QUALITY IMPROVEMENT TOOLKIT FOR GENERAL PRACTICE

DISASTER PREPARE

Business planning module
MODULE

Version 1

December 2021

DISASTER PREPARE – BUSINESS PLANNING

The Quality Improvement (QI) toolkit

This QI toolkit is made up of modules that are **designed to support your practice to make easy, measurable and sustainable improvements to provide best practice care for your patients.** The toolkit will help your practice complete QI activities using the Model For Improvement (MFI).

Throughout the modules you will be guided to explore your data to understand more about your patient population and the pathways of care being provided in your practice. Reflections from the module activities and the related data will inform improvement ideas for you to action using the MFI.

The MFI uses the Plan-Do-Study-Act (PDSA) cycle, a tried and tested approach to achieving successful change. It offers the following benefits:

- A simple approach that anyone can apply.
- Reduces risk by starting small.
- It can be used to help plan, develop and implement change that is highly effective.

The MFI helps you break down your change implementation into manageable pieces, which are then tested to ensure that the change results in measurable improvements, and that minimal effort is wasted. There is a disaster recovery plan example using the MFI at the end of this module.

If you would like additional support in relation to quality improvement in your practice please contact Brisbane South PHN on support@bsphn.org.au.

Due to constant developments in research and health guidelines, the information in this document will need to be updated regularly. Please contact Brisbane South PHN if you have any feedback regarding the content of this document.

This icon indicates that the information relates to the ten Practice Incentive Program Quality Improvement (PIP QI) measures.

Toolkit aim - to review your systems to ensure your practice has adequate planning to continue working during a natural disaster or pandemic.

Key questions to consider

Who are the key people responsible to implement plans for the practice?

Who are the key people to develop communication pathways internally and to patients?

Have all team members received an update on disaster planning relevant to your practice?

Contents

How to use this toolkit

There are checklists included below that will guide you and your practice.

- Use this toolkit to guide you along the journey.
- Set yourselves timelines to achieve your goals.
- Consider potential internal or external factors that could impact the activity and factor these into your planning e.g. accreditation preparation, staff leave (planned or unplanned), global pandemic, influenza vaccination season.
- Review your progress regularly.
- If you find your process is not working and you are not seeing improvements, then review your process and start again.

For more support

support@bsphn.org.au   1300 467 265

BUSINESS CONTINUITY/DOCUMENTED PLANS

A business continuity plan is also known as a risk management plan, disaster planning or emergency management. The purpose of business continuity planning is to identify risks to your business and take steps to minimise or eliminate these when possible. Planning ahead also ensures your business is prepared for circumstances beyond your control, such as an emergency.

Activity 1.1 – Queensland Government requirements – COVID-19

All businesses in Queensland have obligations and responsibilities under Work Health and Safety (WHS) legislation. Every workplace must have a COVID-19 Safe management plan to help protect its staff, customers and visitors and to prepare for a suspected or confirmed case of COVID-19 in your workplace.

The aim of this activity is to review your practice's documentation and process to ensure it meets the business COVID-19 Qld government requirements.

Description	Status	Action to be taken
Do you have a COVID-19 safe management plan?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to COVID-19 Safe management plan template. Who has the responsibility to complete this template? When will this template be completed?
If you have a COVID-19 safe management plan, has this been reviewed to ensure it is up to date?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Review the template to ensure it is up to date. Who has the responsibility to review this template? When will this template be updated?
Are there any changes you would like to make to the plan?	☐ Yes, **see action to be taken.** ☐ No, continue with activity.	Outline any changes: When will the changes be completed?
Do all team members know where the plan is kept?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Inform all practice team members where they can access the plan, who has responsibility to maintain the plan and who they can direct any questions in relation to the plan to.

Description	Status	Action to be taken
As part of the government's requirements, you are required to clean surfaces every 1-2 hours, how do you ensure this occurs?	Outline your cleaning process including: consultation rooms, waiting areas, reception areas, doors etc.	
How do you ensure people within the practice maintain 1.5m social distancing?	Outline your practice's social distancing guidelines and how you ensure these are met:	
After reviewing the requirements set by Queensland Government, are there any changes with the management of your patients you would like to implement over the next 12 months?	☐ Yes, **set goals and outline in actions to be taken**. ☐ No, you have completed this activity.	Complete the MFI template for your practice. Refer to the example MFI at the end of this document.

