# Continuous Quality Improvement Plan

|  |  |
| --- | --- |
| Practice Name | Click or tap here to enter text. |
| Date | Click or tap to enter a date. |
| Topic | Click or tap here to enter text. |

### Instructions:

1. Provide your details below, including the business and contact details for your practice, your accreditation and bank account information.
2. Complete **Part 1** to express your interest in participating in up to four CQI activities for multicultural health to receive a payment under the Department of Health and Aged Care Multicultural Access Program.
3. Successful applicants will receive a payment of $250 and undertake the proposed activities outlined in Part 1, between November 2024 and March 2025.
4. At project close, complete **Part 2** of this plan and submit to Brisbane North PHN to receive 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, measure practice performance and create opportunities for professional development for GP's. 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 Brisbane North PHN.

**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**

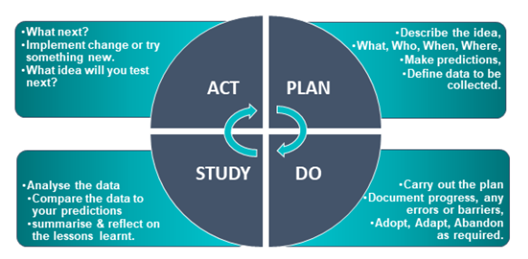
RACGP requires General Practitioners to complete 50 hours of continuing professional development per year which must include:

* 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** | Click or tap here to enter text. | | |
| **Business trading name** | Click or tap here to enter text. | | |
| **Address** | Click or tap here to enter text. | | |
| **Phone number** | Click or tap here to enter text. | **Email address** | Click or tap here to enter text. |
| **Clinical software** | Click or tap here to enter text. | **Data Collection Tool/s** | Click or tap here to enter text. |
| **Number of GPs** | Click or tap here to enter text. | **Full time equivalent (FTE) GPs** | Click or tap here to enter text. |
| **Accreditation date** | Click or tap to enter a date. | **Accrediting body** | Click or tap here to enter text. |
| **ABN** | Click or tap here to enter text. | **Bank account name** | Click or tap here to enter text. |
| **Bank account number** | Click or tap here to enter text. | **BSB** | Click or tap here to enter text. |

### 

### 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** | Click or tap here to enter text. | | | | |
| **Start date** | Click or tap to enter a date. | | **Finish date** | Click or tap to enter a date. | |
| **Clinical lead** | Click or tap here to enter text. | | **Practice manager** | Click or tap here to enter text. | |
| Other GPs | | 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)** | | | | | |
| Click or tap here to enter text. | | | | | |
| **How does this fit in with your practice 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, RNs, and GPs  Information about external resources  Networking and buddying opportunities  Additional data  Other: Click or tap here to enter text. | | |
| **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?** | | | | | |
| Click or tap here to enter text. | | | | | |
| **What does the Primary Sense data tell you now? What other data sources can you access?** | | | | | |
| Click or tap here to enter text. | | | | | |
| **PLAN YOUR ACTIVITIES** | | | | | |
| **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.** | | | | | |
| 1. Click or tap here to enter text. | | | | | |
| 2. Click or tap here to enter text. | | | | | |
| 3. Click or tap here to enter text. | | | | | |
| 4. Click or tap here to enter text. | | | | | |
| **IMPLEMENT THE CHANGES** | | | | | |
| **Timelines - when do you want to achieve this by? What are the key milestones?** | | | | | |
| 1. Click or tap here to enter text. | | | | | |
| 2. Click or tap here to enter text. | | | | | |
| 3. Click or tap here to enter text. | | | | | |
| 4. Click or tap here to enter text. | | | | | |
| **STUDY THE RESULTS** | | | | | |
| **How (and when) will you measure your progress?** | | | | | |
| 1. Click or tap here to enter text. | | | | | |
| 2. Click or tap here to enter text. | | | | | |
| 3. Click or tap here to enter text. | | | | | |
| 4. Click or tap here to enter text. | | | | | |
| **How will you know if you are on track?** | | | | | |
| 1. Click or tap here to enter text. | | | | | |
| 2. Click or tap here to enter text. | | | | | |
| 3. Click or tap here to enter text. | | | | | |
| 4. Click or tap here to enter text. | | | | | |

### 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)  Click or tap here to enter text. | | | | | | |
| Adapt the changes (Pivot as needed and keep trying…)  Click or tap here to enter text. | | | | | | |
| Abandon the changes (Scrap this idea – develop another idea and try again!)  Click or tap here to enter text. | | | | | | |
| **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?  Click or tap here to enter text. | | | | | | |
| What were the final learnings (the good, the bad and the ugly)?  Click or tap here to enter text. | | | | | | |
| How can you build on this activity?  Click or tap here to enter text. | | | | | | |
| What will you try next?  Click or tap here to enter text. | | | | | | |
| Do you have any photos, quotes, documents or data to support your evaluation? Make sure you include these documents when submitting your completed plan.  Yes  No | | | | | | |
| **How will embed this change permanently?** | | | | | | |
| Signs  Document work practices  Update policy and procedures manual  Other: Click or tap here to enter text. | | | | Staff training session  Update position descriptions  Staff Induction | | |
| **Did the 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 are you about trying future CQI activities? | | | | | | |
| Not confident | Neutral | | Slightly confident | | Fairly confident | Very confident |
| What would have made these activities more valuable?  Click or tap here to enter text. | | | | | | |
| **Spread the news!** | | | | | | |
| How will you feedback to staff?  Click or tap here to enter text. | | | | | | |
| How will you celebrate your success? (e.g. morning tea, practice newsletter, website)  Click or tap here to enter text. | | | | | | |
| Do I have good news stories to share?  Click or tap here to enter text. | | | | | | |
| Do I have cautionary tales to share (information from not-so-great things is still important learning)  Click or tap here to enter text. | | | | | | |
| How could Brisbane North PHN have further helped me in this activity?  Click or tap here to enter text. | | | | | | |
| **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  Click or tap here to enter text. | | Preferred email for project communication\*  Click or tap here to enter text. | | | | Date  Click or tap to enter a date. | |
| GP lead  Click or tap here to enter text. | | Preferred email for project communication\*  Click or tap here to enter text. | | | | Date  Click or tap to enter a date. | |
| PHN QI&D Engagement Officer  Click or tap here to enter text. | | Preferred email for project communication\*  Click or tap here to enter text. | | | | Date  Click or tap to enter a date. | |

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