify as Aboriginal and/or Torres Strait Islander. <ul style="list-style-type: none"> <li>Record Aboriginal and/or Torres Strait Islander status.</li> </ul>
<b>What measures will we use? (i.e. data)</b>	% of patients with Aboriginal or Torres Strait Island status recorded in the coded section of their medical record.
<b>What ideas can we use?</b> (how are we going to achieve our goal)	<p><i>List ideas here to work on in table below</i></p> <ul style="list-style-type: none"> <li>Pen CAT / Polar Data Quality Audit of records to measure baseline.</li> <li>Assess current waiting room and process.</li> <li>Learn correct place to enter information in software.</li> <li>Attend education e.g. webinars / face to face sessions</li> <li>Post-education follow-up team discussion</li> <li>Team meeting to discuss the issue, benefits &amp; any current barrier.</li> </ul>
<b>Possible ideas from brainstorming at team meeting:</b>	<p><i>Prioritise on patient registration form.</i></p> <p><i>Double-check details are being transposed from patient registration form.</i></p> <p><i>Attend cultural competency training.</i></p> <p><i>Put up self-identification posters in waiting room.</i></p> <p><i>Have focus groups and include existing patients so staff can learn how best to ask.</i></p> <p><i>Design culturally appropriate 'dialogue' for front desk staff for how to ask based on recommended guidelines.</i></p> <p><i>Model how to ask with all front desk staff.</i></p> <p><i>Increase aboriginal artwork on walls.</i></p> <p><i>Put up Aboriginal and Torres Strait Islander flags.</i></p> <p><i>Hire an Aboriginal Health Worker</i></p> <p><i>Start an Aboriginal Health Clinic</i></p> <p><i>Add information relating to relevant services offered on our website.</i></p>



## Brainstorm ideas with your team

### 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.*



## Educate about why this 'data' is important



## Learning Objective 3:

Identify areas for practice specific quality improvement activities



<b>What is our GOAL</b> (what are we trying to accomplish)		<b>Raise Awareness of Clinical Coding</b> <ul style="list-style-type: none"> <li>▪ Code diagnoses</li> <li>▪ Enter reason for visit</li> <li>▪ Enter for reason for medication</li> <li>▪ Maintain updated allergy detail</li> </ul>		
<b>What measures will we use?</b> (i.e. data)		<b>Data Extraction Tools eg. Pen CAT or POLAR</b>		
<b>What ideas can we use?</b> (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		
<b>IDEAS</b>	<b>PLAN</b> How will we do it – who, what, where and when?	<b>DO</b> Did we do it	<b>STUDY</b> What happened?	<b>ACT</b> What is our next step?
1.				
2.				
3.				
4.				
5.				



## Start with simple searches

- ✓ *Patients aged over 65*
- ✓ *Active vs inactive patients*
- ✓ *Patients who smoke*



Smokers?  $n =$   
Alcohol  $n =$   
Overweight  $n =$   
Immunised against influenza?  $n =$   
At risk of CVD  $n =$



# 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





Report Date: \_\_\_\_\_

Practice Name: \_\_\_\_\_

## QI Clinical Audit Report

### PRACTICE PATIENT POPULATION PROFILE

The figures recorded below are as recorded in your clinical software system, obtained from either CAT4, PATCAT or PAT Programs (via Topbar). Filters / measures include:

- Focus area
- Active patients:
- Enter other filters

Active Patients	Baseline		Audit 1		Audit 2		Audit 3	
	n	(%)	n	(%)	n	(%)	n	(%)



