QUALITY IMPROVEMENT TOOLKIT FOR GENERAL PRACTICE

DISASTER PREPARE

Infection control & safe environment
MODULE

Version 1

December 2021

DISASTER PREPARE – INFECTION CONTROL/SAFE ENVIRONMENT

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 survey of staff dealing with emergency 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 practice systems to ensure infection control and safe work environments are maintained during the pandemic.

Key questions to consider

Who are the key people for infection control procedures in the practice?

Who are the key people to communicate important messages to practice team members?

Who has the responsibility to ensure staff health and wellbeing is maintained?

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

INFECTION CONTROL & SAFE ENVIRONMENT

Infection control is a health and safety issue. All people working in the health service organisation are responsible for providing a safe environment for consumers and the workforce.

Consistent and correct management of infection in general practice is imperative to preventing and controlling the spread of healthcare-associated infections including COVID-19, influenza flu and hepatitis. Correct and ongoing infection control measures are essential for the health of your patients and staff.

Activity 1.1 – Personal protective equipment (PPE)

Personal protective equipment (PPE) refers to a variety of barriers (**e.g.** gloves, water impermeable aprons/gowns, masks, glasses, goggles, face shields, footwear) used to protect mucous membranes, airways, skin and clothing from contact with blood and body substances. The use and type of PPE depends on the situation and the risk. Appropriate use of personal protective equipment (PPE) is critical in limiting the spread of COVID-19.

The aim of this activity is to review the availability and use of PPE in the practice.

Description	Status	Action to be taken
Do all team members wear PPE appropriate to the patient presentation and as per advice from the local public health unit?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to: • Special precautions for COVID-19 Designated Zones • assessment and management of patients with suspected COVID-19, • CDNA National guidelines • SpotOnHealth Healthpathways • Brisbane South PHN PPE & infection control.
Have all team members received training in the different types of PPE and when to use them?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to: • RACGP infection prevention and control standards • Queensland Health interim infection prevention and control guidelines for the management of COVID-19 in health care settings. • Guidance on the use of PPE for healthcare workers in the context of COVID-19 (June 2021) • A 30-minute Australian Government COVID-19 infection control online training for health care workers in all settings. It covers the fundamentals of infection prevention and control for COVID-19 • Brisbane South PHN Webinar from 29 June 2021 - COVID-19

Description	Status	Action to be taken
		Infection and prevention control for general practice in 2021. Document training completed and include in individual team files.
Have all team members be trained in donning and doffing PPE?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	• Brisbane South PHN webinar on infection control and mask fitting – December 2021. • Correct use of PPE video • Personal Protective Equipment (PPE) guidance for Queensland clinicians.
Do all team members dispose of all used PPE in accordance with standard precautions?	☐ Yes, continue with activity. ☐ No, **see action to be taken**.	Refer to: • RACGP infection prevention and control standards.
Do you know where to order PPE?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to information from Brisbane South PHN's in relation to PPE sourcing.
Is the use of PPE included in staff orientation forms?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Review and update staff orientation forms.
Are there sufficient signs and visual aids on correct use of PPE displayed in all treatment rooms?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to resources from RACGP.
After reviewing your practice's use of PPE, 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 – Triage

Triage is the process used to evaluate and prioritise the urgency of patients' needs. A key element of a good triage process is consistency across the practice team. You cannot rely on staff 'common sense' as a training or induction strategy.

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

Description	Status	Action to be taken
Have all practice team members been trained in triage? Has this been documented?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to: • Hotdoc – triage in general practice.
Do you have a triage chart available at reception?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	• Triage chart.
Do reception staff have access to a COVID-19 symptom checklist?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to: • GP assessment and management of patients with suspected COVID-19.
Is your triage process up to date in the practice policy & procedure manual?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Update policy and procedure manual. Who has the responsibility to complete this? When will it be completed by?
After reviewing your practice's triage procedures, 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 – Protecting patient and team members

Preventive measures include physical or social distancing, quarantining, ventilation of indoor spaces, covering coughs and sneezes, hand washing, and keeping unwashed hands away from the face are all needed when managing COVID-19.

The aim of this activity is to review your practice's prevention and measures for protecting patients and team members from COVID-19.

