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| **MODEL FOR IMPROVEMENT (MFI) SECTION –** To be completed *before* completing PDSA section | | | | | |
| Practice Name: | | | | Date: | |
| Who will be the lead for this activity (name): | | | | PIP QI Quarter: | |
| **GOAL**  As a clinic, decide what you are trying to achieve | | | | | |
| By answering this question, you will develop your GOAL for improvement. It important to use a S.M.A.R.T (**S**pecific, **M**easurable, **A**chievable, **R**elevant, **T**ime bound) goal that clearly states what you are trying to achieve. | | | | | |
| To create an accurate and up to date clinical system of active patients by (insert date). | | | | | |
| **MEASURE**  How will you measure the improvement for this activity? | | | | | |
| By answering this question, you will determine what you need to **MEASURE** to monitor whether a change is leading to an improvement and the achievement of your goal. Include how you will collect your data (e.g. clinical software, data extraction tool, patient surveys etc). Record and track your baseline measurement to allow for later comparison. | | | | | |
| **Measurement used will be determined by ideas tested with PDSA:**   1. Number of active patient numbers 2. Number of uncoded diagnosis for active patients 3. Number of active patients that have accurate recording of:  * Aboriginal and Torres Strait Islander status * Allergy status * BMI * Ethnicity * Alcohol status * Family History * Smoking status | | | | | |
| **Baseline Measurement:** | | \_\_\_\_\_\_ % | **Date:** | |  |
| **Ideas**  What changes can we make that will result in improvement? | | | | | |
| By answering this question, you will generate a list if **IDEAS** (activities) that will lead to achieving the stated GOAL above. List each activity separately below and add more lines if needed. There can be as few or as many as the practice decides and can be as big or small as your practice can manage. You will test these ideas using part 2 of this template, the Plan, Do, Study, Act (PDSA) cycle. | | | | | |
| IDEA: | Make patients inactive according to the practice definition. | | | | |
| IDEA: | Ensure all clinical users have user options set up in the Clinical Information System to assist with maintaining data quality to only enter chronic conditions and significant events in ‘Past Medical History’ | | | | |
| IDEA: | Use uncoded past history items to clean up uncoded diagnosis and replace with coded diagnosis. | | | | |
| IDEA: | Utilise Walrus to Accurately record demographic data and lifestyle risk factors to assist with identification of patient cohorts at risk | | | | |

Note: each new GOAL will require a new MFI plan

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| **PLAN DO STUDY ACT (PDSA) SECTION –** To be completed *after* completing the MFI section above | | | | | | | |
| You will have noted your **IDEAS** for testing when you listed activities in the MFI section above. You will use this template to test an idea. Each idea may need more than one PDSA to fine tune the plan before you consider implementing on a broader scale. | | | | | | | |
| **IDEA**  Record the change idea you are testing | | | | | | | |
| From your ideas (activities) your team has listed, choose one activity to test using a PDSA | | | | | | | |
| Idea 1: Make patients inactive according to the practice definition. | | | | | | | |
| **PLAN**  Briefly describe what exactly you will do to test your idea | | | | | | | |
| Record **who** will do what; **when** they will do it (day, time etc) and for **how** long (1 week, 2 weeks etc); and where (if applicable); the data to be collected; and **predictions** about the outcome. | | | | | | | |
| **Predictions:** | | | | | | | |
| List the steps necessary to complete this activity | | | | Person responsible | | When  (due date) | Was this step completed? |
| 1. Agree on a definition of active patients for the practice | | | |  | |  |  |
| 1. In your Clinical Information System (CIS), archive inactive patients that do not fit within the practice’s active patient definition. | | | |  | |  |  |
| 1. Have a policy in place to continue with data cleansing activities on a regular basis e.g. every 3/12, 6/12 or 1 year. | | | |  | |  |  |
| 1. Provide update to all staff of the data cleansing policy | | | |  | |  |  |
|  | | | |  | |  |  |
| **DO**  Was the activity carried out as planned? Yes  No, if not why? Document observations | | | | | | | |
|  | | | | | | | |
| **STUDY**  Record, analyse and reflect on results. Did the results match your predictions? | | | | | | | |
| Detail any **barriers** that your clinic encountered and list your **key findings** during and at the end of your activity | | | | | | | |
|  | | | | | | | |
| **What was the quantitative change/difference** between your baseline data and this activity’s results: | | Baseline measurement: | | | What was the end of activity measurement? | | |
| \_\_\_\_ % | | | \_\_\_\_ % | | |
| **ACT**  Did this activity meet your stated goal? In the table below, select if you will choose to either Adopt, Adapt or Abandon | | | | | | | |
| Tick one | Description | | Details | | | | |
| Adopt | Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability. | |  | | | | |
| Adapt | Improve the change and continue testing plan.  What will be next PDSA cycle? | |  | | | | |
| Abandon | Discard this change idea and try a different one. | |  | | | | |
| Communicate the results of your activity with your whole team. Celebrate any achievements, big or small. | | | | | | | |