**CONTINUOUS QUALITY IMPROVEMENT APPLICATION**

### **Instructions:**

1. Choose four Continuous Quality Improvement (CQI) activities from the list provided in the [Cancer Screening Practice Payment Guide](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fpracticesupport.org.au%2Fweb%2Fassets%2Fimages%2FDRA_DOC_Cancer-Screening-Practice-Payment-Guide-2025-2026-v2.docx&wdOrigin=BROWSELINK) or you can develop practice-specific activities you think will improve the cancer screening outcomes for your patient cohort.  The [Practice Development Matrix](https://practicesupport.org.au/web/assets/images/RES_Practice-Development-Matrix-17.10.24.pdf) can provide you with ideas for other activities.
2. To apply, complete Part 1 of this Continuous Quality Improvement Application and submit this to Brisbane North PHN (practicesupport@brisbanenorthphn.org.au) by 30 October 2025.  The application outlines the:
	1. Cancer Screening goals you want to achieve
	2. Activities you are planning
	3. Timelines you are working to
	4. How you are going to measure your progress.
3. Brisbane North PHN will review your application and email you a CQI Agreement to sign and return
4. Work on your proposed activities with the support of your Brisbane North PHN QI&D Engagement Officer up until the projects closes on February 14, 2026.
5. At the end of the project, complete **Part Two** of this **Continuous Quality Improvement Application** and submit it to Brisbane North PHN (practicesupport@brisbanenorthphn.org.au) together with an invoice for your completion payment of $1,250 exclusive of GST (so a total amount of $1,375).

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| **YOUR PRACTICE DETAILS**  |
| **Practice Name**  |  |
| **Business Trading Name**  |  |
| **Address** |  |
| **Phone Number** |  | **Email Address** |  |
| **ABN** |  | **Bank Account Name**  |  |
| **Bank Account Number** |  | **BSB** |  |

### **PART 1 – Plan your activities**

**Your PHN QI&D Engagement Officer can help you with this – call us if you need help 07 3490 3495**

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| **PLAN DETAILS AND TIMELINES** |
| **Focus Area/Topic** |  |
| **CQI Lead and their role in the practice** |  | **Other CQI Team members and their role** |  |
| **Start Date** |  | **Finish Date** |  |
| **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.**[ ]  All Practice [ ]  Practice Manager [ ]  Nurse [ ]  Reception Staff [ ]  GP’s [ ]  Health Worker [ ]  Other  |

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| **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)** |
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| **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?** |
| [ ]  Advice, support, coaching[ ]  Provision of PHN resources[ ]  Information about external resources[ ]  Primary Sense (data tool) training[ ]  Training opportunities for staff, RN’s and GP’s | [ ]  Goal setting[ ]  Project planning ideas and timelines[ ]  Networking and buddying opportunities[ ]  Additional data[ ]  Practice Development training |
| **How are you going to communicate this CQI Initiative to the team?** |
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| **HOW WILL YOU KNOW IF THE CHANGE IS AN IMPROVEMENT?** |
| **How will this change add long term value to the practice? What does the Primary Sense (or other) data tell you now?**  |
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| **PLAN, DO, STUDY, ACT**  |
| **ACTIVITY NUMBER** | **YOUR ACTIVITIES** | **TIMELINES** | **STUDY THE RESULTS** | **MONITOR YOUR PROGRESS** |
| What changes are you going to try? The [Practice Development Matrix](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fpracticesupport.org.au%2Fweb%2Fassets%2Fimages%2FRES_Practice-Development-Matrix_March-2025.docx&wdOrigin=BROWSELINK) 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 | Engage with your QI&D Officer and build your CQI team |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

### **PART 2 – After the activities**

**Your PHN QI&D Engagement Officer can help you with this – call us if you need help 07 3490 3495**

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| **PRACTICE NAME**  |  |

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| **DID YOUR CHOSEN ACTIVITIES WORK?** |
| **Did things work out as you planned? What are you going to do now?*** 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!)
 |
| Comment on how each of your activities wentActivity 1 – Activity 2 – Activity 3 – Activity 4 –  |

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| **EVALUATION** |
| **How did the project go?**  |
| Good news storiesLearningsFinal Data outcomes (make sure all patient information is de-identified)Do you have any photos, quotes, documents or data to support your evaluation? [ ]  Yes [ ]  No |
| **How will you embed these changes permanently?** |
| [ ]  Signs[ ]  Document work practices[ ]  Update policy and procedures manual[ ]  Staff training session  | [ ]  Update position descriptions [ ]  Staff Induction[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Did the CQI activity add value?** |
| How much value did the CQI activities add 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? |
| What further support could Brisbane North PHN provide you? |
| **Spread the news!** |
| How will you feedback to the practice staff? |
| [ ]  Email/group message[ ]  Staff meeting update[ ]  Notice in the staffroom | [ ]  Distribution of PHN Final Report[ ]  Informal update for staff[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| How will you celebrate your success? |
| [ ]  Morning tea, lunch or other staff event[ ]  Posters in the waiting room[ ]  Social media post | [ ]  Practice Newsletter[ ]  Website [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **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 it to my name/practice [ ]  Yes, you may use my feedback anonymously [ ]  No, I do not give permission. |
| CQI Lead  | Preferred email for project communication\* | Date |
| Site Practice Manager | Preferred email for project communication\* | Date |
| Clinical Lead | Preferred email for project communication\* | Date |

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

### **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 and digital health and by improving patient health outcomes.

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

**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 PIP QI payment, practices need to:

* work to improve these 10 quality measures (QIM) 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.

**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%)

**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).