Quality Improvement (QI) Plan-Do-Study-Act (PDSA)

QI activity focus / Objective	Improve the data quality of 'active patient' population with ACP documentation (Best Practice clinical software.) *Supporting RACGP Standards 5ᵗʰ edition criterion:* *C6.2 Our practice has a system to manage our patient health information.* *QI1.3 b Our practice uses relevant patient and practice data to improve clinical practice*		
QI activity lead/s			
Start measure	Unknown	**End measure**	Total number of patients with ACP documents stored correctly by **End date**
Start date		**End date**	

Step 1: PLAN What do you plan to do/achieve SMART GOALS	**Our goal:** Search the BP database to identify 100% of patients who have completed ACP documentation, making sure their documents are coded, stored, and uploaded to My Health Record (MHR) correctly by *[Insert date].*
Step 2: DO Outline the steps you will undertake	QI Lead: activity coordination • Execute search using SQL to obtain list of patients with completed ACP documentation in health record. Select date range to manage activity. 📄 advance health directive, acp or ahc Assign staff to review the list and update patient records, making sure ACP documents are correctly stored as per practice policy. **Suggested** • Storing ACP documents in Best Practice • Uploading an ACP document to BP Premier and My Health Record • Record the number of patients with correctly stored, flagged and uploaded ACP documentation • Document activity on QI Register
Step 3: STUDY What did you observe?	**Observations** **Did you achieve SMART goal?** QI Lead to facilitate team discussion at staff meeting • Evaluate whether the plan was executed successfully. • Review any difficulties encountered. • Review what worked or did not work. • Review unexpected results.

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	Measurable Outcomes: Start measure: _Unknown number ACP documents in clinical software End measure:__Number of ACP documents in clinical software Insert date Range = _____
Step 4: ACT Will you adopt, adapt or abandon this change?	After evaluating outcomes and observations, choose an action below: • **Adopt:** The practice will adopt QI activity. E.g. Consider running SQL report quarterly as part of clinical governance surrounding ACP documentation • **Adapt**: Amend activity and re-test with another PDSA cycle. • **Abandon:** Record which change idea you will test next and start a new PDSA

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Any other information?

Examples: notes, screenshots, graphs, context information, resources, Brainstorming

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Resources:

Refer to the Practice Assist ACP Tool Kit webpage - storing completed ACP documents

- ACP Storing Documents in Best Practice
- Uploading an ACP Document to BP Premiere and My Health Record
- Reception Staff Script – ACP Document Storage
- SQL – BP

advance health
directive, acp or ahc
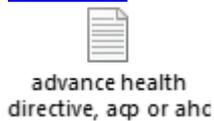
Questions, Links and information:
- What is a smart goal?: SMART Goals Cheat Sheet
- How to document a PDSA? Guide to documenting a QI activity as a PDSA
- Does this need to be documented in a PDSA or can it be captured in a QI log? Identifying and undertaking QI activities using PDSAs

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QI Quintuple Aims for health care improvement:

- Improving population health
- Enhancing the care experience
- Reducing costs
- Care team well-being
- Advancing health equity

10 PIP QI Measures.

1. diabetes with HbA1c result
2. smoking status
3. weight classification
4. 65+ and Influenza Immunisation
5. Diabetes and Influenza Immunisation
6. COPD and Influenza Immunisation
7. alcohol consumption status
8. risk factors enable CVD assessment
9. cervical screening
10. diabetes & blood pressure

Building blocks

| 10 Template of the future |
8 Prompt access to care	9 Comprehensive-ness and care coordination
5 Patient-team partnership	6 Population management	7 Continuity of care
1 Engaged leadership	2 Data-driven improvement	3 Empanelment	4 Team-based care