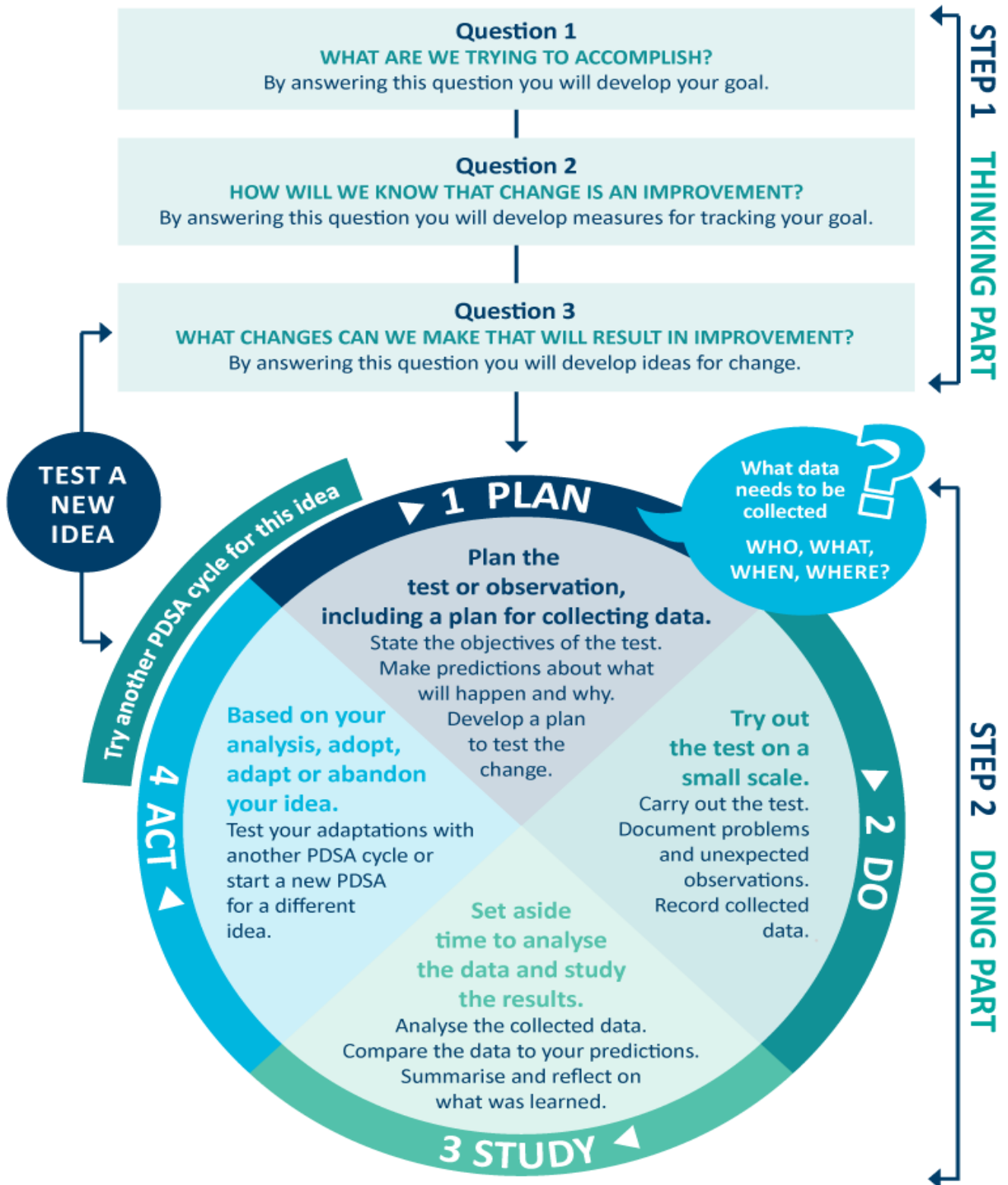


Model for Improvement diagram



Source: <http://www.ihl.org/resources/Pages/HowtoImprove/ScienceofImprovementTestingChanges.aspx>

