National Quality Improvement (QI) Template
Model for Improvement (MFI) and Plan-Do-Study-Act (PDSA)

This document is for use in partnership with your local WAPHA Practice QI Coach who can be contacted by email via QI@wapha.org.au

The following sections are designed to guide practice staff through the **Model for Improvement (MFI – the thinking part)** and the **Plan-Do-Study-Act (PDSA cycle – the doing part)** which form a framework for planning, testing and reviewing changes.

Practice name:	*Add the name of your practice*	Date:	*Date of commencement*
QI team:	*List the team members involved (Insert names)* *Team member* – GP involved in trial *Team member* – Practice Manager *Team member* – Receptionists responsible for scheduling *Team member*		
Problem:	Our practice is aiming to promote video telehealth appointments as another option of service delivery to our patient population, which will increase accessibility for vulnerable populations who cannot attend in person. Currently, X% of our appointments are undertaken face to face, with X% of telehealth appointments done with audio calling only. By offering telehealth services utilising video too, we will be able to address more problems virtually than by audio only.		
Problem statement:	Our practice would like to increase the amount of video telehealth appointments offered to patients.		

Model for Improvement (MFI)

Step 1: The thinking part – three fundamental questions (complete as a whole team)
1. Aim – what are we trying to accomplish?
*By answering this question, you will develop your **goal** for improvement. It is important to establish a SMART (Specific, Measurable, Achievable, Relevant and Time-bound) and people-crafted aim that clearly states what you are trying to achieve.*
Our practice QI team will promote video telehealth within the practice through trialling the feasibility, patient satisfaction, and operational impact of scheduling all telehealth consultations to two hour timeslots allocated to one GP. We will trial this by offering a two hour period on five occasions over three months.
2. Measure(s) – how will we know that a change is an improvement?
*By answering this question, you will develop the **measure(s)** you will use to track your overarching goal. Record and track your baseline measurement to allow for later comparison. Tip: Use a run chart to plot trends.*
We will measure this by tracking the number of video telehealth appointments undertaken over the three month trial period (this can be tracked by running search queries on the practice management software to identify the number of video telehealth MBS item numbers billed, or by utilizing the Digital Health report in the Primary Care Reporting Portal (PCRP)).   We can also measure this by reviewing the number of GPs participating in the trial and tracking the number of GPs at the practice currently allocated a two hour period for video consultations each month.

Baseline:	X number of MBS video telehealth item numbers billed in a one month period, or, X number of video telehealth item numbers documented on PCRP Digital Health report, or X number of GPs with a two hour period for video consultations each month	**Baseline date:**	Insert start date of trial

3. Change ideas – what changes can we make that will result in improvement?
*By answering this question, you will develop **ideas** for change. Tip: Engage the whole team in formulating change ideas using tools such as brainstorming, driver diagrams and process mapping. Include any predictions and measure their impact quickly.*

Idea 1:	Identify the GP who will participate in the trial and schedule their 2-hour period for video telehealth consultations.
Idea 2:	Train the GP (and reception) on the necessary telehealth software and workflow adjustments.

Idea 3:	Establish criteria for patient eligibility (e.g., non-urgent consultations, appropriate My Medicare conditions met for billing/ consent etc, appropriate conditions for video telehealth).
Idea 4:	Inform patients about the trial through promotional material at the practice and/or have reception ask patients if they would like to participate.
Idea 5:	Develop a system to collect feedback from both patients and the GP after each telehealth session (feedback could include patient satisfaction and technical issues encountered).
Next steps:	*Each idea may involve multiple short and small PDSA cycles.*

Plan-Do-Study-Act (PDSA)

Step 2: The doing part – Plan-Do-Study-Act (PDSA) cycle				
After you have completed the MFI, use the template below to document and track your PDSA cycles (i.e. small, rapid tests of change).				
Idea	**Plan**		**Do**	**Study**	**Act**
#	**Plan the test**	**Prediction**	**Do the test on small scale**	**Analyse the results**	**Make a plan for next step**
	How will we run this test? *Who will do it and when?* *What will we measure?*	*What is your prediction or hypothesis on what will happen?*	*Was the plan completed? Yes or No. Collect data.* *What worked well and why?* *Document any unexpected observations, events or problems.*	*Analyse the results and compare them to the predictions.* *What did you learn?*	*Based on your learnings from the test, what will you do next (e.g. adopt, adapt or abandon)?* *How does this inform the plan for your next PDSA?*
Change idea 1	*Identify the GP who will participate in the trial and schedule their 2-hour period for video telehealth consultations.*	*Certain GPs with an interest in offering progressive services/ increasing digital health will want to participate.*	• *Conduct the 2-hour telehealth sessions as scheduled.* • *Collect/record key data during each session,*	1. *Review the data and feedback collected over the trial period (April to July).*	• *Adopt – continue or scale up the practice offering video telehealth by involving more GPs or extending the service*

Change idea 2	*Train the GP (and reception) on the necessary telehealth software and workflow adjustments.*	*We will work together to adopt a system that works for our requirements – other practices have found utilizing a second screen or an additional tablet helpful for video telehealth to allow easy access to practice software on one screen and patient call on the other.*	*including patient attendance, duration of consultations, and any issues faced (e.g., technical problems).* • *Gather feedback from patients and the GP after each session using surveys or quick interviews.*	*2. Analyse:* *Patient satisfaction levels:* • *Did the patients find the video telehealth platform easy to use?* • *Did the patient feel as if they saved time in comparison to seeing the GP in-person?* • *Did the patient feel they were adequately able to communicate with the GP?* • *Would the patient opt for a video telehealth consult again?*
Change idea 3	*Inform patients about the trial through promotional material at the practice and/or have reception ask patients if they would like to participate.*	*Options – verbally informing, offering at time of booking, advertising online, in waiting room, on online booking platform.*		*The GP's experience and workload balance:* • *Did the GP find the sessions useful?* • *Did the GP see more patients in those 2 hours than they would have if those telehealth consults were in-person consults?*
Change idea 4	*Establish criteria for patient eligibility (e.g., non-urgent consultations, appropriate conditions for video telehealth).*	*QI team to work on identifying this criteria and communicating to team.*		• *Were there any difficulties in GP-patient communication?*
Change idea 5	*Develop a system to collect feedback from both patients and the GP after each telehealth session (feedback could include patient satisfaction and technical issues encountered).*	*Will this involve a short survey sent to patients? See 'study' section for question prompts.* *How to collect GP feedback – will verbal conversation at end of two hour period work best? Where will this be recorded?*		*Any technical or operational challenges:* • *Did the patient face any technical or operational issues?* • *Did the GP face any technical or operational issues?*

Top-right column (continued):

hours for the video telehealth sessions.

• *Adapt – address any issues identified during the trial (e.g., additional GP training) before adopting.*

• *Abandon – discontinue scheduled periods of video telehealth consultations based on trial findings.*

• *Share the results and learnings with all clinic staff to inform future implementations.*

				3. Compare the outcomes against the start and end measure. 4. Did you achieve or exceed the target measure for number of consultations?	
Summary of results					