



Train IT **Medical**
Competence with Confidence



Implementing Quality Improvements

- PIP QI -

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Learning Objectives:

1. Explain the new Practice Incentive Payment Quality Improvement (PIPQI)
2. Develop an understanding of relevant data systems
3. Design Quality Improvement activities.
4. Create a practice plan to meet eligibility for PIPQI.

Learning Objective 1:

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





PIP QI supports general practices that encourage:

Continuing
Improvements

Quality care

Enhancing
capacity

Improving
access and
health outcomes
for patients



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 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

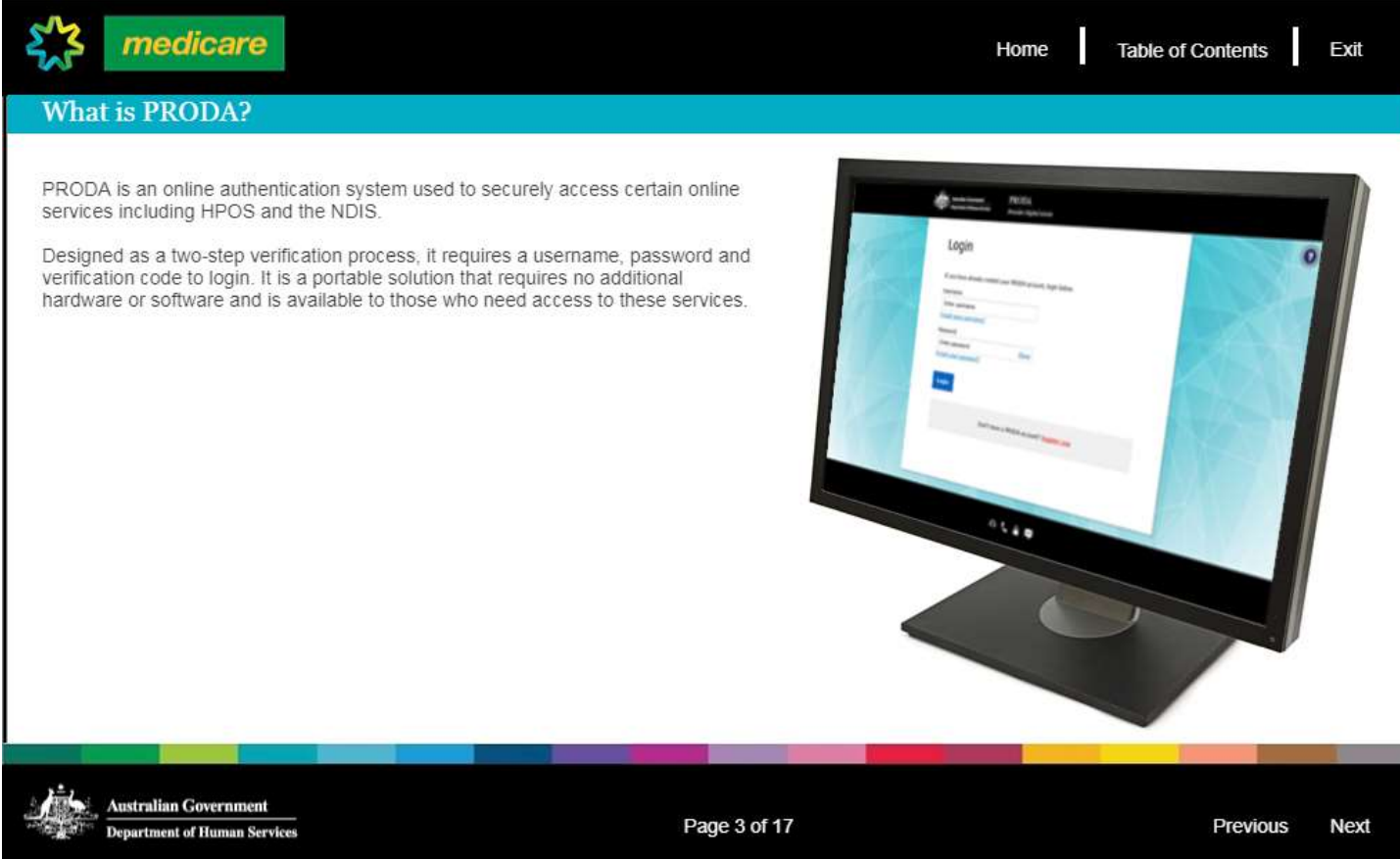
DO NOW

- Practice accreditation
- Review data sharing agreement with CESPHN
- Set up PRODA so you can apply online for PIPQI on 1 August

