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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 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. (This will form part of the data cleansing preparation for the use of various digital health strategies such as My Health Record, ePathology and Electronic Prescriptions.) |
| How will we know that change is an improvement? What do you hope to achieve? (include measurement/outcome) |
| 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. |
| What change can we make that will result in improvement? |
| Use the clinical audit tool to collect baseline data and patient population to verify patient IHIs. |
| 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. |
| 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 |
| How are you going to do this? (list the steps to be implemented) |
| Steps | By whom | By when |
| Consult with the PHN practice facilitator for resources and 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 PHN practice facilitator) and at least one GP, nurse and admin staff.] |  |  |
| Collect baseline data using CAT4 Daily View to export the list of active patients without a verified IHI recorded.  |  |  |
| Export the list provide this to reception  |  |  |
| Ensure relevant non-clinical staff know where to enter information in software |  |  |
| Set up a visual goal/thermometer in the staff room to motivate staff to achieve the goal |  |  |
|  |  |  |
| Update workflows to include the QI activity |  |  |
| 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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| Were 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? |
|  |
| Did you meet your measurement goal? |
|  |
| What could be done differently? |
|  |
| 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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