Activity 1.2 – Business continuity planning

Every business needs a business continuity plan. It sets out how you will prepare for a pandemic and continue to operate after the disaster. It will help to minimise recovery time and reduce your business losses.

The aim of this activity is to review your practice's business continuity planning.

Description	Status	Action to be taken
Do you have a business continuity plan?	☐ Yes, **see action to be taken.**	Has the plan been reviewed recently? ☐ Yes ☐ No ☐ Unsure Have components of the plan been tested with the practice team to ensure if meets your needs? ☐ Yes ☐ No Are there any changes you would like to make to the plan? ☐ Yes ☐ No
	☐ No, **see action to be taken.**	Refer to templates available from: • Qld government – business continuity planning template • RACGP ERPT template (fee $385) • RACGP – business plans – general practice management toolkit module 5.

Description	Status	Action to be taken
		Who are the key people responsible to develop the plan? When will the plan be completed?
Where is the plan located? Who has access to the plan?	Outline details:	
As part of the RACGP accreditation standards, there is a requirement to have emergency response plans (refer to criteria C3.1 & C3.3A). Do you have these plans?	☐ Yes, **see action to be taken.**	Have the plans been reviewed recently? ☐ Yes ☐ No ☐ Unsure Where are the plans located? Do all team members know where to access the plans? ☐ Yes ☐ No ☐ Unsure
	☐ No, **see action to be taken.**	Refer to RACGP accreditation standards.
Are you familiar with the templates and resources available from RACGP and AMA in relation to disaster planning?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to resources: • RACGP keeping your practice COVID-19 safe checklist • COVID-19 safety plan template • Computer security guidelines • Policy & procedure manual • COVID-19 Safe practice guide.
Do all team members have access to the policy & procedure manuals?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Ensure all team members have access to the manual. How will you communicate this to the team?

Description	Status	Action to be taken
Can all team members access policy & procedure manuals and business continuity plan remotely?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Identify options of accessing important documents remotely. A suggestion would be to discuss this with your practice's IT provider.
After reviewing your practice's business continuity planning, are there any changes with the management of your patients you would like to implement over the next 12 months?	☐ Yes, **set goals and outline in actions to be taken**. ☐ No, you have completed this activity.	Complete the MFI template for your practice. Refer to the example MFI at the end of this document.

Activity 1.3 – Practice communication

Regular discussions where all members of the practice team are encouraged to have input are important in building a high performing team. Practice meetings should be conducted on a regular basis to facilitate the exchange of practice news, other general administration and protocol issues, complaints and to discuss risk management issues arising out of the practice.

Urgent daily notices and other general items for immediate attention need to be provided to team members as soon as possible.

The aim of this activity is to review your practice's communication procedures.

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Description	Status	Action to be taken
Does your practice have team meetings?	☐ Yes, **see action to be taken.** ☐ No, **see action to be taken.**	List the type and frequency of meetings held at your practice. | Meeting Type	Frequency
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Huddle	
Administration	
Nurse	
Clinical team	
All practice	
Management	
Other		

Description	Status	Action to be taken
How does your practice communicate urgent and daily messages to the relevant team member?	Outline details:	
Do you have a communication plan outlining how practice communication would continue if you had to work remotely?	☐ Yes, **see action to be taken.**	Provide details: How has access to change the plan? How do you communicate the details of the plan to the practice team?
	☐ No, **see action to be taken.**	Refer to the practice team QI toolkit to identify and develop a communication plan relevant for your team. Outlining, types and frequency of meetings, urgent and daily messages.
Do you have a key staff member who would have the responsibility of ensuring all the practice team members were kept up to date with practice news?	☐ Yes, **see action to be taken.**	Who is this person/people? Is there a backup person in case the key person is unavailable? ☐ Yes ☐ No Who is this person?
	☐ No, **see action to be taken.**	Discuss, identify and delegate key communication role to a person/people in the practice. Ensure they understand their roles and responsibilities.
Have you contacted your telecommunication company to discuss options for diversion of	☐ Yes, continue with activity.	Contact telecommunication company to discuss options.

