Continuous Quality Improvement (CQI) Practice Checklist

Activity: learnings from ex-tropical cyclone Alfred

The recent Tropical Cyclone experienced in our region was a busy and difficult few days.  Your practice would have had to implement your disaster preparedness plans and various other policies and procedures.

Use this document to record your response to the recent cyclone event: what went well and what you have learned for next time.  You can use this template, or one you have developed yourself to record your response and learnings.  Feel free to add to this document or remove parts that you don’t need.

**Save this document and make sure you used it to demonstrate you have made Continuous Quality Improvements (CQI) during accreditation**.

**PREPAREDNESS – before the event**

|  |  |
| --- | --- |
| **What policies did you have in place prior to the weather event?** | |
| ​​☐​ Risk Register  ​​☐​ Disaster Response Policy  ​​☐​ Business Continuity Plan  ​​☐​ Workplace Health and Safety Policy | ​​☐​ Cold Chain Management Procedures  ​​☐​ Vaccine Management Protocols  ​​☐​ Vaccine stocktake procedures  ​​☐​ Other  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Were these policies up to date? When has you last reviewed this material?** | |
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| **Were these policies readily available?  Did you have printed copies available in off-site locations?** | |
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| **How did you communicate with your staff and patients?** | |
|  | |
| **Were you aware of the** [**storm preparedness material**](https://practicesupport.org.au/toolbox/disaster-and-pandemic-management/get-ready-and-prepare) **on the practicesupport.org.au website?**  **Did you use the** [**disaster preparedness checklist**](https://practicesupport.org.au/web/assets/images/BNPHN_DRA_Disaster_Preparedness_Checklist_Print_Version_May2022_V3-1.pdf)**?**  ​​☐​ Yes  ​​☐​ No | |

**RESPONSE – during the event**

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| **What did you do to prepare for the cyclone? How and when did communicate with staff and patients? When was the practice closed? How did you prepare for possible damage and loss of power?**  **Use the timeline below to document what happened.** | | | |
| Monday | 3 March 2025 | | First storm warnings came out |
| Tuesday | 4 March 2025 | |  |
| Wednesday | 5 March 2025 | |  |
| Thursday | 6 March 2025 | |  |
| Friday | 7 March 2025 | |  |
| Saturday | 8 March 2025 | |  |
| Sunday | 9 March 2025 | |  |
| Monday | 10 March 2025 | |  |
| Tuesday | 11 March 2025 | |  |
| Wednesday | 12 March 2025 | |  |
| Thursday | 13 March 2025 | |  |
| Friday | 14 March 2025 | |  |
| Post Friday |  | |  |
| **Who was involved in the response?  What was their role?  What did they do?** | | | |
| ​​☐​ Practice Manager  ​​☐​  Clinical Lead  ​​☐​  Practice Nurse/s  ​​☐​  Other GP’s  ​​☐​  Reception Staff  ​​☐​  Health Worker  ​​☐​  All Practice  ​​☐​  Other | |  | |

**RECOVERY – after the event**

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| **Did you need to do clean up or other remediation work?  Who was involved in this? What did you do?** | |
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| **After it was over, did you debrief as a team or in small groups?** | |
|  | |
| **What were your main findings/learnings?** | |
| What did you do well? | What can you improve for next time? |
|  |  |
| **Any other thoughts or reflections?** | |
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**PREVENTION/MITIGATION – planning for next time**

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| **What will you do differently next time?** | | | | | |
| What will you adopt? (Do again)  What will you adapt? (Use again with some changes)  What will you abandon? (Not doing this again) | | | | | |
| **How will embed these changes permanently?** | | | | | |
| ​​☐​ Signs  ​​☐​ Document work practices  ​​☐​ Update policy and procedures manual  ​​☐​ Other  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | ​​☐​ Staff training session  ​​☐​ Update position descriptions  ​​☐​ Staff Induction | | |
| **Have you checked out the disaster management information on the Practice Support website?** | | | | | |
| ​​☐​ [Disaster Preparedness Checklist](https://practicesupport.org.au/web/assets/images/BNPHN_DRA_Disaster_Preparedness_Checklist_Print_Version_May2022_V3-1.pdf)  ​​☐​  [RACGP Emergency Response Planning Tool](https://www.racgp.org.au/running-a-practice/practice-management/managing-emergencies-and-pandemics/emergency-response-planning-tool)  ​​☐​ [Key contacts and support services available](https://practicesupport.org.au/toolbox/disaster-and-pandemic-management/respond)  ​​☐​  [RACGP Mental Health in Emergencies and Disasters Factsheet](https://practicesupport.org.au/web/assets/images/Factsheet-Mental-health-and-emergencies.pdf) | | | | | |
| **Have you updated your key policies after this event?** | | | | | |
| ​​☐​ Risk Register  ​​☐​ Disaster Response Policy  ​​☐​ Business Continuity Plan  ​​☐​ Workplace Health and Safety Policy | | | ​​☐​ Cold Chain Management Procedures  ​​☐​ Vaccine Management Protocols  ​​☐​ Vaccine stocktake procedures  ​​☐​ Other  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Are you confident you are prepared for the next severe weather situation we have?** | | | | | |
| ​​☐​ Not confident | ​​☐​ Neutral | ​​☐​ Slightly confident | | ​​☐​ Fairly confident | ​​☐​ Very confident |
| What could you do make sure you are more confident next time? | | | | | |
| **Spread the news!** | | | | | |
| How will you feedback to staff and patients?  How will you celebrate your success or recovery? (e.g. Team meeting, practice newsletter, website) | | | | | |
| Do you have good news stories to share?  Do you have cautionary tales to share (information from not-so-great things is still important learning)  Do you have any photos, quotes, documents or data to support your activities?  ​​☐​ Yes  ​​☐​ No | | | | | |
| Could Brisbane North PHN have provided further assistance during the cyclone? | | | | | |

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| **SIGNATURES/APPROVALS** | | |
| If you choose to share your stories, learnings or feedback Brisbane North PHN may use this information 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.