DO NEXT

- Install & learn Pen CS or Polar (data extraction tools)
- Review the Improvement Measures
- Start Implementing Quality Improvement Activities

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 login page has fields for "Username", "Password", and "Verification Code", along with a "Login" button and a "Forgot your username or password?" link. At the bottom of the page, there is a footer with 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

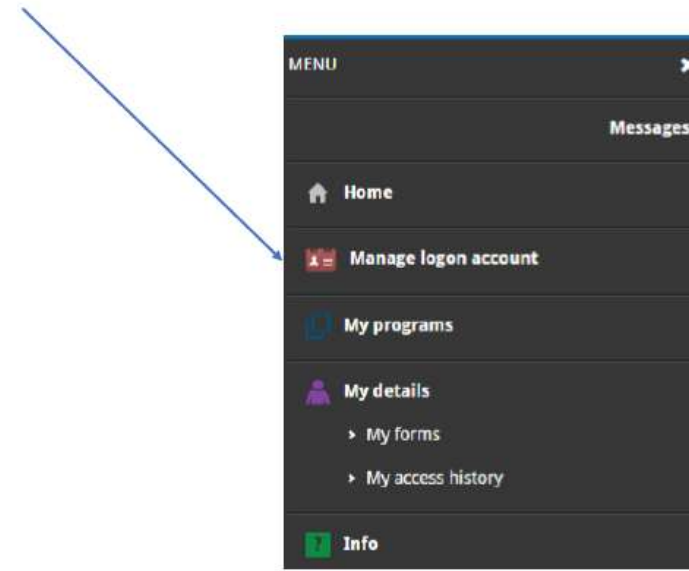
Page 3 of 17

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:





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.



“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”



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:

Develop an understanding of relevant data systems



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 title 'POLAR - Population Level Analysis and Reporting'. Below the banner are three content boxes:

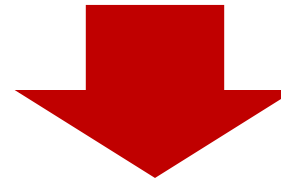
- About Us**: POLAR Explorer tools are an easy-to-use web-based interface that allows health data to be analysed instantly.
- Reporting**: POLAR Explorer Reports include GP's, Health Services and Population, Community Health. To experience our solution run reporting...
- Support**: To request support, provide feedback, or contact us for another reason, use our [Contact Form...](#)

At the bottom of the page, there is a copyright notice: © Copyright 2018 Outcome Health | [Terms of Use](#) | [Privacy Policy](#) | [Accessibility](#) | 1.3.9.1669. The Windows taskbar is visible at the bottom of the browser window, showing the time as 7:32 AM and the language as ENG.