Description	Status	Action to be taken
phones if the practice is temporarily closed?	☐ No, **see action to be taken.**	
Does the practice have a mobile phone to use if the landline is not working?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Contact telecommunication company to discuss options.
Do you have a list of contact details for all practice team members?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Create a list of all practice team members and key contacts.
Do you have access to the practice contact and key people list off site?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Discuss how you can store key contact details while maintaining privacy and confidentiality. Who is the key person for storing this information?
Have you considered how changes to your current communication practices and methods would effect patient's if there were changes to current business operations?	☐ Yes, **see action to be taken.**	Outline what changes you would implement to continue to communicate with patients.
	☐ No, **see action to be taken.**	Consider how you would maintain communication with patients. E.g. increase social media communication, SMS messaging, website updates etc.
After reviewing your practice's communication plan, are there any changes with the management of your patients you would like to implement over the next 12 months?	☐ Yes, **set goals and outline in actions to be taken**. ☐ No, you have completed this activity.	Complete the MFI template for your practice. Refer to the example MFI at the end of this document.

Activity 1.4 – Insurance/workcover

The aim of this activity is to review your practice's and individual's insurance coverage.

Description	Status	Action to be taken
Have you reviewed your current insurance policies to ensure coverage is available for natural disasters and pandemics?	☐ Yes, **see action to be taken.**	Outline what the coverage is:
	☐ No, **see action to be taken.**	Review insurance policies and check for natural disasters and pandemic coverage. Arrange a meeting with the key practice contacts to review.
Have ALL GPs contacted their medical defence organisation (MDO) to discuss coverage during natural disasters and pandemics?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Ask ALL GPs to contact their MDO to discuss coverage during natural disasters and pandemics. Ask them to notify if there are any suggested changes to current work structures.
Are there any limitations to working remotely for the practice or individual GPs/providers?	☐ Yes, **see action to be taken**. ☐ No, continue with activity.	Outline the limitations: How will you communicate any limitations to the team?
Have you contacted WorkSafe to discuss what your obligations are if a team member receives a positive COVID-19 test as a result of direct contact at work?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Contact WorkSafe to discuss. Also consider asking if any other requirements to consider during the pandemic.
Have you assessed the safety for all team members to work from home if required?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Ask ALL practice team members to complete a health and safety checklist.

Description	Status	Action to be taken
After reviewing your practice's business continuity planning, are there any changes with the management of your patients you would like to implement over the next 12 months?	☐ Yes, **set goals and outline in actions to be taken**. ☐ No, you have completed this activity.	Complete the MFI template for your practice. Refer to the example MFI at the end of this document.

Links to other prepare QI toolkits

This toolkit, is part of a suite of disaster prepare QI toolkits. Identify if your practice would like to complete another one of the following topics:

Business continuity	• *Toolkit aim - to review your practice business systems to ensure continuity of the practice is maintained during the pandemic.*
Infection control	• *Toolkit aim - to review your practice systems to ensure infection control and safe work environments are maintained during the pandemic.*
Patient management	• *Toolkit aim - to review your practice systems to ensure patients are provided with the right care at the right time during the pandemic to support a person -centred approach to their care.*

Brisbane South PHN have a full suite of toolkits are available in a variety of topics including: chronic conditions, mental health, prevention, patient populations and quality records and business.

Example PDSA for disaster planning

See below for suggested goals related to disaster planning you may wish to achieve within your practice:

Goal	How you may achieve your goal
Have an updated disaster response plan incorporated into the practice's policies and procedures.	Engage an internal emergency response team (e.g. practice manager, principal GP, and head receptionist) as the 'Emergency Response Committee' and assign roles and responsibilities for the continuous reviewing of the practice's disaster response plan.
Ensure all practice team members have completed the work from home checklist.	Refer to the health and safety checklist..
Develop a list that includes key contact details and establish how communication could continue if practice was in lockdown.	Obtain up to date contact details for all practice team members and key contacts. Review communication platforms e.g. TEAMS, Viber, Messenger, to identify preferred choice of communication.

