

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.) <i>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</i>	
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	

<p>Step 1: PLAN</p> <p>What do you plan to do/achieve</p> <p>SMART GOALS</p>	<p>Our goal:</p> <p>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].</p>
<p>Step 2: DO</p> <p>Outline the steps you will undertake</p>	<p><u>QI Lead: activity coordination</u></p> <ul style="list-style-type: none"> Execute search using SQL to obtain list of patients with completed ACP documentation in health record. Select date range to manage activity. <div style="text-align: center;">  advance health directive, aqp or ahc </div> <p>Assign staff to review the list and update patient records, making sure ACP documents are correctly stored as per practice policy.</p> <p>Suggested</p> <ul style="list-style-type: none"> 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
<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 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.

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	<p><u>Measurable Outcomes:</u></p> <p>Start measure: <u>Unknown number ACP documents in clinical software</u></p> <p>End measure: <u>Number of ACP documents in clinical software</u></p> <p><u>Insert date Range =</u></p>
<p>Step 4: ACT</p> <p>Will you adopt, adapt or abandon this change?</p>	<p>After evaluating outcomes and observations, choose an action below:</p> <ul style="list-style-type: none"> • 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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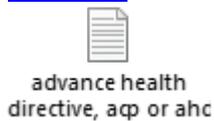
Any other information?

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

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](#)



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