Set a baseline for QI Activities

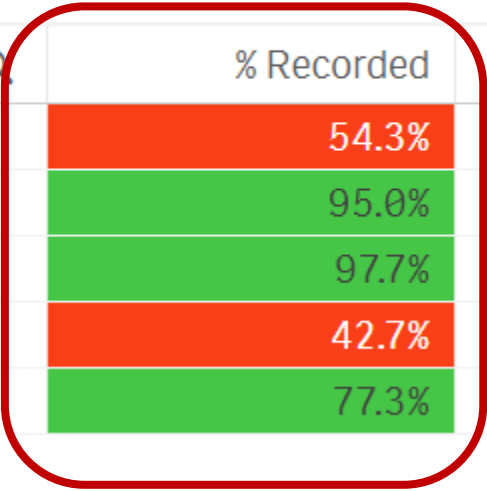


Baseline



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%



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



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

Lead your team in continuous quality improvements



Example from the outstanding Greenmeadows Medical, Port Macquarie, NSW



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



Criterion QI1.1 – Quality improvement activities

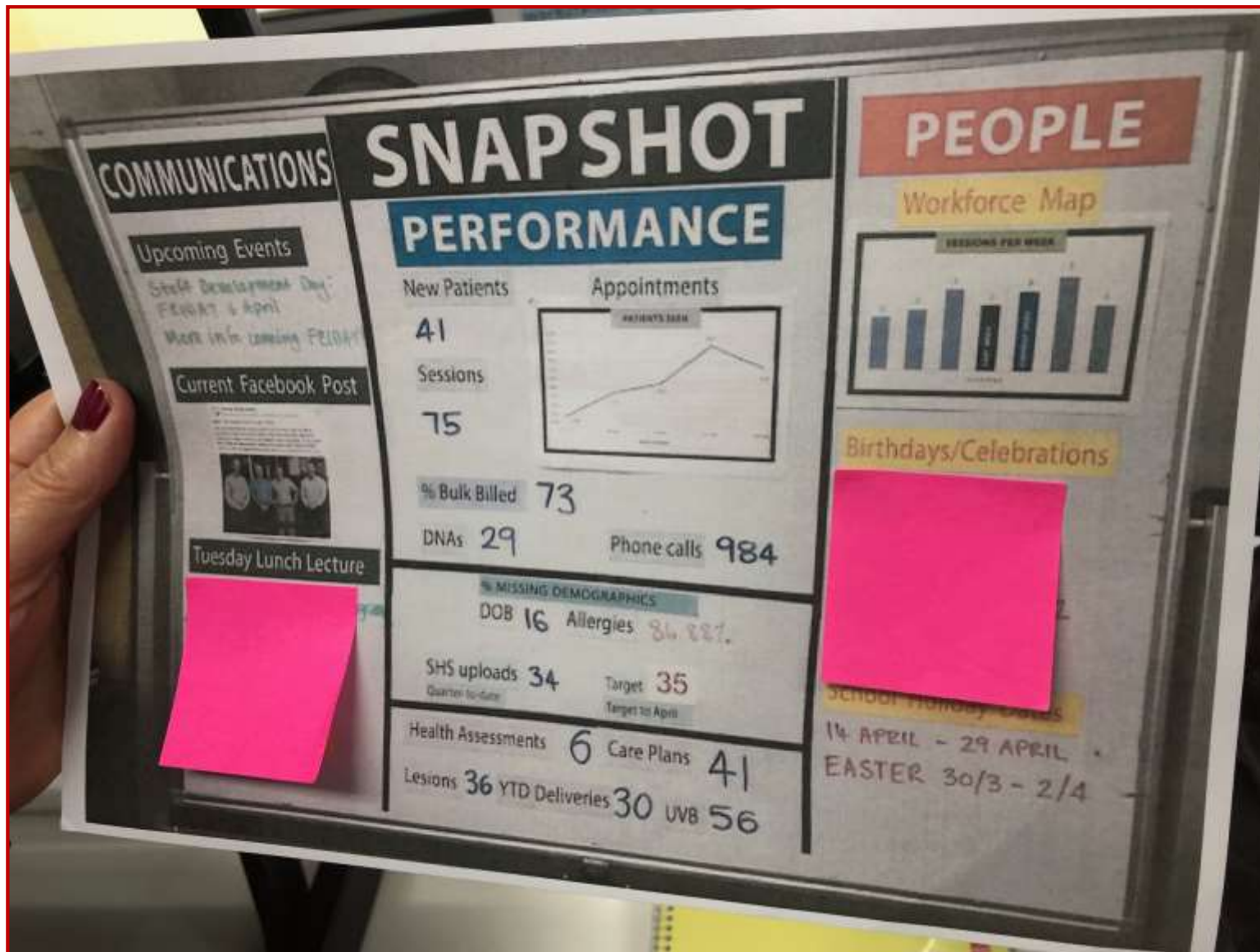
Indicators

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.



