

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

QI activity focus / Objective		Improve staff completion rates of advance care plan (ACP) training/education. <i>Supporting RACGP Standards for General practice 5th edition criterion:</i> <ul style="list-style-type: none"> ➤ GP3.1 – Qualifications, education, and training of healthcare practitioners ➤ C8.1 A – Our non-clinical staff complete training appropriate to their role and our patient population 	
QI activity lead/s			
Start measure	Baseline Data % of staff who have completed (ACP) training in the last two years. (consider staff survey) GPs – xx Nursing staff – xx Admin staff - xx	End measure	% of staff who have completed (ACP) training GPs – xx Nursing staff – xx Admin staff - xx
Start date		End date	

Step 1: PLAN What do you plan to do/achieve SMART GOALS	Our goal All clinical and non-clinical staff will complete ACP training improving both confidence and consistency in patient ACP discussions. Training will be completed by <u>[Insert due date]</u> ,
Step 2: DO Outline the steps you will undertake	<u>QI Lead: activity coordination</u> <ul style="list-style-type: none"> • communicate activity and expectations to staff • establish baseline data • schedule protected learning time for training • all staff to complete ACP Core Training Guide • QI Lead to record completion rates (consider spreadsheet to track progress) • staff to log CPD (self-recorded) as Educational Activity (EA), time-based activity • document activity on QI Register

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

QI activity focus / Objective		Improve staff completion rates of advance care plan (ACP) training/education. <i>Supporting RACGP Standards for General practice 5th edition criterion:</i> <ul style="list-style-type: none"> ➤ GP3.1 – Qualifications, education, and training of healthcare practitioners ➤ C8.1 A – Our non-clinical staff complete training appropriate to their role and our patient population 	
QI activity lead/s			
Start measure	Baseline Data % of staff who have completed (ACP) training in the last two years. (consider staff survey) GPs – xx Nursing staff – xx Admin staff - xx	End measure	% of staff who have completed (ACP) training GPs – xx Nursing staff – xx Admin staff - xx
Start date		End date	

<p>Step 3: STUDY</p> <p>What did you observe?</p>	<p>Observations</p> <p><u>Did you achieve SMART goal?</u></p> <p><u>QI lead to facilitate team discussion at all staff meeting</u></p> <ul style="list-style-type: none"> • Evaluate whether the plan was executed successfully. • Review any difficulties encountered. • Review what worked or did not work. • Review unexpected results. • Compare the data to your predictions. <p><u>Baseline Data staff completed ACP training</u></p> <p>GP_____</p> <p>Nurse_____</p> <p>Admin_____</p> <p><u>End Measure staff numbers completed training:</u></p> <p>GP_____</p> <p>Nurses_____</p> <p>Admin_____</p> <p><u>Do the numbers reflect the anticipated percentage of completed training: Y/N</u></p>
--	--

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

QI activity focus / Objective		Improve staff completion rates of advance care plan (ACP) training/education. <i>Supporting RACGP Standards for General practice 5th edition criterion:</i> <ul style="list-style-type: none"> ➤ GP3.1 – Qualifications, education, and training of healthcare practitioners ➤ C8.1 A – Our non-clinical staff complete training appropriate to their role and our patient population 	
QI activity lead/s			
Start measure	Baseline Data % of staff who have completed (ACP) training in the last two years. (consider staff survey) GPs – xx Nursing staff – xx Admin staff - xx	End measure	% of staff who have completed (ACP) training GPs – xx Nursing staff – xx Admin staff - xx
Start date		End date	

<p>Step 4: ACT</p> <p>Will you adopt, adapt or abandon this change?</p>	<p>After evaluating the data, outcomes, and observations, choose an action below. Consider:</p> <p>✓ Adopt:</p> <p>The practice will develop a policy that requires all staff to complete ACP training activity annually.</p> <p>ACP education/training will be included as part of onboarding of new staff</p> <p>✓ Adapt:</p> <p>Record changes and re-test with another PDSA cycle.</p> <p>✓ Abandon:</p> <p>Document the next change idea you will test and initiate a new PDSA cycle.</p>
--	---

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

QI activity focus / Objective		Improve staff completion rates of advance care plan (ACP) training/education. <i>Supporting RACGP Standards for General practice 5th edition criterion:</i> <ul style="list-style-type: none"> ➤ GP3.1 – Qualifications, education, and training of healthcare practitioners ➤ C8.1 A – Our non-clinical staff complete training appropriate to their role and our patient population 	
QI activity lead/s			
Start measure	Baseline Data % of staff who have completed (ACP) training in the last two years. (consider staff survey) GPs – xx Nursing staff – xx Admin staff - xx	End measure	% of staff who have completed (ACP) training GPs – xx Nursing staff – xx Admin staff - xx
Start date		End date	

Any other information?

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

Resources:

ACP training resources:

Refer to the [Advance Care Planning Tool Kit webpage – Practice Assist](#)

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](#)

QI Quintuple Aims for health care improvement:



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

