Practice Name	
Date	
Горіс	

Why is Continuous Quality Improvement important?

Continuous Quality Improvement (CQI) activities are actions designed to help practices work better, safer, and smarter. Ideally, **CQI activities are small, incremental adjustments to existing processes that will result in long-term changes that add value to your practice.** Continuous Quality improvement activities boost outcomes for patients by:

- improving practice processes
- improving practice data
- improving patient health outcomes.

In addition to improving patient outcomes and business profitability, General Practices have several key reasons to undertake quality improvement activities:

1 Practice Incentive Payment – Quality Improvement (PIP QI)

The PIP QI is an incentive payment from the federal government paid to practices who use data to implement quality improvement activities. The aim of the payment is to improve patient outcomes, practice performance and provider professional development. PIP QI has 10 Quality Improvement measures:

- 1. Patients with Diabetes with a current HbA1c result
- 2. Patients with a Smoking Status
- 3. Patients with a Weight Classification
- 4. Patients aged 65 and over who are immunised against influenza
- 5. Patients with Diabetes who were immunised against influenza
- 6. Patients with COPD who were immunised against influenza
- 7. Patients with an alcohol consumption status
- 8. Patients with the necessary risk factors assessed to enable CVD assessment
- 9. Female patients with up-to-date cervical screening
- 10. Patients with diabetes with a blood pressure result.

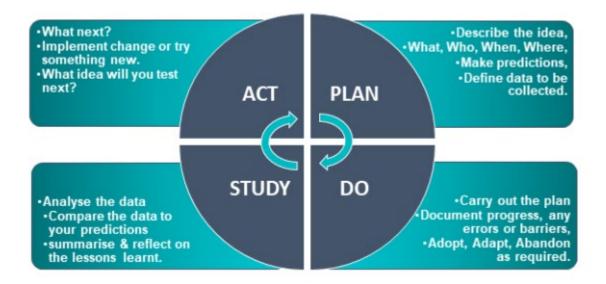
To be eligible for the payment, practices need to:

- work to improve these 10 quality measures in partnership with their local PHN. Practices
 may choose to undertake quality improvement activities in another area if these activities
 are informed by their practice data
- share deidentified data with the Department of Health.
- **Accreditation.** For accreditation practices need to be at (or have processes in place to be working towards) RACGP data standards in the following areas:
 - Recording of allergy status (Accreditation standard is 90%)
 - Recording of smoking status (Accreditation standard is 75%)
 - Recording of alcohol consumption (Accreditation standard is 75%)
 - Recording of patients BMI (Accreditation standard is 75%)
 - Recording of patient's ethnicity (Accreditation standard is 75%)
- 3 **CPD Hours for General Practitioners.** RACGP requires General Practitioners to complete 50 hours of continuing professional development per year which must include:
 - at least 12.5 hours on educational activities
 - at least 5 hours reviewing their performance (reflecting on feedback about their work)
 - at least 5 hours monitoring outcomes (using data to ensure quality results).

How do you 'do' Continuous Quality Improvement?

Brisbane North PHN uses the Model for Improvement Framework. This approach asks 3 simple questions:

- 1. What are we trying to accomplish?
- 2. How will we know if this change is an improvement?
- 3. What changes can we make that will result in improvement? This process is referred to as the Plan, Do, Study, Act cycle or PDSA. You plan your activities, implement the changes, study the results and decide if these changes are working and react accordingly.



YOUR DETAILS			
Practice Name			
Business Trading Name			
Address			
Phone Number		Email Address	
Clinical Software		Data Collection Tool/s	
Number of GP's		Full time equivalent (FTE) GP's	
Accreditation Date		Accrediting Body	
ABN		Bank Account Name	
Bank Account Number		BSB	

PART 1

Your PHN QI&D Engagement Officer can help you with this – call us if you need help