Example from rural WA

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

Measure	Practice Target	Practice Baseline	GP1 Result	GP2 Result	GP3 Result	GP4 Result
1. Proportion of patients with smoking status recorded	90%	44%	23%	20%	55%	12%
2. Proportion of patients with alcohol status recorded	75%	23%	5%	8%	6%	2%
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						
11. Proportion of patients aged 75+ with a Health Assessment in < 12 months	50%	2%	3%	6%	6%	8%
12. Proportion of patients > 50 years with bowel screening test done in last 2 years	65%	1%	3%	7%	10%	16%

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

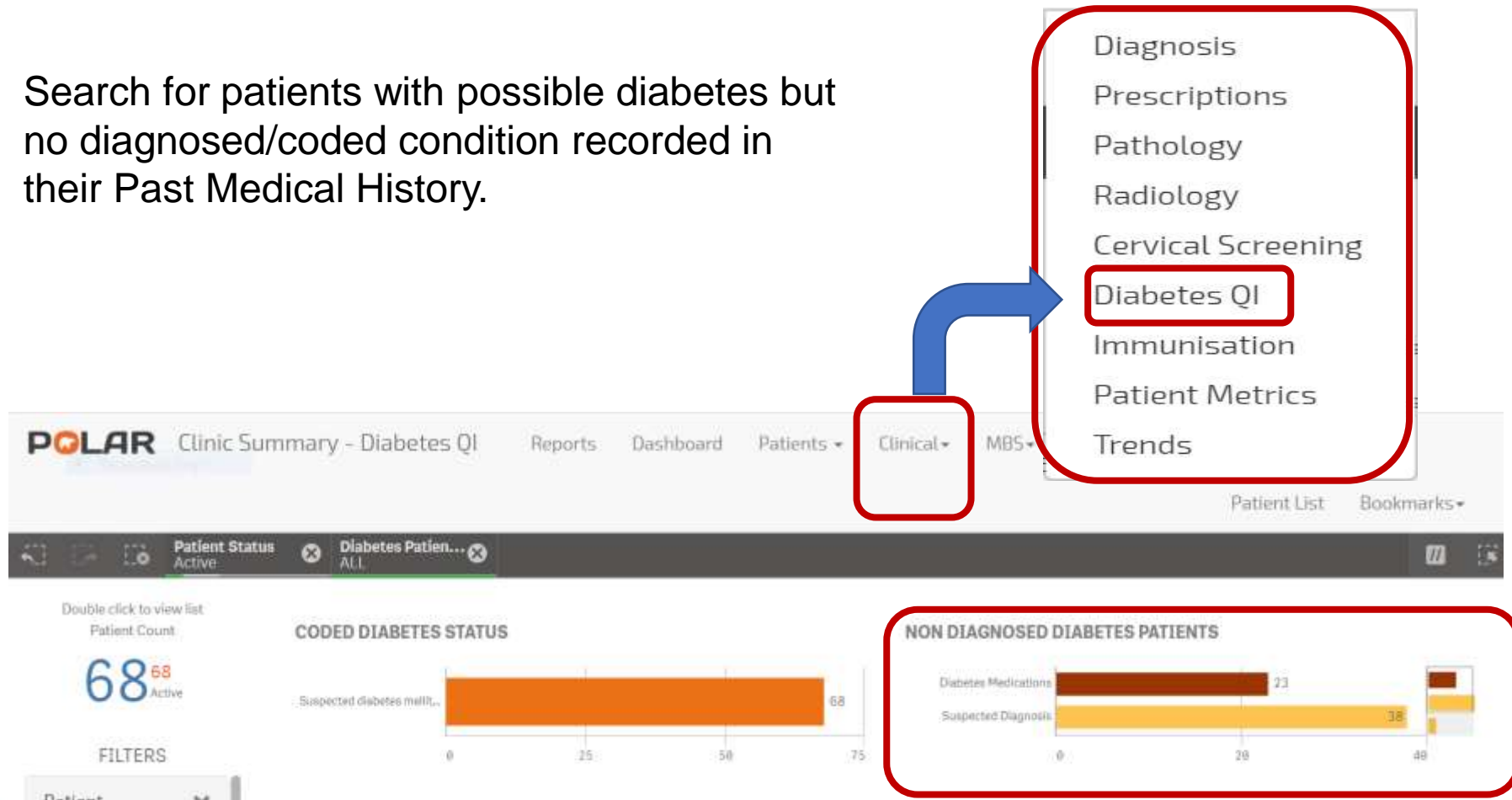
Proportion Of Regular Clients Who Have Type 1 Diabetes And Who Have Had A HbA1c Measurement Result ...

