CONTINUOUS QUALITY IMPROVEMENT
PDSA TEMPLATE

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An Australian Government Initiative

CONTINUOUS QUALITY IMPROVEMENT FOCUS AREA	DATE OF PDSA CYCLE
Update missing Ethnicity recording for best patient care and high-quality data	

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 patients who have their ethnicity status recorded in the Clinical Information System by _____% in _____ months.	Primary Sense Compliance % Accreditation Report _Ethnicity %_ Start Ethnicity % = _____% End Ethnicity % = _____%	Generate Primary Sense Accreditation % Compliance report. Print the Primary Sense Patient booked in with missing PIPQI & Accreditation measures report to identify patients. Practice staff to update Ethnicity data.

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)
Generate Primary Sense Accreditation % Compliance report.	Who: PM What: Generate Primary Sense Compliance % report and record %. Start date: / /2024 End date: / /2024	_Report printed. Percentage lower than expected._	_Staff discussed at CQI mtg and keen to participate and improve results._	_Adopt: Continue to print report and review data._
Print Primary Sense Patient booked in with missing PIPQI measures report.	Who: PM What: Print Primary Sense Patient booked in with missing PIPQI & Accreditation measures report. When: Print _____ (weekly)	_Report easy to print. More patients listed on report than expected._	_Staff keen to improve and have high quality data._	_Adopt: Continue to print report (weekly)_
Practice staff to update Ethnicity data	Who: All staff What: Use Primary Sense report to identify and update. When: At patient check in and during apt.	_Explanation of ethnicity required for a few patients. Staff upskilled in asking ethnicity._	_Ethnicity data is improving and staff confident in updating._	_Adopt: Continue to update missing patient ethnicity data_

CONTINUOUS QUALITY IMPROVEMENT –
MODEL FOR IMPROVEMENT PDSA DIAGRAM

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Model for Improvement as the framework to guide and accelerate improvement work.

Q1. What are we trying to accomplish?

- The answers will be your **GOALS**.
- *e.g. SMART Goal (Specific, Measurable, Achievable, Relevant and Time-bound)*

Q2. How will we know that the change is an improvement?

- The answers will be the **MEASURES** for tracking your goal.
- *e.g % of patients with improved data before and after PDSA.*

Q3. What changes can we make that will result in improvement?

- The answers will be the **IDEAS** for change.
- *e.g. use "Primary Sense to run Accreditaion % Compliance" report before and after PDSA to compare data.*

THINKING PART

DOING PART

ACT
- What next?
- Implement change or try something new.
- What idea will you test next?

PLAN
- Discribe the idea,
- What, Who, When, Where,
- Make predictions,
- Define data to be collected.

STUDY
- Analyse the data
- Compare the data to your predictions
- summarize & reflect on the lessons learnt.

DO
- Carry out the plan
- Document progress, any errors or barriers,
- Adopt, Adapt, Abandon as required.