MFI and PDSA template

Step 1: The thinking part - The 3 fundamental questions

Practice name: Matrix Doctors Surgery	Date: 11/08
Team members: Neo (receptionist), Trinity (practice manager) and Dr Smith (GP)	
Q1. What are we trying to accomplish? (Goal)	
By answering this question, you will develop your GOAL for improvement. Record this as a S.M.A.R.T. goal (S pecific, M easurable, A chievable, R elevant, T ime bound).	
By 31st March, we will increase the number of our active eligible patients who are eligible or overdue for cervical screening completed by 30.	
Q2. How will I know that a change is an improvement? (Measure)	
By answering this question, you will determine what you need to MEASURE in order to monitor the achievement of your goal. Include how you will collect your data (e.g. Primary Sense reports, patient surveys etc). Record and track your baseline measurement to allow for later comparison.	
To determine whether our changes result in an improvement, we will use Primary Sense to monitor the number of patients who are eligible or overdue for cervical screening.	
Measurements will be taken at the start of the project and on the first of every month, for 6 months, until 31 st March.	
BASELINE MEASUREMENT: 348 female patients eligible or overdue	
DATE: 01/09	
Q3. What changes could we make that will lead to an improvement? (List your IDEAS)	
By answering this question, you will generate a list of IDEAS for possible changes you could implement to assist with achieving your S.M.A.R.T. goal. You will test these ideas using part 2 of this template, the 'Plan, Do, Study, Act (PDSA)' cycle. Your team could use brainstorming or a driver diagram to develop this list of change ideas.	
IDEA: Have a female nurse available one day a week to supervise patients to do a self-collected HPV sample.	
IDEA: Run a cervical screening campaign during National Cervical Cancer awareness week (Nov 6 -12, 2023).	
IDEA: Link the National Screening register to the practice's clinical software.	
IDEA: Identify patients who are eligible for cervical screening and do an SMS communication to offer for them to book in.	

Note: Each new GOAL (1st Fundamental Question) will require a new Model for Improvement plan.

Source: Langley, G., Nolan, K., Nolan, T., Norman, C. & Provost, L. 1996, *The Improvement Guide*, Jossey-Bass, San Francisco, USA.

MFI and PDSA template

Step 2: The doing part - Plan, Do, Study, Act

You will have noted your IDEAS for testing when you answered the 3rd fundamental question in step 1. You will use this template to test an idea. Ensure you communicate the details of the plan to the entire practice team.

IDEA	Record the change idea you are testing
Which idea are you going to test? (Refer to Q3, step 1 above)	
Link the National Screening register to the practice's clinical software.	
PLAN	Record the details of how you will test your change idea
Plan the test, including a plan for collecting data	What exactly do you plan to do? 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.
Idea: Link the National Screening register (NCSR) to the practice's clinical software.	
Who: Trinity.	
What: Using the NCSR Guide for Linking and use , link NCSR to the practice's clinical software.	
When: 21 August.	
Data to be collected: Total number of cervical screening tests recorded during the test period – September – March.	
Predictions: Currently 348 patients who are eligible or overdue. We would like to see this number decrease resulting in an additional 30 patients having up to date cervical screening.	