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%

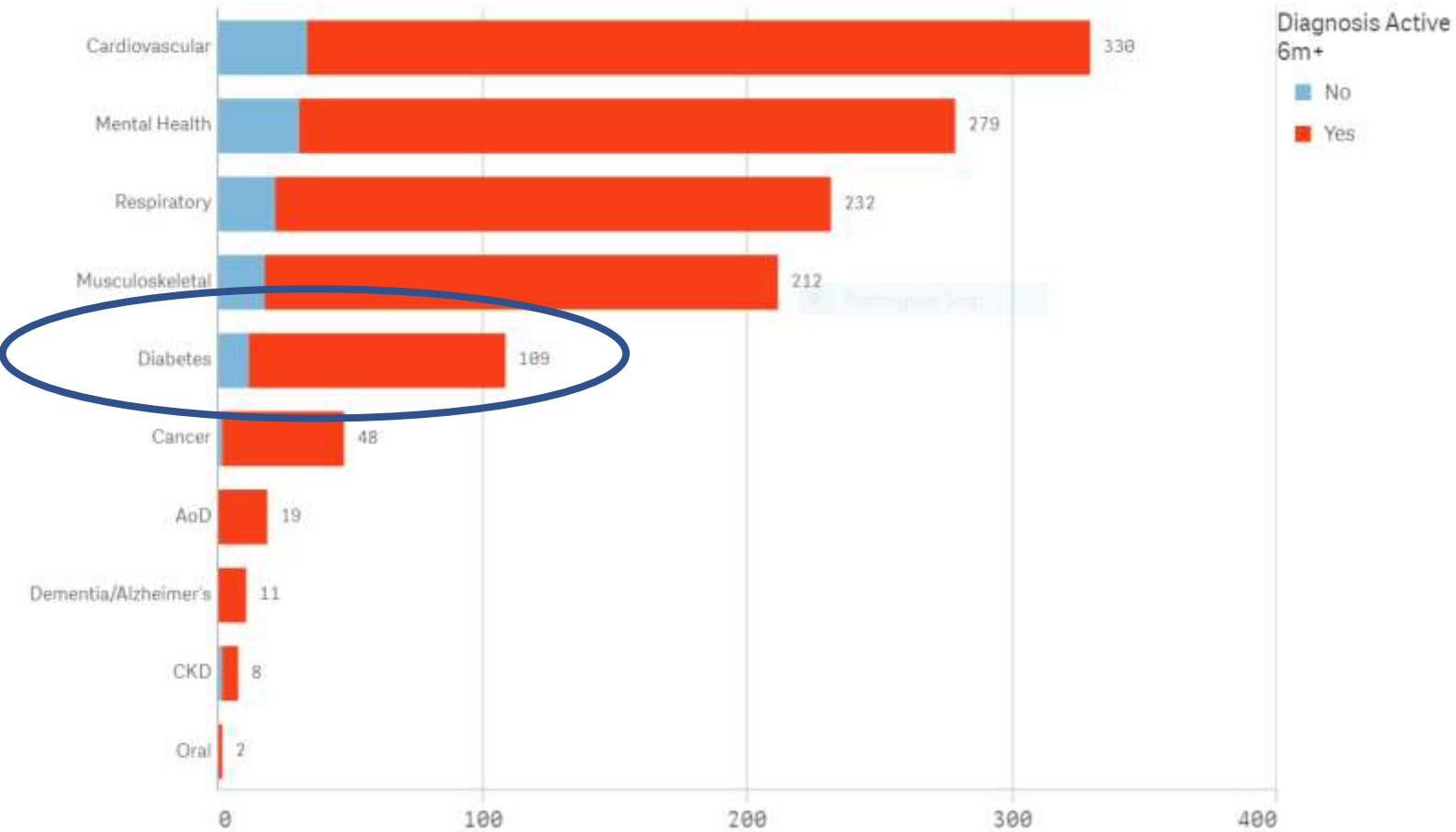


Improve diabetes management

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



Chronic disease management

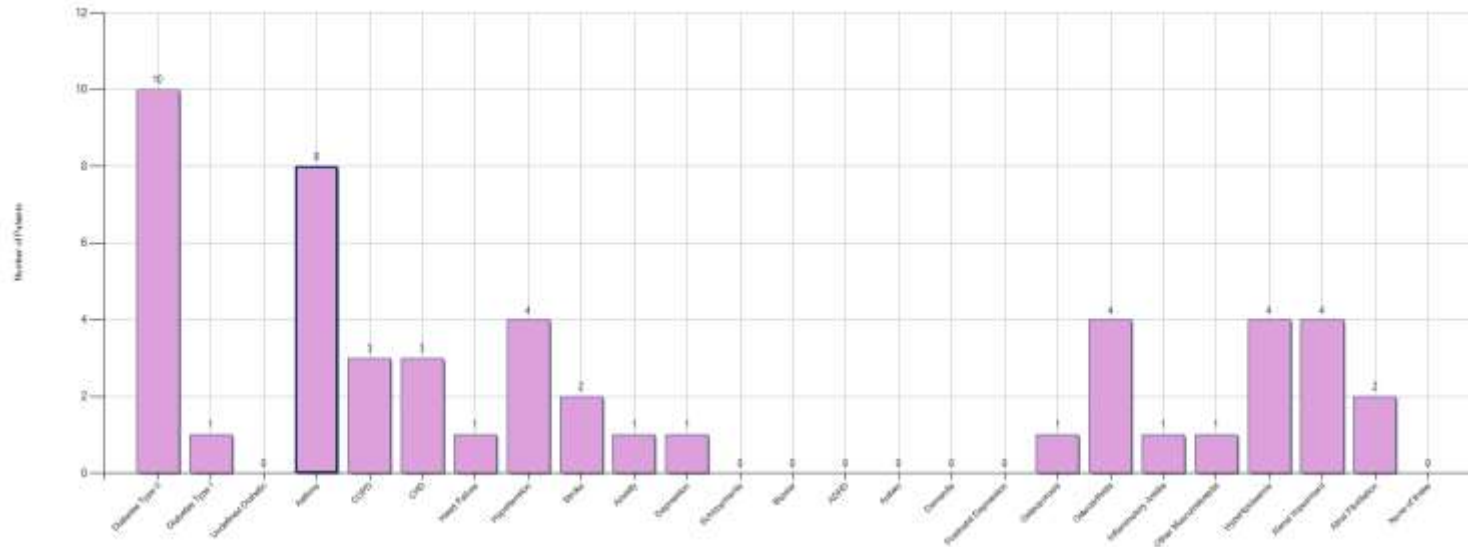


Proactive Population Based Approach

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						
Diabetes			Respiratory					
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
<input type="checkbox"/> Type II	<input type="checkbox"/> No	<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"/> No	<input type="checkbox"/> COPD	<input type="checkbox"/> No				

Total Count of Disease Cases [population = 10]



Lead your team in continuous quality improvements



Example from the outstanding Greenmeadows Medical, Port Macquarie, NSW

The data [coding]

'Past History'

Past History

Date: [] / [] / 2013 [5/12/2017]

Condition: Total knee replacement

Keyword search Synonyms

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:

Dr Mary Smith - St George Hospital

Send to My Health Record

Confidential

Include in summary

Save Cancel

BEST TIP!!

Add detail/comment
eg Care team involved

ONLY for Chronic conditions & significant active or inactive 'events' eg CKD

Edit History Item

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

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

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.				



