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| **CONTINUOUS QUALITY IMPROVEMENT FOCUS AREA** | | | | **DATE OF PDSA CYCLE** | | | |
| **Improve patient care by increasing the number of Home Medicines review (HMR)** | | | |  | | | |
| **GOAL**  What is the goal we are trying to achieve? | | **MEASURES**  What measures will we use to track the achievements of our goal? | | | | **IDEAS FOR CHANGE**  What are we wanting to change? | |
| **Increase the number of Home Medicine Reviews (HMRs) by \_\_\_\_\_\_\_\_\_\_\_\_ in the next \_\_\_\_\_\_\_\_\_months.**. | | **Use billing software to search and record:**  **HMRs billed previous \_\_\_\_ months =**  **HMRs billed this \_\_\_\_ months=** | | | | **Run the Primary Sense “Patients with High Complexity 5 & 4” report.**  **Identify eligible patients using the Primary Sense report.**  **Invite eligible patients for HMR** | |
| **PDSA - (Plan – Do – Study - Act)** | | | | | | | |
| **IDEAS**  What idea are we evaluating?  What change can we make that will result in improvement? | **PLAN**  How are we going to achieve our goal (who, what, when, where) | | **DO**  Was the plan completed?  What did you do? Were there unexpected events or outcomes? | | **STUDY**  Record, Analyse and Reflect on the results. Did your plan result in an improvement? By how much/little? | | **ACT**  What actions will you take, or system changes will be made?  (Adopt, Adapt, Abandon) |
| **Run Primary Sense “Patients with High Complexity 5 & 4” report** | **RN/PM to print or save the Primary Sense report. Date completed:** | | *PHN supported with training in Primary Sense and Excel which was helpful*. | | *More patients than expected on the report*. | | *Adopt: Generate the report every \_\_\_\_\_ months to identify new patients eligible.* |
| **Identify eligible patients using the Primary Sense report**. | **GP will review report to identify patients eligible for HMR**  **PM to record no. of eligible pts**. | | *PM filtered report using excel for the GP to review*. | |  | | *Adopt: Continue to review the report and invite patients into the program until all patients reviewed*. |
| **Invite eligible patients for a HMR.** | **RN will flag pts with existing apt for GP/RN to discuss at that time.**  **RN will call/send letters/SMS eligible patients to invite.** | | *Phone calls made to eligible patients. Better response to calls in the late morning*. | | *RN to add HMR R/V to care plan templates as a prompt to discuss with pt if they are eligible .* | | *Adopt: Continue* |