DO	Run the test, then record your actions, observations and data
Run the test on a small scale	What did you do? Were there any deviations from the original plan? Record exactly what you did, the data collected and any observations. Include any unexpected consequences (positive or negative).
<p>22 August – Trinity ran the Primary Sense report to establish the baseline and identify eligible patients. She did this using the following instructions:</p>	
<ol style="list-style-type: none"> 1. Open Primary Sense 2. Click on reports 3. Click on PIPQI in the keyword filter section 4. Double click on the patients missing PIPQI or accreditation measures report to run the report 5. Use the up and down arrow function next to cervical screening to filter (N indicates no record) 6. Optional - Export the report to Excel or CVS to save or print. 	
<p>25 August - Trinity, the practice manager, used the videos on the NCSR website to learn about how to link the NCSR to the practice's clinical software.</p>	
<p>29 August – Trinity downloaded the NCSR widget to the clinical software. Trinity then logged into PRODA as an authorised user of the practice to link the NCSR to the practice.</p>	
<p>5 September – Trinity received the linking number from PRODA. Trinity added the linking number to the practice's clinical software to finish the linking process.</p>	
<p>8 September – Trinity asked Neo, the receptionist to download the user handouts from the NCSR website to give out to the clinical team at the staff meeting, tomorrow.</p>	
<p>9 September – Trinity gave out the NCSR handouts and gave a quick presentation including playing one of the NCSR videos on how to use the NCSR.</p>	
<p>30 September – Trinity ran their monthly Primary Sense report again to see how they were tracking. Trinity found that they had completed 4 cervical screenings since commencing the project.</p>	
<p>29 October – Trinity ran the Primary Sense report again to see how they were tracking. Trinity found that they had completed a further 7 cervical screenings since commencing the project this brought their total to 11.</p>	
<p>31 – November – Trinity ran the Primary Sense report again to see how they were tracking. Trinity found that they had completed a further 8 cervical screenings which she was very happy with how they were tracking. This brought their total to 19.</p>	
<p>20 December – As Trinity was going on leave due to the Christmas holidays, she ran the Primary Sense report earlier than usual to see how they were tracking. Trinity found that they had completed 6 further cervical screenings. This brought their total to 25.</p>	
<p>31 January – Trinity ran the Primary Sense report again and found that they had only completed a further 2 cervical screenings. Trinity was expecting a decrease from prior months due to the Christmas and New Year closures. This brings their total to 27.</p>	
<p>28 February – Trinity ran the Primary Sense report again to see how they were tracking after their lull. Trinity found that they had completed a further 5 cervical screenings since commencing the project this brought their total to 32. As this was beyond their prediction, Trinity shared on their private team Facebook page the results to celebrate and advised that they still had one month to go.</p>	
<p>30 March - Trinity ran the Primary Sense report to analyse the final results of the project. Trinity found that they had completed a further 7 cervical screenings which brought their total across the project of 39.</p>	

STUDY	Analyse the data and your observations
Analyse the results and compare them to your predictions	Was the plan executed successfully? Did you encounter any problems or difficulties? What worked/didn't work? What did you learn on the way? Compare the data to your predictions. Summarise and reflect on what was learned.
<p>Our clinical team were very surprised at how easy the NCSR portal was to access and use through the practice's clinical software.</p> <p>Through the use of the NCSR portal being linked to the clinical software, our prediction of 30 eligible female patients having an up-to-date cervical screening was exceeded and we achieved a total of 39 eligible female patients having an up-to-date cervical screening.</p> <p>Members of the clinical team have reported that this has saved them a lot of time and is making the process much simpler and accessible.</p> <p>We were very happy with the results and wanted to thank the practice team for their efforts and encourage them to further improve our results so we shouted them all coffee and cake at the next staff meeting. The team were very appreciative and expressed that they would like to look at the bowel screening next.</p> <p><i>Communicate the results of your activity with your whole team. Celebrate any achievements, big or small.</i></p>	
ACT	Record what you will do next
Based on what you learned from the test, record what your next actions will be	Will you adopt, adapt or abandon this change idea? Record the details of your option under the relevant heading below. <i>ADOPT: record what you will do next to support making this change business as usual; ADAPT: record your changes and re-test with another PDSA cycle; or ABANDON: record which change idea you will test next and start a new PDSA.</i>
<p>ADOPT: We are going to continue using the NCSR portal linked through our clinical software to make this change business as usual as this has shown to be very useful.</p> <p>ADAPT: Once we have completed this PDSA, we are going to use the same approach for bowel screening. and align it to suit.</p> <p>ABANDON:</p>	

Repeat step 2 to re-test your adapted plan or to test a new change idea