**Know your clinical software**



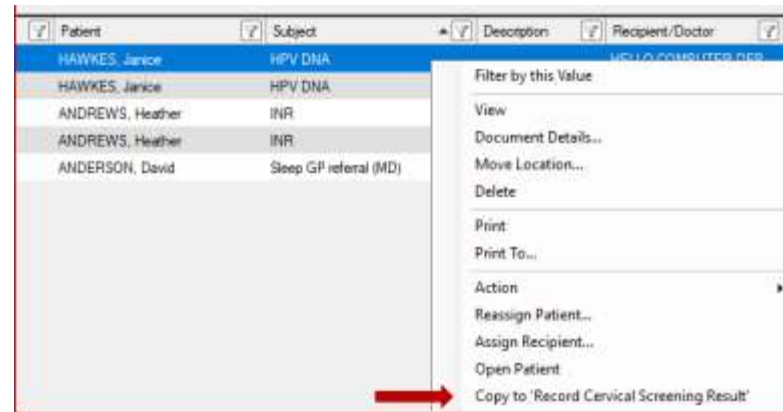
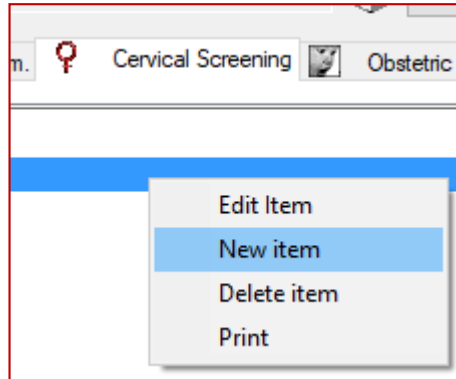
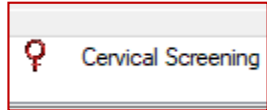
**MedicalDirector<sup>®</sup>**



## 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?

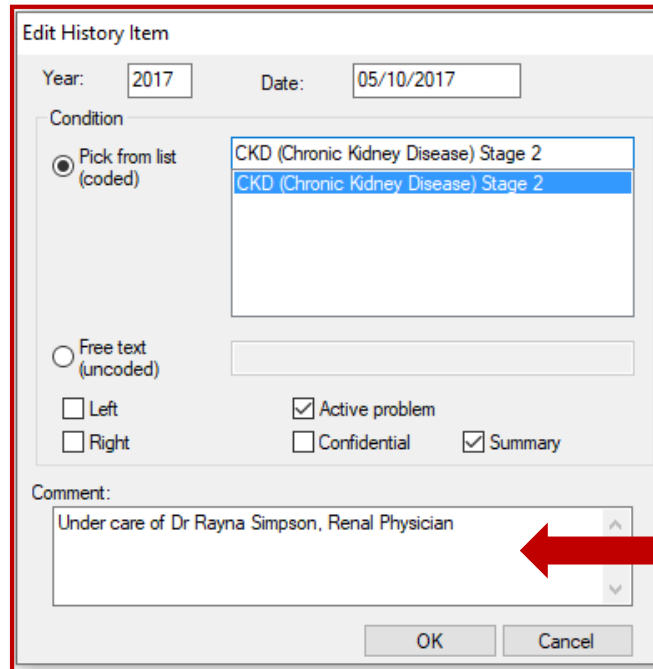
Comment:

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

# 'Coding' a diagnosis is vital

## The 'Past History' list

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



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

### **BEST TIP!!**

Add comment

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

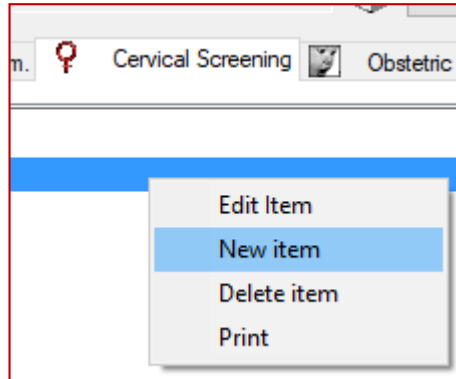


## Know your clinical software



Bp Premier

# 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  9/12/2017

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:

