#### MFI and PDSA Example

**Ensuring all patients with diabetes are coded in the correct format in you Clinical Information System**

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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 | | | | | |
| Ensure 100% patients with Diabetes have a correcting coding of Diabetes Mellitus Type 1 or Diabetes Mellitus Type 2 by (insert target date). | | | | | |
| **MEASURE**  How will you measure the improvement for this activity? | | | | | |
| Track this activity with the number of patients with coded Diabetes Mellitus Type 1 and Type 2 and undefined Diabetes:   * 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 data quality process to accurately code Diabetes Mellitus in Clinical Information System | | | |
| IDEA: | | Undertake data quality process to identify patients with undefined diabetes and code accurately | | | |
| IDEA: | | Implement processes to support sustainability of data quality process | | | |

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: Undertake data quality process to identify patients with undefined diabetes and code accurately | | | | | | | |
| **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 patients with undefined Diabetes will decline and the number of patients with Diabetes Mellitus Type 1 or Diabetes Mellitus Type 2 will increase. | | | | | | | |
| List the steps necessary to complete this activity | | | | Person responsible | | When  (due date) | Was this step completed? |
| 1 Access POLAR Diabetes Quality Improvement page to search for patients with a diagnosis of Diabetes Mellitus Undefined. (Refer to [POLAR walkthrough)](https://emphn.org.au/for-health-professionals/digital-enablement/polar-data-tool/#walkthrough-instructions-1) | | | |  | |  |  |
| 2 Discuss how your practice is going to implement this PDSA. Example: who is going to edit past history items? Nurse? GP? What is this process? | | | |  | |  |  |
| 3 Confirm if patients have Diabetes Mellitus Type 1 or type 2 through Clinical notes or check with GPs | | | |  | |  |  |
| 4 Edit the past history items in CIS | | | |  | |  |  |
| 5 Rerun POLAR reports to track changes.  **Note:** the reports will only update overnight | | | |  | |  |  |
| 6 Sustainability actions - Educate GPs regarding selection of correct coding of Diabetes Mellitus. | | | |  | |  |  |
| **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. | | | | | | | |