|  |
| --- |
| CANCER SCREENING CONTINUOUS QUALITY IMPROVEMENT PLAN |
| Practice Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Topic \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

### Instructions:

1. To express interest **complete Part 1** of the Cancer Screening Continuous Quality Improvement Planand submit it to Brisbane North PHN (practicesupport@brisbanenorthphn.org.au) **by 28 February 2025.**
2. Brisbane North PHN will review your expression of interest and inform you if you have been successful.
3. We will then send you agreement paperwork to sign and return
4. You send Brisbane North PHN an invoice for the initial payment of $250 (inc GST) which we will pay
5. You work on your proposed activities with the support of your QI&D Engagement Officer between February and April 2025
6. To receive your completion payment, **complete Part 2** of the Continuous Quality Improvement Plan and submit it to Brisbane North PHN **by 30 April 2025** together with an invoice for your completion payment.

### Why is Continuous Quality Improvement important?

Continuous Quality Improvement (CQI) activities are actions designed to help practices work better, safer, and smarter. Ideally, **CQI activities are small, incremental adjustments to existing processes that will result in long-term changes that add value to your practice.** Continuous Quality improvement activities boost outcomes for patients by:

* improving practice processes
* improving practice data
* improving patient health outcomes.

In addition to improving patient outcomes and business profitability, General Practices have several key reasons to undertake quality improvement activities:

**1 Practice Incentive Payment – Quality Improvement (PIP QI)**

The PIP QI is an incentive payment from the federal government paid to practices who use data to implement quality improvement activities. The aim of the payment is to improve patient outcomes, practice performance and provider professional development. PIP QI has 10 Quality Improvement measures:

1. Patients with Diabetes with a current HbA1c result
2. Patients with a Smoking Status
3. Patients with a Weight Classification
4. Patients aged 65 and over who are immunised against influenza
5. Patients with Diabetes who were immunised against influenza
6. Patients with COPD who were immunised against influenza
7. Patients with an alcohol consumption status
8. Patients with the necessary risk factors assessed to enable CVD assessment
9. Female patients with up-to-date cervical screening
10. Patients with diabetes with a blood pressure result.

To be eligible for the payment, practices need to:

* work to improve these 10 quality measures in partnership with their local PHN. Practices may choose to undertake quality improvement activities in another area if these activities are informed by their practice data
* share deidentified data with the Department of Health.

**2** **Accreditation.** For accreditation practices need to be at (or have processes in place to be working towards) RACGP data standards in the following areas:

* Recording of allergy status (Accreditation standard is 90%)
* Recording of smoking status (Accreditation standard is 75%)
* Recording of alcohol consumption (Accreditation standard is 75%)
* Recording of patients BMI (Accreditation standard is 75%)
* Recording of patient’s ethnicity (Accreditation standard is 75%)

3 **CPD Hours for General Practitioners.** RACGP requires General Practitioners to complete 50 hours of continuing professional development per year which must include:

* at least 12.5 hours on educational activities
* at least 5 hours reviewing their performance (reflecting on feedback about their work)
* at least 5 hours monitoring outcomes (using data to ensure quality results).

### How do you ‘do’ Continuous Quality Improvement?

Brisbane North PHN uses the Model for Improvement Framework. This approach asks 3 simple questions:

1. What are we trying to accomplish?
2. How will we know if this change is an improvement?
3. What changes can we make that will result in improvement? This process is referred to as the Plan, Do, Study, Act cycle or PDSA. You plan your activities, implement the changes, study the results and decide if these changes are working and react accordingly.

###

|  |
| --- |
| **YOUR DETAILS**  |
| **Practice Name**  |  |
| **Business Trading Name**  |  |
| **Address** |  |
| **Phone Number** |  | **Email Address** |  |
| **Clinical Software** |  | **Data Collection Tool/s** |  |
| **Number of GP’s** |  | **Full time equivalent (FTE) GP’s** |  |
| **Accreditation Date** |  | **Accrediting Body** |  |
| **ABN** |  | **Bank Account Name** |  |
| **Bank Account Number** |  | **BSB** |  |