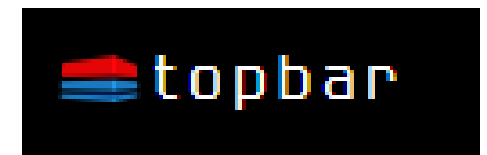
Send to My Health Record









Confidential

Include in summaries

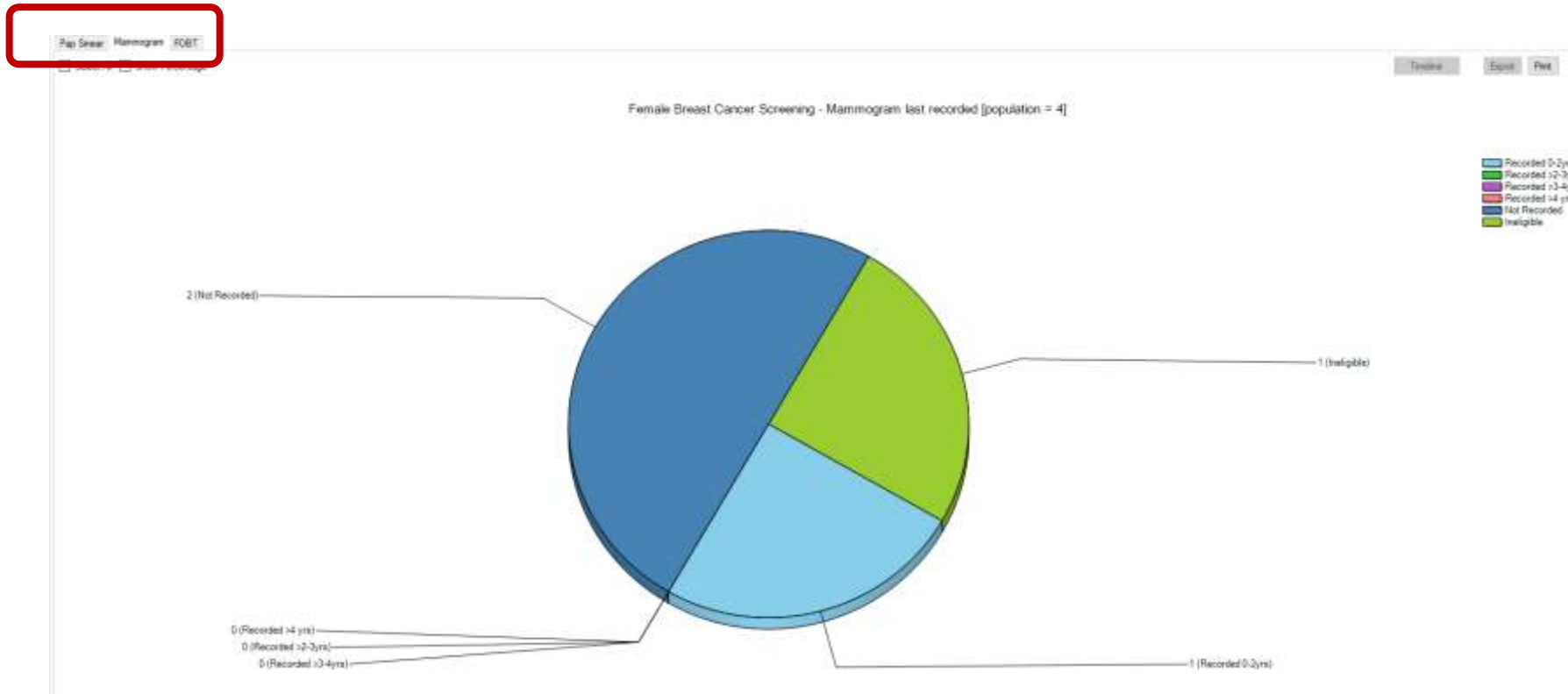


# Know your population, know your data extraction tool



Data Quality Dashboard			
<b>Data Quality Dashboard</b>		<b>Report Date: 12/02/2015 9:57 AM</b>	
		<b>Practice Name: Deidentified Practice</b>	
Data is taken from the Data Completeness Report and Duplicate Patients Report.			
Allergies and adverse reactions		72.33 %	<a href="#">View Guidelines</a>
Medicines		24.40 %	<a href="#">View Guidelines</a>
Medical History		87.67 %	<a href="#">View Guidelines</a>
Health Risk Factors		57.54 %	<a href="#">View Guidelines</a>
Immunisations		61.59 %	<a href="#">View Guidelines</a>
Relevant Family History		44.54 %	<a href="#">View Guidelines</a>
Relevant Social History		73.80 %	<a href="#">View Guidelines</a>
Non-Duplicate Patients		0.00 %	

# Identify patients your clinical software indicates are underscreened



# Use data analytic tools to identify improvements eg alcohol recorded

File Edit View Tools Data Submission Prompts Help

Collect View Extracts View Filter Report View Population Dashboard CAT4 Cleansing CAT Registrar CAT

Medical Director 3, HCN Sample Data; Extract Date: 12/02/2015 9:57 AM; Filtering By: Conditions (Asthma - Yes)

Data Cleansing

Missing Demographics Missing Clinical/Accreditation Items Indicated CKD with no diagnosis Indicated Diabetes with no diagnosis Indicated Mental Health with no diagnosis Indicated COPD with no diagnosis Medication Review

