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| Practice Name  |  | Cycle number |  |
| Staff initiator:  |  | Position title: |  |
| Start date: |  | End date: |  |
| Purpose | What are we trying to accomplish?What do you plan to do? |
| Ensure that 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. |
| How will we know that change is an improvement? What do you hope to achieve? (include measurement/outcome) |
| We will measure: (before and after comparison)1. The number of patients who have a duplicate Medicare, HCC or DVA number.
2. The number of patients who have a duplicate first name, surname, DOB and gender.
3. 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.
4. Number of patients with no DOB recorded.
5. Number of patients with no gender recorded.
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| What change can we make that will result in improvement? |
| 1. Clean-up database and merge duplicate patients.
2. Clean-up database and mark patients who have not visited the clinic x3 in 2 years AND/OR have not visited at least once in a given time frame inactive/archived.
3. Clean-up database and add date of birth to records if not recorded.
4. Clean-up database and add gender to records if not recorded.
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| PLAN | By answering this, you will develop the GOAL for improvement. The goal must be SMART - Specific, Measurable, Achievable, Relevant, Time-limited |
| Write a concise statement of what you plan to do, and the steps involved | From the questions/answers above, write your statement or aim of what you are attempting to achieve. |
| To increase the number of active patients who have an up to date demographic data recordedwithin 3 months by xx % |
| How are you going to do this? (list the steps to be implemented) |
| Steps | By who | By When |
| Use CAT4 and identify patients with duplicate number, and duplicate names. |  |  |
| Review and Merge patients where duplicates are found. |  |  |
| Use CAT4 and identify patients that have not visited the clinic x3 in 2 years AND/OR have not visited in a given time frame |  |  |
| Make patients meeting the criteria inactive/archived using clinical system |  |  |
| Use CAT4 and identify patients that do not have a DOB or gender recorded. |  |  |
| Update any records DOB or gender is known, set up prompts on 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 Pen/clinical software. Recipes and assistance provided by PHN. Compare to baseline. |  |  |
| DO | This may include how the patients react, how the doctors react, how the nurses react, how it fits in with your system or flow of the patient visit. You will ask, “Did everything go as planned?” |
| **Implement your plan and write down observations you have during your implementation.**  | What did you observe? |
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| Where there any unexpected events? |
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| STUDY | You will ask, “Do I have to modify the plan” |
| **After implementation you will study the results and record how well it worked, if you met your goal and document areas of improvement.**  | What did you learn? |
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| Has there been an improvement? |
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| Did you meet your measurement goal? |
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| What could be done differently? |
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| ACT | If it did not work, what you can do differently in your next cycle to address that. If it did work, are you ready to spread it across your entire practice? |
| **Here you will write what you came away with for this implementation, whether it worked or not.**  | What did you conclude from this cycle? |
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