Description	Status	Action to be taken
Have you completed RACGP's checklist on keeping your practice COVID-19 safe?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to RACGP – keeping your practice COVID-19 safe resource. This resource provides practices with a list of infection prevention and control measures to consider and implement throughout the course of the current COVID-19 pandemic in order to maintain a healthy work environment.
Do you have a dedicated clinic for those patients who are symptomatic?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Consider if this option would work for your practice. Provide details of how you could implement this:
Do you have an alternative entrance and exit points for patients with symptoms?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Consider if this option would work for your practice. Provide details of how you could implement this:
Do you provide car park appointments for patient triage, assessment or testing?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Consider if this option would work for your practice. Provide details of how you could implement this:

Description	Status	Action to be taken
Do you provide telehealth appointment?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Contact Healthdirect to discuss telehealth options. Refer to MBS telehealth information.
Do you have a screening process including meaningful screening questions to ask patients when booking appointments in order to triage appropriately?	☐ Yes, **see action to be taken.**	How do you triage patients? Who has the responsibility to do this? Is your system working well? ☐ Yes ☐ No
	☐ No, **see action to be taken.**	Meet with key people in your practice to discuss how you can triage symptomatic patients over the phone. Discuss who would have responsibility to triage and how this would be done.
If patients present at the practice who are symptomatic, do you ensure they put on a mask and perform hand hygiene prior to entering the practice?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Have a supply of masks and hand sanitiser at the practice entryway. Print and display do not enter poster at your practice.
Do you have policy and procedures on protecting patients and staff in your practice manual?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Review manual to include procedures. Who will do this? When will it be completed?
After reviewing your practice's procedures for protecting patients and staff, 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 – CO2 & HEPA filters

People infected with coronavirus can spread it around a room in tiny airborne droplets called "aerosols" when they breathe out, speak, shout or sing.

People also breathe out CO2. If there is a build-up of CO2 in an area it can indicate that ventilation needs improving. CO2 monitors don't measure levels of coronavirus but using them can tell you if an area needs improved ventilation.

An air purifier with a HEPA filter can be surprisingly good at trapping viruses and bacteria out of the air.

The aim of this activity is to identify the benefits of using CO2 and HEPA filters in your practice.

Description	Status	Action to be taken
Does your practice have a CO2 monitor to measure air ventilation to reduce the risk of spreading COVID-19? Does your practice have a HEPA filter to purify the air?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Optimise ventilation and air-circulating strategies: open windows and doors, increase air movement wherever possible. Refer to: • [Infection control measures to optimise ventilation and reduce transmission of COVID-19 in acute healthcare settings.](#) • OzSAGE - Safer Indoor Air for Work Spaces Workflow [Infographic](#) • OzSAGE - [Creating Safe Your Workplaces during the COVID-19 Pandemic](#) • OzSAGE - Safe Indoor Air ([Ventilation](#)) • University of Melbourne - [Guide to air cleaner purchasing](#).
After reviewing your practice's use of CO2 and HEPA filters, 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 1.5 – Hygiene

Effective hand hygiene, using soap and water, antiseptic hand wash or alcohol-based hand rubs or wipes, has been proven to reduce the spread of infection. Easy access to hand-hygiene facilities enables staff to clean their hands more reliably.

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

Description	Status	Action to be taken
Do you encourage appropriate hand hygiene?	☐ Yes, **see action to be taken.**	Outline how you do this: Are there any changes to your current procedures you would like to make? ☐ Yes ☐ No Who has the responsibility to make these changes?
	☐ No, **see action to be taken.**	Refer to RACGP [video](#) – how to sanitise your hands. Provide training to all practice team members. Make sure this training is documented.
Do you have posters at all of your sinks?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to Qld government – clean hands save lives [poster](#).
Do you promote cough etiquette?	☐ Yes, continue with activity. ☐ No, **see action to be taken**.	Refer to: • Poster – [how to avoid spreading COVID-19](#) (healthdirect) • Poster – [Cover your cough or sneeze](#). Ensure all team members receive training in cough etiquette.
Do you have hand sanitiser available in multiple places throughout the practice? E.g. reception, consulting rooms, treatment room, lunch room etc.	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Review regular "touch" locations and populated places and ensure hand sanitiser is available.

Description	Status	Action to be taken
Do you need more information on maintaining hand hygiene?	☐ Yes, **see action to be taken**. ☐ No, continue with activity**.**	Refer to: • RACGP infection prevention and control standards • Hand Hygiene Australia • National Hand Health Hygiene Initiative.
Have all members of the practice team, including GPs, nurses, reception and cleaning staff, participated in infection-control training?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to: • e-learning modules on the principles of infection prevention and control • COVID-19 infection control training.
After reviewing your practice's hand hygiene procedures, 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 1.6 – Cleaning protocols

Practices need to have a current cleaning policy. The cleaning policy should identify practice team member responsibilities, work health and safety issues, procedures for routine scheduled cleaning, unscheduled cleaning and monitoring of effectiveness.

The aim of this activity is to review your practice's cleaning protocols.

Description	Status	Action to be taken
Do you have cleaning products readily available at the practice?	☐ Yes, **see action to be taken.** ☐ No, **see action to be taken.**	Have all team members received training in the safe way to use these? ☐ Yes ☐ No Do you have material safety data (MSD) sheets available? ☐ Yes ☐ No Refer to RACGP infection prevention and control standards.
Are frequently used surfaces cleaned regularly? (e.g. door handles, tabletops, light switches, keyboard, mouse, desk, protection screens etc).	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Develop a cleaning schedule to ensure this cleaning is carried out. Who has responsibility to complete this cleaning?