### PART 1

**\*\*Your PHN QI&D Engagement Officer can help you with this – call us if you need help\*\***

|  |
| --- |
| **PLAN DETAILS AND TIMELINES** |
| **Focus Area**  |  |
| **Start Date** |  | **Finish Date** |  |
| **Clinical Lead** |  | **Practice Manager** |  |
| **Participating GP’s Names** |  | **Participating GP’s Provider Numbers** |  |
| **Who will be else will be involved? You will get better results if others in the practice are involved.**[ ]  Other GP’s [ ]  Practice Manager [ ]  Nurse [ ]  Reception Staff [ ]  All Practice [ ]  Health Worker [ ]  Other  |

|  |
| --- |
| **WHAT ARE YOU TRYING TO ACCOMPLISH?**  |
| **What are you trying to achieve/change/do?** **Make sure your goals are SMART (Specific, measurable, achievable, relevant and time-bound)** |
|  |
| **How does this fit in with your practice’s quality activities?** |
| [ ]  Area of interest/practice focus area[ ]  Process Improvement Activity[ ]  Data Improvement Activity[ ]  Patient Health Outcome Improvement Activity | [ ]  PIP QI Measure[ ]  PIP QI - other data driven improvement[ ]  Accreditation data[ ]  RACGP CPD Activity |
| **How can Brisbane North PHN help you achieve this goal?** |
| [ ]  Goal setting[ ]  Project planning ideas and timelines[ ]  Advice, support, coaching[ ]  Practice Development training[ ]  Primary Sense (data tool) training [ ]  Provision of PHN resources | [ ]  Training opportunities for staff, RN’s and GP’s[ ]  Information about external resources[ ]  Networking and buddying opportunities[ ]  Additional data[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
|  **HOW WILL YOU KNOW IF THE CHANGE IS AN IMPROVEMENT?** |
| **Why are you making this change? How will this change add long term value to the practice?** |
|  |
| **What does the Primary Sense data tell you now? What other data sources can you access?** |
|  |

|  |
| --- |
| **PLAN, DO, STUDY, ACT** |
| **ACTIVITY NUMBER** | **YOUR ACTIVITIES** | **TIMELINES** | **STUDY THE RESULTS** | **MONITOR YOUR PRORESS** |
| What changes are you going to try? The [Practice Development Matrix](https://practicesupport.org.au/web/assets/images/RES_Practice-Development-Matrix-17.10.24.pdf) can help you with ideas. | When do you want to achieve this by?  | How (and when) will you measure your progress? | How will you know if you are on track? |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

### PART 2

**\*\*Your PHN QI&D Engagement Officer can help you with this – call us if you need help\*\***

|  |
| --- |
| **DID THESE ACTIONS WORK?** |
| **Are things working out as you planned? If not, what are you going to do?** |
| Adopt the changes (Success! How do you make this business as usual)Adapt the changes (Pivot as needed and keep trying…)Abandon the changes (Scrap this idea – develop another idea and try again!)Activity 1 - Activity 2 - Activity 3 - Activity 4 -  |

|  |
| --- |
| **EVALUATION** |
| **How did the project go? What does the data tell you now?** |
| What did the Primary Sense (and other) data tell you at the end?What were the final learnings (the good, the bad and the ugly)?How can you build on this activity? What do you want to try next?  |
| **How will embed this change permanently?** |
| [ ]  Signs[ ]  Document work practices[ ]  Update policy and procedures manual[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Staff training session [ ]  Update position descriptions [ ]  Staff Induction |
| **Did the activity add value?** |
| How much value the CQI activities to your practice? |
| [ ]  No value | [ ]  Little Value | [ ]  Neutral | [ ]  Some Value | [ ]  Significant value |
| How confident am I about trying future CQI activities? |
| [ ]  Not confident | [ ]  Neutral | [ ]  Slightly confident | [ ]  Fairly confident | [ ]  Very confident |
| What would have made these activities more valuable? |
| **Spread the news!** |
| How will you feedback to staff?How will you celebrate your success? (e.g. Morning tea, practice newsletter, website)Do I have good news stories to share?Do I have cautionary tales to share (information from not-so-great things is still important learning)How could Brisbane North PHN further helped me in this activity? |
| Do you have any photos, quotes, documents or data to support your evaluation? Make sure you includethese documents when submitting your completed plan.[ ]  Yes[ ]  No |

|  |
| --- |
| **SIGNATURES/APPROVALS** |
| Brisbane North PHN may use your feedback in our communications including PHN publications, website and social medica channels. Do you grant permission for us to share your stories, quotes, photos and other feedback?[ ]  Yes, you may use my feedback and attribute them to my name/practice [ ]  Yes, you may use my feedback anonymously [ ]  No, I do not give permission. |
| Project Lead  | Preferred email for project communication\* | Date |
| GP Lead | Preferred email for project communication\* | Date |
| PHN QI&D Engagement Officer | Preferred email for project communication\* | Date |

\* Email addresses provided will be used for project communication only.