**Patient List [count = 4]** Show/Hide Columns Export

Double-click a patient to open it in your clinical system (MD,BP,Zedmed) Page No.  Go

	Surname	Firstname	Date of Birth	Sex	Allergies	Height	Weight	Alcohol	Smoking	Assigned Provider
	Sumame	Firstname_1442	12/02/1955	M	Recorded	171.5	115		Ex smoker	Sumame
	Sumame	Firstname_184	12/02/1934	F	NKA	152	102.9		Smoker	Sumame
	Sumame	Firstname_385	12/02/1941	F	Recorded	166.5	100		Ex smoker	Sumame
	Sumame	Firstname_858	12/02/1949	M	Recorded	182	88		Never smoked	Sumame

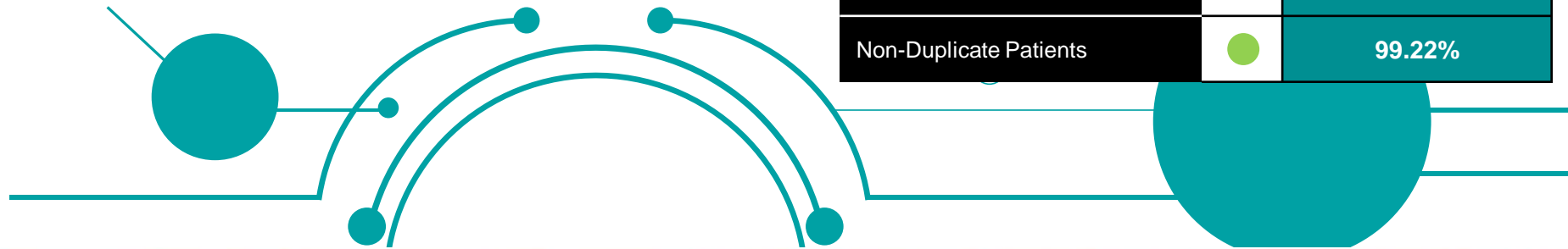
**Use Pen CS tools to measure success over time!**

# Create an Improvement Culture - with evidence-based improvements

## Example of coding improvement activity

- **Generate Data Quality Dashboard in data extraction tool e.g. Pen CAT4 for individual providers (evidence based approach showing real data rather than assumption).**
- **Create PDSA to support Quality Improvement Activity**

Allergies and adverse reactions	●	89.24%
Medicines	●	48.03%
Medical History	●	88.56%
Health Risk Factors	●	68.34%
Immunisations	●	64.45%
Relevant Family History	●	54.30%
Relevant Social History	●	93.52%
Non-Duplicate Patients	●	99.22%

