**Quality Improvement Activity**

**Start date: End date:**

Data Cleansing

**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 in our clinical system are up to date and accurate, enabling us to ensure continuity in patient care as well as confidently utilise the data for future QI activities.

**Goal:**

What are we trying to accomplish?

Clean-up database and merge duplicate patients.

Clean-up database and mark patients who have not visited clinic x3 in 2 years AND/OR have not visited at least once in a given time frame inactive/archived.

Clean-up database and add date of birth to records if not recorded.

Clean-up database and add gender to records if not recorded.

**Change Ideas:**

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

**QI Activity Team:**

**Benchmark:**

What is our current data saying?

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

The practice will measure: (before and after figures) of the number of patients who have a duplicate Medicare, HCC or DVA numbers; first name, surname, DOB and gender.

The number of patients who have not visited the clinic x3 in 2 years AND/OR have not visited at least once in a given time frame. Number of patients with no DOB; and no gender recorded.

**Measures:**

How will we know that a change is an improvement?

What data will we use to track our improvement?

To increase the number of active patients who have an up-to-date demographic data recorded.

within 3 months by xx %

**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.]

QI lead to extract baseline data from practice software using data extraction tool.

Use data extraction tool and identify patients with duplicate number, and duplicate names.​

Review and Merge patients where duplicates are found.​

Use data extraction tool and identify patients that have not visited the clinic x3 in 2 years.

*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*

Make patients meeting the criteria inactive/archived using clinical software

​​Identify patients that do not have a DOB or gender recorded.​

Update any records DOB or gender is known, set up prompts on Walrus/Topbar to opportunistically enter in DOB, gender and any other demographic information missing upon patient presentation.

Implement a schedule/business rules to avoid duplicated records and a time frame to repeat data cleansing processes i.e. always search inactive/archived patients before creating a record, bi-annually.

At completion of QI period, measure change by repeating reports using data extraction tool. Assistance can be provided by PHN. Compare to baseline.

*Analyse and learn from the results*