Acknowledgements

We would like to acknowledge that some material contained in this toolkit has been extracted from organisations including the Institute for Healthcare Improvement; the Royal Australian College of General Practitioners (RACGP); the Australian Government Department of Health; Best Practice; MedicalDirector, CAT4 and Train IT. These organisations retain copyright over their original work and we have abided by licence terms. Referencing of material is provided throughout.
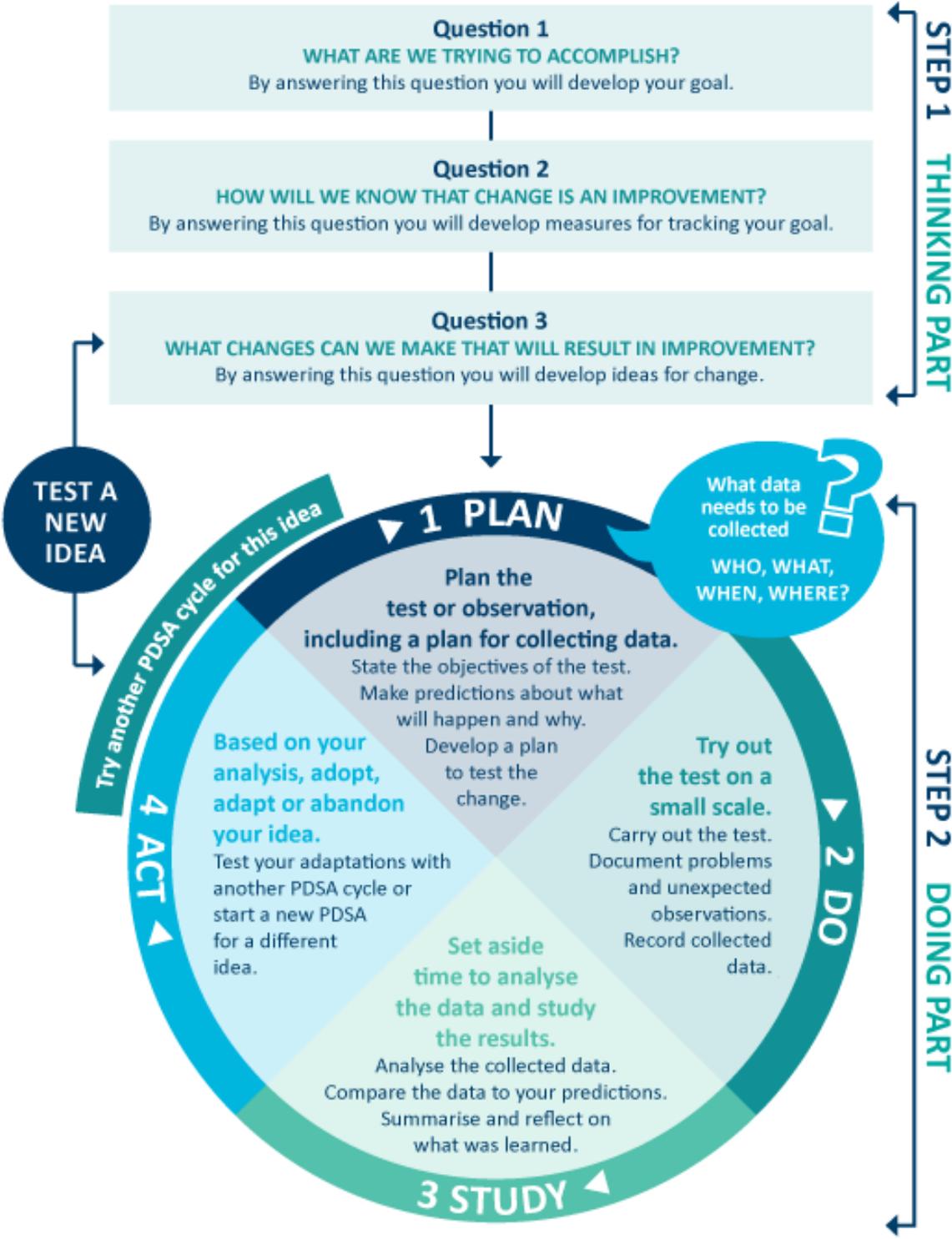
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Model for Improvement diagram

Question 1
WHAT ARE WE TRYING TO ACCOMPLISH?
By answering this question you will develop your goal.