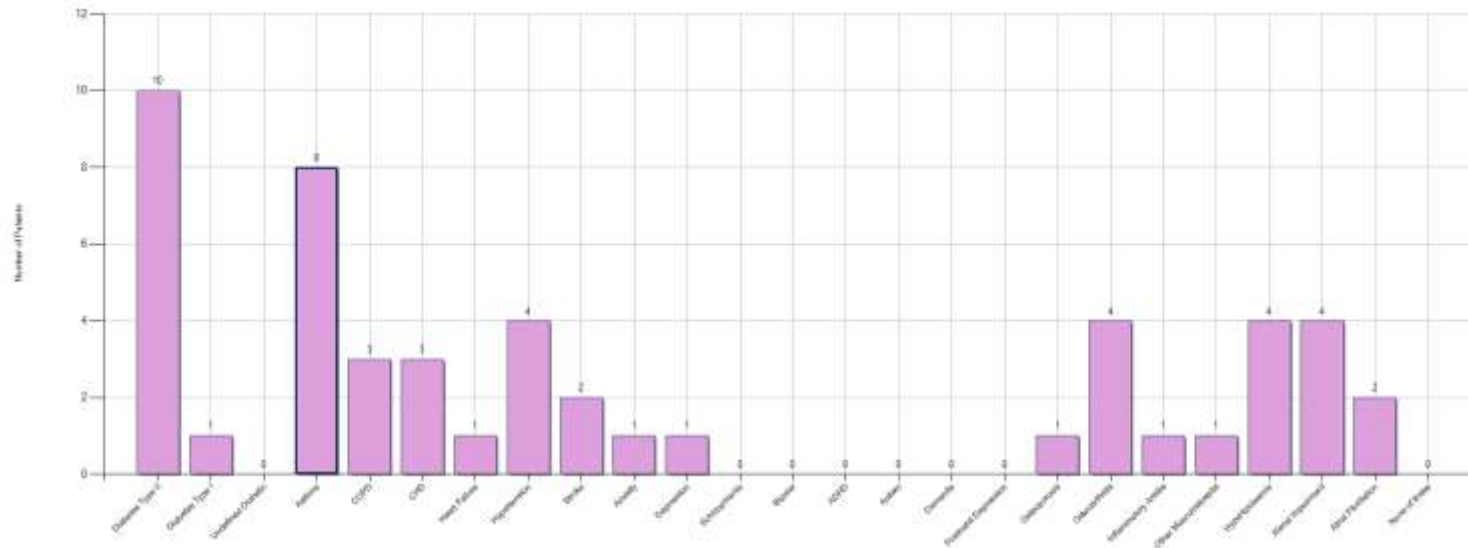


# Analyse your data

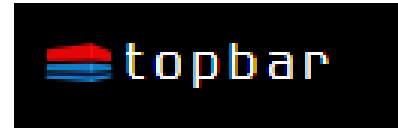
Build a Register of patients with a particular condition e.g. Diabetes etc

General	Ethnicity	Conditions	Medications	Date Range (Results)	Date Range (Visits)	Patient Name	Patient Status	Pr
Chronic	Mental Health	Other						
<b>Diabetes</b>			<b>Respiratory</b>					
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
<input type="checkbox"/> Type II	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Asthma	<input type="checkbox"/> No					
<input type="checkbox"/> Type I	<input type="checkbox"/> No	<input type="checkbox"/> COPD	<input type="checkbox"/> No					

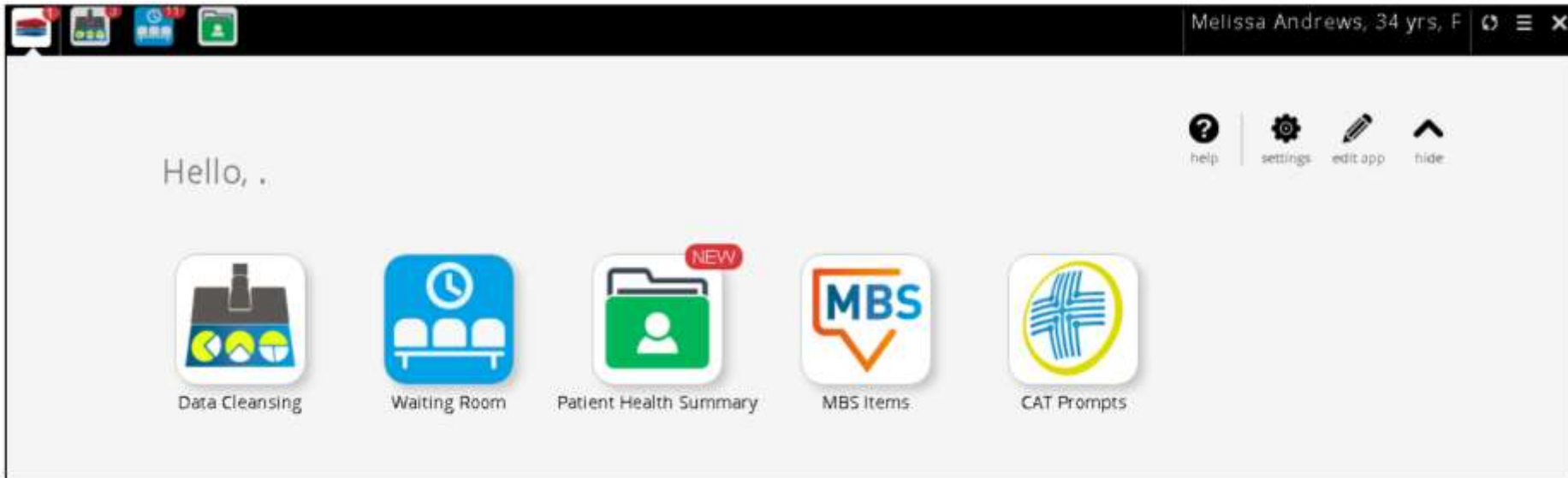
Total Count of Disease Cases [population = 10]



# Use TopBar for continual improvements



# Topbar dashboard





# Proactive reminders (filters)



topbar cleansing<sup>6</sup> waiting room<sup>2</sup> pbs mbs<sup>4</sup> MR GERT FOURIE feedback

Data Cleansing DEMOGRAPHIC<sup>3</sup> CLINICAL<sup>5</sup> INDICATIONS FILTERS

Cleansing & Waiting Room Filters [hide](#)  
Modify the below filters to exclude items from the Cleansing and WaitingRoom apps.