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%



Use TopBar for continual improvements



Proactive reminders (filters)



topbar cleansing⁶ waiting room² phs mbs⁴ MR GERT FOURIE feedback

Data Cleansing DEMOGRAPHIC³ CLINICAL⁵ INDICATIONS FILTERS

Cleansing & Waiting Room Filters [hide](#)

Modify the below filters to exclude items from the Cleansing and WaitingRoom apps.

Demographic Items	Clinical Items	Indicated Conditions
<input type="checkbox"/> Demographic Items <input checked="" type="checkbox"/>	<input type="checkbox"/> Clinical Items <input checked="" type="checkbox"/>	<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"/>	<input type="checkbox"/> Diagnosis Coded <input checked="" type="checkbox"/>	
Medicare Number <input checked="" type="checkbox"/>	Start Date <input checked="" type="radio"/> All Time	
Emergency Contact <input checked="" type="checkbox"/>	<input type="radio"/> Last 3 months <input type="radio"/> Last 6 months	
Private Health <input checked="" type="checkbox"/>	<input type="radio"/> Last Year <input type="radio"/> Last 2 years	
	<input type="radio"/> Fixed Date	
	27/12/2016 <input type="text"/>	





Learning Objective 3:

Design Quality Improvement activities & a plan to meet eligibility for PIP QI.

PCMN Quality Improvement Activity Planning Sheet



Name of Practice:

Date:

Name of your QIA:



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?	



PCMN Quality Improvement Activity Planning Sheet



Name of Practice: SAMPLE PRACTICE

Date: June 2018

Name of your QIA



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)

We suggest that:

- Your practice is Accredited under the RACGP 5th Standards
- You have a PRODA account to apply for PIP QI through HPOS online from August 1
- You know your PIP Identifier Number
- You have a data extraction tool installed (PenCat or POLAR)
- You have completed a current Data Management Agreement (DMA) and display a Patient Privacy Poster for either POLAR or PEN
- That your data extraction tool is uploading to us correctly, at least once per quarter, but preferably monthly
- You are receiving your Benchmark reports (BMR) from CESP HN
- You have informed us, who in your practice should be receiving the benchmark reports (we strongly suggest that two people receive the reports)
- You have a Quality Improvement (QI) team which consists of a leader (preferably a GP) and at least one other member of the practice team
- You have shared the BMR and spoken to your whole practice about Continuous Quality Improvement (CQI) and how it will affect the practice going forward
- If your practice team has identified an area which **they** believe would benefit the practice population

[More CESP HN resources](#)

phn
CENTRAL AND
EASTERN SYDNEY
An Australian Government Initiative



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POLAR:
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Doctors at our clinic use POLAR software to help us provide you with the best medical care.

The information is secure, cannot identify patients and is shared with your local Primary Health Network to improve health services in the area.

The information is used for planning health services across your community.

Please let our reception staff know if you do not want your information to be included.

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Pen CS Privacy Notice



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At our clinic we use Pen CS products such as CAT Plus suite of tools, CAT4, Topbar & PATCAT to help us provide you with the best medical care. The information is secure, cannot identify patients and is shared with your local Primary Health Network to improve health services in the area.



The information is used for planning health services across your community. Please let our reception staff know if you do not want your information to be included.

 **CAT Plus**  **topbar**  **CAT4**  **PAT CAT**



VISION



SKILLS



INCENTIVES



RESOURCES



ACTION PLAN

= CHANGE!

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

- Set small, easily achievable 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!)





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 \(5th Edition\)](#)

[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

[CESPHN](#)

[APCC – Model for Improvement](#)

[APCC - PDSA template](#)

[Model for Improvement video](#)



Your PHN is here to help!



Dedicated email support: pipqi@cesphn.com.au

Fabulous resources, PEN & POLAR learning and PDSA samples:

<https://www.cesphn.org.au/general-practice/practice-support-and-development/quality-improvement>

Keep up to date by connecting with us:

katrina@trainitmedical.com.au

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

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

www.trainitmedical.com.au

Access more free practice resources
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Thank you! With best wishes, Katrina Otto