Question 2
HOW WILL WE KNOW THAT CHANGE IS AN IMPROVEMENT?
By answering this question you will develop measures for tracking your goal.

Question 3
WHAT CHANGES CAN WE MAKE THAT WILL RESULT IN IMPROVEMENT?
By answering this question you will develop ideas for change.

STEP 1 THINKING PART

TEST A NEW IDEA

Try another PDSA cycle for this idea

What data needs to be collected
WHO, WHAT, WHEN, WHERE?

1 PLAN
Plan the test or observation, including a plan for collecting data.
State the objectives of the test.
Make predictions about what will happen and why.
Develop a plan to test the change.

2 DO
Try out the test on a small scale.
Carry out the test.
Document problems and unexpected observations.
Record collected data.

3 STUDY
Set aside time to analyse the data and study the results.
Analyse the collected data.
Compare the data to your predictions.
Summarise and reflect on what was learned.

4 ACT
Based on your analysis, adopt, adapt or abandon your idea.
Test your adaptations with another PDSA cycle or start a new PDSA for a different idea.

STEP 2 DOING PART

Source: http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementTestingChanges.aspx

MFI and PDSA template EXAMPLE

Step 1: The thinking part - The 3 fundamental questions

Practice name:		Date:

Team members:

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).
Our goal is to: - Review and update existing disaster response plan in light of COVID-19. This is a good start, but how will you measure whether you have achieved this goal? The team will be more likely to embrace change if the goal is more specific and has a time limit. So, for this example, a better goal statement would be: *Our S.M.A.R.T goal is to:* - Have an updated disaster response plan incorporated into the practice's policies and procedures by 31 May.

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. CAT4 reports, patient surveys etc.). Record and track your baseline measurement to allow for later comparison.
We will: - Gather feedback from all staff on existing response plan against situation and assess relevancy. - Develop a checklist against current guidelines that determines the currency of existing response plan. - Ensure the updated response plan is distributed to staff following review.

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.MA.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: Conduct staff survey to gather feedback around the practice's response to the COVID-19 pandemic. IDEA: Engage an internal emergency response team (e.g. practice manager, principal GP, and head receptionist) as the 'Emergency Response Committee' and assign roles and responsibilities for the continuous reviewing of the practice's disaster response plan. IDEA: Emergency response committee to undertake research of recommended disaster management guidelines to incorporate into a disaster response checklist.

Note: Each new GOAL (1st Fundamental Question) will require a new MFI 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 EXAMPLE

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)*	
Emergency response committee to undertake research of recommended disaster management guidelines to incorporate into a disaster response checklist.	

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.

WHAT:

What: Emergency Response Committee to develop a checklist to review and assess existing disaster plan against current guidelines.

Who: Emergency Response Committee composed of a practice manager, principal GP, and head receptionist.

When: 15 May to 22nd May (Approx. 1 week to conduct research with dedicated time.)

Prediction: Existing disaster response plan will meet 60% of recommendations. This may be due to the unprecedented nature of COVID-19 which has changed technology, systems, and guidelines since previous pandemics.

Data to be collected: Review of how aligned the existing disaster plan is against guidelines checklist.

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).

Completed 22 May - As research is time-consuming, each Emergency Response Committee member was assigned a specific aspect i.e. RACGP guidelines, work-flows to research literature from reputable organisations in order to develop a checklist including:

- BSPHN COVID-19 website
- Department of Health resources
- RACGP guidelines: disaster management contextual unit
- RACGP: Coronavirus information for GPs
- RACGP: managing emergencies in general practice
- WHO resources

The checklist was then used to assess the existing disaster management plan.

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.

The existing plan was 70% aligned to current guidelines for disaster management. This is higher than the 60% predicted however much of the 'misalignment' was (as predicted) a result of changes to technology, and unpredicted change in government policies.

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. *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.*

1. Continue with checklist process for future reviews
2. Update practice disaster response plan to include the identified missing components from the checklist
3. Ensure all staff are familiar with plan and their responsibilities within the plan
4. Include plan in new staff induction
5. Maintain register of change
6. Set annual review date.

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

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