<input type="checkbox"/> Demographic Items	<input checked="" type="checkbox"/> Clinical Items	<input type="checkbox"/> Indicated Conditions
<input checked="" type="checkbox"/> Date of birth	<input checked="" type="checkbox"/> Allergies	<input checked="" type="checkbox"/> CKD
<input checked="" type="checkbox"/> Gender	<input checked="" type="checkbox"/> Allergy Reaction	<input checked="" type="checkbox"/> Mental Health
<input checked="" type="checkbox"/> Address	<input checked="" type="checkbox"/> Height	<input checked="" type="checkbox"/> Diabetes
<input checked="" type="checkbox"/> Suburb	<input checked="" type="checkbox"/> Weight	<input checked="" type="checkbox"/> Chronic Obstructive Pulmonary Disease
<input checked="" type="checkbox"/> Postcode	<input checked="" type="checkbox"/> Smoking	
<input checked="" type="checkbox"/> Contact	<input checked="" type="checkbox"/> Alcohol	
<input checked="" type="checkbox"/> First Name	<input checked="" type="checkbox"/> Family History	
<input checked="" type="checkbox"/> Last Name	<input checked="" type="checkbox"/> Immunisations	
<input checked="" type="checkbox"/> Ethnicity	<input checked="" type="checkbox"/> Physical Activity	
<input checked="" type="checkbox"/> Next of Kin	<input checked="" type="checkbox"/> Diagnosis Coded	
<input checked="" type="checkbox"/> Medicare Number	Start Date	
<input checked="" type="checkbox"/> Emergency Contact	<input type="radio"/> Last 3 months	<input checked="" type="radio"/> All Time
<input checked="" type="checkbox"/> Private Health	<input type="radio"/> Last Year	<input type="radio"/> Last 6 months
	<input type="radio"/> Last 2 years	<input type="radio"/> Last 2 years
	<input type="radio"/> Fixed Date	
	27/12/2016	



# Waiting Room app



Waiting Room DEMOGRAPHIC <sup>3</sup> CLINICAL <sup>3</sup> FILTERS

Action Required <sup>hide</sup>  
Patients in waiting area with missing clinical data

NAME	NOTIFICATIONS	STATUS	PROVIDER	TIME
Anderson, David	4	✗		
Anderson, Penny	3	✗		
Andrew, Maureen	3	✗		
Andrew, Melissa	3	✗		

Completed <sup>hide</sup>  
There are no patients in the waiting area with complete clinical data

Mr David Anderson

Action Required <sup>hide</sup>  
Patients clinical data which is shown as follows:

ITEM	STATUS	ACTION
Allergy Reaction	✗ Missing	<a href="#">ADD IN CLINICAL SYSTEM</a> <a href="#">EDIT</a>
Alcohol	✗ Missing	<a href="#">ADD IN CLINICAL SYSTEM</a> <a href="#">EDIT</a>
Immunisations	✗ Missing	<a href="#">ADD IN CLINICAL SYSTEM</a> <a href="#">EDIT</a>
Physical Activity	✗ Missing	<a href="#">ADD IN CLINICAL SYSTEM</a> <a href="#">EDIT</a>

Completed <sup>hide</sup>  
Following patient clinical data is completed:

ITEM	VALUE	STATUS
Allergies	Recorded	✓
Height	160	✓
Weight	60	✓
Smoking	Smoker	✓
Family History	Complete	✓
Diagnosis Coded	Entered diagnosis	✓

Highlights both Demographic and Clinical missing items

# Set prompts for Topbar in CAT4



Windows application window titled "Patient Reidentification".

