#### MFI and PDSA Example

**Implementing Heart Health Checks in our Practice**

One Australian has a heart attack or stroke every four minutes, which makes it vital that we prioritise the prevention of cardiovascular disease (CVD). General practice teams play a pivotal role in the fight against cardiovascular disease.

In April 2019, MBS items 699 and 177 (for non-vocationally registered GPs), known as the Heart Health Check, were introduced. This preventative health assessment aims to identify patients at risk of CVD-related events. The Heart Health Check is the first MBS item to specify absolute CVD risk. It can be claimed on an annual basis and includes age groups previously excluded by other health assessment items.

The Heart Foundation has developed a Heart Health Check Toolkit for General Practices that includes resources on

* Conducting the heart Health checks
* Recalling and engaging patients
* Quality Improvement resources
* Templates for Best Practice and Medical Director
* Promotion materials such as posters and patient brochures
* Social Media messaging for your website
* Checklists

Here is the link for the [Heart Health Check Toolkit](https://www.heartfoundation.org.au/heart-health-check-toolkit?selectedfilter=The+Toolkit) Use the toolkit to update your website with some of the social media messaging

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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 |
| Increase the number of eligible patients having a heart health check annually. This activity will lead to an increase in QIM 8 The number of RACGP Active patients aged 45-74 years with information recorded to calculate their CVD risk |
| **MEASURE**How will you measure the improvement for this activity?  |
| Track this activity with the number of patients with completed Heart Health Checks: * Record your baseline.
* Complete a monthly check in and record your progress.
* Record your end of activity active patient numbers to measure the success of this improvement activity.

Data report to use: Refer to Diabetes topic specific POLAR Walkthrough resources on EMPHN website: [POLAR Walkthroughs](https://emphn.org.au/for-health-professionals/digital-enablement/polar-data-tool/#walkthrough-instructions-1) |
| **Baseline measurement:** |  | **Date:** |  |
| **Ideas**What changes can we make that will result in improvement?  |
| IDEA:  | Update the team on latest heart health checks information |
| IDEA:  | Prepare your clinic and team for undertaking heart health checks |
| IDEA: | Identify eligible patients for heart health checks to increase completed heart health checks at our practice.  |

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 |
| Idea: Increase Heart Health Checks at our practice  |
| **PLAN**Briefly describe what exactly you will do to test your idea |
| 1. Organise a staff meeting to discuss ideas and how the practice will be implementing this PDSA
2. Collect baseline data from POLAR
3. Implement ideas
4. Track changes in POLAR

**Predictions:** The number of Heart Health Checks claimed will increase. The number of patients having their CVD Risk measures recorded will increase (QIM 8 The proportion of patients aged 45-74 years with information available to calculate their absolute CVD risk ) |
| List the steps necessary to complete this activity  | Person responsible | When(due date) | Was this step completed?  |
| 1 Run baseline search to track progress (see walkthrough on using POLAR to get baseline data) |  |  |  |
| 2 Run POLAR search for eligible patients (see walkthrough on Heart Health Checks ) |  |  |  |
| 3 Discuss the implementation at a practice meeting |  |  |  |
| 4 Resources (rooms, clinician availability) How many could we do every week? Will the nurse record height, weight, BMI and BP before the patient sees the GP? |  |  |  |
| 5 Email or SMS eligible patients using the toolkit resources patient invitation and patient brochure) |  |  |  |
| 6 Print poster and patient brochures to be displayed at reception and opportunistically handed to patients in the eligible cohort. |  |  |  |
| 7 Follow up patients |  |  |  |
| 8 Continue to Run POLAR searches to monitor progress. (see walkthrough on using POLAR to get baseline data) |  |  |  |
| 9 After item 699 billed add a reminder for 12 months |  |  |  |
| **DO**Was the activity carried out as planned? [ ] Yes [ ]  No, if not why? Document observations |
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| **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. |