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

QI activity focus / Objective	Improving Identification and Review of Patients with Frailty		
QI activity lead/s	Firstname Surname		
Start measure	Number of patients with a review X	**End measure**	Number of patients with a review _
Start date	DD/MM/YYYY	**End date**	DD/MM/YYYY

Step 1: PLAN What do you plan to do/achieve	**SMART Goal:** *Over the next three months, our practice will increase the number of patients identified in the Frailty Care Management report who receive a documented frailty review from X to Y.*

Step 2: DO
 	
Outline the steps you will undertake
	Identifying data
	1. Run the Primary Sense Frailty Care Management report and export to Excel.
	2. Select a small cohort (e.g. 10-20 patients) with:
	  o Frailty indicators such as weight loss, falls, tiredness, or depression.
	  o Higher hospital risk scores.
	  o Higher ACG complexity scores
	3. Agree on what will occur during the review, for example
	  o Frailty assessment using a validated frailty screening tool
	  o Medication review (particularly sedatives).
	  o Falls risk assessment.
	  o Vaccination review.
	  o Health Assessments or GP Management Plan as appropriate.
	  o Advanced Care Planning
	4. Recall patients as per usual practice process
	5. Document:
	  o number of patients identified
	  o number contacted
	  o number that attended for review
	  o number receiving a health assessment or GPMP
	via columns added to Excel spreadsheet.
	Implementing change
	1. Contact the selected patients and offer an appointment via usual practice process. *Who: Admin/Nurse*
	2. Complete the agreed assessments during the consultation *Who: GP/Nurse*
	3. Record actions taken in the excel spreadsheet as per 'Plan' Step 1. *Who: GP/Nurse*
	4. Update patient file in clinical software as applicable. *Who: GP/Nurse*

With acknowledgment to Practice Assist in the development of this adapted resource.

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Step 3: STUDY What did you observe?	Review each month and consider: • How many patients were successfully contacted? • How many attended? • How many received heath assessments or management plans? • Were any previously unrecognised risks identified? • Did the report accurately identify patients needing intervention? • Did the practice team encounter any issues with the process? Document all the above and any other observations from the activity.
Step 4: ACT Will you adopt, adapt or abandon this change?	Consider: Based on the Study section, will this activity be implemented in the practice as BAU? Will you change or refine the activity, e.g. different patient selection criteria Will you abandon this idea as it did not work for your team and try something else?

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Any other information?

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

RACGP - Frailty for validated frailty screening tools

Advance Care Planning Information and resources to support ACP in general practice

Clinician Assist WA » Health and Frailty Assessment for Older Adults Guidance for frailty assessment, management and referral advice in older adults for the WA context.

Questions, Links and information:

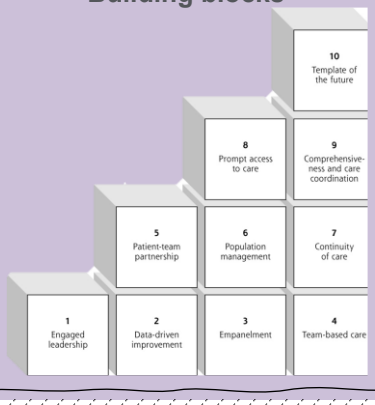
- What is a smart goal? SMART Goals Cheat Sheet
- How to document a PDSA? Guide to documenting a QI activity as a PDSA
- Does this need to be documented in a PDSA, or can it be captured in a QI log? Identifying and undertaking QI activities using PDSAs

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



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