**Quality Improvement Activity**

**Start date: End date:**

Improve clinical coding in practice software

**Practice/team name:**

**Specific**

Provide a clear description of what needs to be achieved.

**Measurable**

Include a metric with a target that indicates success.

**Achievable**

Set a challenging target but keep it realistic.

**Relevant**

Keep your goal consistent with higher-level goals.

**Time-Bound**

Set a date for when your goal needs to be achieved.

**QI Activity Lead:**

Ensure the patient records are coded correctly to support safe and high-quality healthcare for individual patients and practice populations. For the continuity of care for patients also enabling to correctly run reports on patient population for future QI activities.

**Goal:**

What are we trying to accomplish?

**Change Ideas:**

What change can we make that will result in an improvement?

* Implement a coding policy for the practice and update policy and procedures manual for accreditation
* Clean-up database by clinical team reviewing lists of patients with indicated chronic disease with no coded diagnosis
* Work through the data quality checklist

**QI Activity Team:**

The practice will measure: (before and after figures)

GPs to build a register of patients with a particular condition (eg diabetes) or identify at-risk patients (eg patients with a chronic condition who do not have a GP management plan in place)

**Benchmark:**

What is our current data saying?

* Name/Role
* Name/Role
* Name/Role
* Name/Role
* Name/Role

In xx months, there will be an increase of xx % of recorded diagnosis for patients with a chronic condition.

**Measures:**

How will we know that a change is an improvement?

What data will we use to track our improvement?

**ACT**

*Review or extend activity?*

*Implement the plan and record observations*

**DO**

**PLAN**

**STUDY**

*Develop a plan and the steps involved*

* Consult with the WVPHN practice facilitator, develop a plan of action and present it at staff meetings.
* Form a QI team, discuss workflow and allocate roles & responsibilities. [ideally – practice manager (can include WVPHN practice facilitator) and at least one GP, nurse and admin staff.]
* Update policy and procedures manual.
* Use the clinical audit tool (PEN or POLAR) and identify patients indicated to have a chronic condition (CKD, Diabetes, Mental Health, COPD and Osteoporosis) without a coded diagnosis
* Sort by provider and diagnosis for common terms in free text section and provider most likely to add narrative information

*Analyse and learn from the results*

**ACT**

*Review or extend activity?*

*Implement the plan and record observations*

**DO**

**PLAN**

**STUDY**

*Develop a plan and the steps involved*

* Consult with provider and develop plan for coding relevant patients or recalling identified at risk patients.
* Utilise patient notification tool such as Topbar to opportunistically correct coding issues upon patient presentation. Potential to set prompt to utilise GoShare for health literacy for patient cohorts.
* Implement business rules on diagnosis entry and use free text mapping tools for clinical software to avoid issues in the future.
* At completion of QI period, measure change by repeating reports using clinical audit tool
* Recipes/Walkthroughs and other assistance provided by PHN. Compare to baseline.

*Analyse and learn from the results*