**Quality Improvement Activity**

**Start date: End date:**

Improve demographic data for digital health programs

**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 that the non-clinical data required for the use of various digital health platforms is up to date within the clinical information system.

Easiest way to do this is to verify patient Individual Healthcare Identifiers (IHI) – through the demographic data of First Name, Last Name, date of birth, sex, and Medicare number.

**Goal:**

What are we trying to accomplish?

**Change Ideas:**

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

Decreased number of active patients without an IHI verified.

Increased number of active patients with an IHI verified.

Increased number of active patients with IHI verified and My Health Record.

**QI Activity Team:**

Use the data extraction tool to collect baseline data and patient population to verify patient IHIs.

Currently the practice data has xx% of active patients without a verified IHI

**Benchmark:**

What is our current data saying?

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

Reduce the number of active patients in the clinical information system without a verified IHI from <<insert number>> by (insert your %) %, within a three month period. – And increase number of patients with a current email address and mobile number in clinical software.

**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.]

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

Export the list provide this to reception.

Ensure relevant non-clinical staff know where to enter information in clinical software.

Set up a visual goal in the staff room to motivate staff to achieve the goal.

*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*

Update workflows to include the QI activity.

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*