Navigation bar: 1 of 58, 100%, Find | Next

Report Title: Reidentify Report [patient count = 2422]

Selected: Allergies (Not recorded)

ID	Surname	First Name	Known As	Sex	D.O.B (Age)	Address	City	Postcode
798	Surname	Firstname_0	Firstname_0	M		12 Jogger St	Suburb Town	5911
2377	Surname	Firstname_1	Firstname_1	M	01/08/2012 (5)	12 Jogger St	Suburb Town	4893
9086	Surname	Firstname_2	Firstname_2	F	01/04/1984 (34)	12 John St	Suburb Town	3890
5708	Surname	Firstname_3	Firstname_3	M	01/04/1987	12 Jogger St	Suburb	4173

Bottom toolbar with icons and labels:

- Refine Selection
- Add/Withdraw Patient Consent
- SMS Recall
- Voicemail Recall
- Topbar Prompt** (highlighted with a red box)



# CAT Plus prompts - example



## CAT Plus Prompts

[NOTIFICATIONS](#)<sup>1</sup> [SETTINGS](#)<sup>5</sup> close

Action Required [hide](#)

PROMPT TEXT	GENERATED BY	ACTION
high risk respiratory patient, please do spirometry	CAT 4	<a href="#">DISMISS</a> <a href="#">DEFER</a>

Deferred [hide](#)  
No deferred prompts.

Dismissed [hide](#)  
No dismissed prompts.

### Prompt Text

high risk respiratory patient, please do spirometry

### Filters Used

Has Asthma | Asthma  
Smoking | Daily Smoker

### Reports Used

Last Spirometry : Nothing Recorded

### Prompt History


Creation Date: 5/3/2016 2:26:49 PM  
Created By: Matthias



## Learning Objective 4:

Develop a quality improvement culture within your practice





*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



## 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.



	Whole Practice	GP 1	GP 2	GP 3	GP 4	GP 5	GP 6	GP 7	GP 8	GP 9
<b>1. Allergy Recorded</b>										
<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
<b>2. Gender not recorded</b>										
<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
<b>3. Smoking – nothing recorded</b>										
<u>Active population over 16</u> <small>(Active (3x &gt; 2 years))</small>	27%	15.7	63.9	60.4	76.4	11.5	44.6	41.0	21.2	39.7
<b>4. Recording of ATSI patients</b>										
<u>Total population</u>	0	0	0	1	0	0	0	0	0	0
<u>Active population</u> <small>(Active (3x &gt; 2 years))</small>	1	0	0	1	0	0	0	0	0	0
<b>5. Diabetes Prevalence</b>										
<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 &gt; 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%
<b>6. Diabetes “at risk” *</b>										
<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



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!)



# PIPQI Preparation Checklist

## DO NOW

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

## DO NEXT

- Install & learn Pen CS
- Review 10 measures in 'Eligible Data Set'
- Start Implementing Quality Improvement Activities



# Improving health record quality in general practice

How to create and maintain health records that are fit for purpose

[Access RACGP resource](#)

## Data Quality Checklist for all 'active' patients

- 1 Demographics – are the contact details up-to-date?** 
  - Double-click on the patient's telephone number to check and update details
- 2 Medication List – is the Current Meds list accurate?** 
  - Right click to delete/cease medications no longer relevant (they can then be found in the Old/Past Scripts thereafter)
  - If none, tick No medications
- 3 Past History List – does it contain only significant conditions that a hospital or specialist would need to know?** 
  - Right click to edit, delete or add new
  - If none, tick No significant past history (PMH) box
- 4 Allergies – have you also recorded adverse reactions?** 
  - Double-click in allergies box and Add, Edit, Delete
  - If none, tick No Known Allergies/Adverse Reactions/Nil Known
- 5 Immunisations – have immunisations been recorded?**



[Download the 'Data Quality' Checklist](#)

# Extra Learning Resources



## **RACGP**

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

[RACGP – Standards for General Practice \(5<sup>th</sup> Edition\)](#)

[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](#)

## **PRODA**

[PRODA E-Learning](#)

[PRODA Registration](#)

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

## **Quality Improvements**

[APCC – Model for Improvement](#)

[APCC - PDSA template](#)

[Model for Improvement video](#)



For further learning and free resources:

[katrina@trainitmedical.com.au](mailto:katrina@trainitmedical.com.au)

Twitter: [trainitmedical](https://twitter.com/trainitmedical)

Facebook: [trainitmedical](https://www.facebook.com/trainitmedical)

[www.trainitmedical.com.au](http://www.trainitmedical.com.au)

Access more free practice resources  
& [blog posts](#)  
[Subscribe to my blog](#)