PLAN DETAILS AND TIMELINES				
Focus Area				
Start Date		Finish Date		
Clinical Lead		Practice Manager		
Participating GP's Names		Participating GP's Provider Numbers		
Who will be else wil	l be involved? You will get bette	er results if others in the	practice are involved.	
☐ Other GP's ☐ All Practice	☐ Practice Manager☐ Health Worker	□ Nurse □ Other	☐ Reception Staff	
WHAT ARE YOU	TRYING TO ACCOMPLISE	H?		
	to achieve/change/do? Is are SMART (Specific, measura	able, achievable, relevant	and time-bound)	
, ,	, , , , , , , , , , , , , , , , , , ,	,	,	
How does this fit in	with your practice's quality acti	vities?		
☐ Area of interest/practice focus area ☐ PIP QI Measure				
☐ Process Improver	•	☐ PIP QI - other data driven improvement		
☐ Data Improvement Activity ☐ Patient Health Outcome Improvement Activity		☐ Accreditation data		
Patient Health Ou	itcome improvement Activity	RACGP CPD Activity		
How can Brisbane N	lorth PHN help you achieve this	goal?		
☐ Goal setting		☐ Training opportunitie	s for staff, RN's and GP's	
☐ Project planning i	deas and timelines	☐ Information about external resources		
☐ Advice, support, o	· ·	☐ Networking and buddying opportunities		
☐ Practice Developr		☐ Additional data		
☐ Primary Sense (da	_	Other		
☐ Provision of PHN	resources			
HOW WILL YOU KNOW IF THE CHANGE IS AN IMPROVEMENT?				
Why are you making this change? How will this change add long term value to the practice?				
What does the Primary Sense data tell you now? What other data sources can you access?				
That all a sources can you decess:				

PLAN, DO, STUDY, ACT					
ACTIVITY NUMBER	YOUR ACTIVITIES	TIMELINES	STUDY THE RESULTS	MONITOR YOUR PRORESS	
	What changes are you going to try? The Practice Development Matrix can help you with ideas.	When do you want to achieve this by? What are the key milestones?	How (and when) will you measure your progress?	How will you know if you are on track?	
1					
2					
3					
4					

PART 2

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DID THESE ACTIONS WORK?					
Are things working out as you planned? If not, what are you going to do?					
Adopt the changes (Success! How do you make this business as usual) Adapt the changes (Pivot as needed and keep trying) Abandon the changes (Scrap this idea – develop another idea and try again!)					
Activity 1 - Activity 2 - Activity 3 - Activity 4 -					
EVALUATION					
How did the project	t go? What does the d	ata tell you	u now?		
What did the Primary Sense (and other) data tell you at the end? What were the final learnings (the good, the bad and the ugly)? How can you build on this activity? What do you want to try next?					
How will embed thi	s change permanently	y?			
☐ Signs ☐ Document work practices ☐ Update policy and procedures manual ☐ Other			☐ Staff training session ☐ Update position descriptions ☐ Staff Induction		
Did the activity add value?					
How much value the CQI activities to your practice?					
☐ No value	☐ Little Value	ue		☐ Some Value	☐ Significant value
How confident am I	about trying future CO	QI activities	?		
☐ Not confident	☐ Neutral	☐ Slightly o	onfident	☐ Fairly confident	☐ Very confident
What would have made these activities more valuable?					
Spread the news!					
How will you feedback to staff? How will you celebrate your success? (e.g. Morning tea, practice newsletter, website) Do I have good news stories to share? Do I have cautionary tales to share (information from not-so-great things is still important learning) How could Brisbane North PHN further helped me in this activity? Do you have any photos, quotes, documents or data to support your evaluation? Make sure you include these documents when submitting your completed plan. Yes					

SIGNATURES/APPROVALS				
Brisbane North PHN may use your feedback in our communications including PHN publications, website and social medica channels. Do you grant permission for us to share your stories, quotes, photos and other feedback? Yes, you may use my feedback and attribute them to my name/practice Yes, you may use my feedback anonymously No, I do not give permission.				
Project Lead	Preferred email for project communication*	Date		
GP Lead	Preferred email for project communication*	Date		
PHN QI&D Engagement Officer	Preferred email for project communication*	Date		

^{*} Email addresses provided will be used for project communication only.