Description	Status	Action to be taken
Do you have a documented cleaning schedule displayed in the practice? This should include: area to sign off when cleaning completed, the way the cleaning is to be undertaken and the frequency.	☐ Yes, continue with activity. ☐ No, **see action to be taken**.	Refer to RACGP infection prevention and control standards.
Do staff wear PPE (gloves, eye protection etc.) when preparing and using cleaning products?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to RACGP infection prevention and control standards.
Do your practice cleaning policies include: • the person(s) with overall responsibility for infection prevention and control for cleaning in the practice • work health and safety issues • scheduled cleaning • unscheduled cleaning • monitoring of outcome.	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Update policy & procedure manual.
Do you have a plan on how your practice will manage the cleaning procedures if there is a suspected or confirmed COVID-19 patient in the practice?	☐ Yes, **see action to be taken.** ☐ No, **see action to be taken.**	Outline what is your plan: Have you tested this plan? ☐ Yes ☐ No Are there changes to the plan you would like to implement? ☐ Yes ☐ No Refer to: • Department of Health fact sheet outlining recommendations for cleaning and disinfection of the environment where people suspected or confirmed to have COVID-19 infection may have been. • Hygiene and cleaning for health workforce.

Description	Status	Action to be taken
Have all cleaners (employed or contractor), been provided with training in relation to adhering to RACGP accreditation and sterilisation guidelines?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to: • RACGP 5th edition accreditation standards • infection prevention and control standards • Infection prevention and control eLearning modules.
After reviewing your practice's cleaning procedures, 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 1.7 – Emergency kit

General practices need to have equipment appropriate to deal with possible or confirmed infectious diseases ready for use. It is useful for the practice to keep a kit containing the necessary equipment close to reception in a container with the contents clearly labelled, perhaps combined with the practice spill kit. The contents should be checked regularly.

The aim of this activity is to review your practice's and emergency kit.

Description	Status	Action to be taken
Does the practice have an emergency kit available?	☐ Yes, **see action to be taken.**	Has it been checked recently? ☐ Yes ☐ No Are all practice team members aware of it and where it is located? ☐ Yes ☐ No
	☐ No, **see action to be taken.**	A suggestion emergency kit could include: • nonsterile disposable gloves • goggles • gown: preferably disposable and long sleeved with cuffs • masks: regular surgical masks for patient use and P2/N95 masks for use by doctors, health professionals and other staff for protection against airborne diseases

Description	Status	Action to be taken
		• tissues: for general use in promoting respiratory etiquette • waste bin lined with a plastic bag: for disposing of used tissues • alcohol-based hand rub or wipes for hand hygiene • water and detergent spray and/or wipes • alcohol wipes or disinfectant spray for treating surfaces after contact with an infectious patient • yellow biohazard bags for disposal of contaminated items and to line the bin • disinfectant • detergent • bottles of clean water • battery powered radio (including spare batteries) • torches (including spare batteries) • fully charged mobile phone • fire extinguisher • small supply of office stationery • prescription pad. RACGP – Infection prevention and control standards.
If practice team members are required to work remotely, have you considered what "emergency" items would be beneficial for them?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Review the list of suggested items and identify beneficial things. Collate enough emergency kits for all relevant team members. Who will have the responsibility to complete this task?
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 1.8 – Waste management

Effective and safe waste management is important not only to reduce the risk of infection to staff and patients, but also to reduce the impact on the environment and reduce costs.

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

Description	Status	Action to be taken
Do you have waste management protocols?	☐ Yes, **see action to be taken.**	Outline your protocols: Do all staff understand these? ☐ Yes ☐ No How do you ensure these are followed?
	☐ No, **see action to be taken.**	Refer to: • SpotOnHealth HealthPathways – waste management • RACGP – Infection prevention and control standards – standard 3.4.
Do all team members know the difference between clinical and general waste?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to: RACGP – waste management toolkit.
Have all team members received education and training in handling and disposal of waste?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to infection control training.
Are bins available to ensure all team members can manage waste at the point of generation?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Review bin allocations to ensure there are adequate general and clinical waste management bins.
After reviewing your practice's waste management procedures, 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 1.9 – Managing the wellbeing of practice team members

The health and safety of staff is a primary concern for all businesses. Practice owners are responsible for the protection of the wellbeing of staff and contract workers involved with the business. Health practitioners cannot give to others if they are experiencing compassion fatigue, so it is advised that self-care and a whole of practice approach be addressed so that patients receive the best care.

The aim of this activity is to consider the health and wellbeing procedures in place at your practice.

Description	Status	Action to be taken
Do you have procedures in place to promote health and wellbeing for team members?	☐ Yes, **see action to be taken.**	Outline your program: Is it working? ☐ Yes　　　　☐ No
	☐ No, **see action to be taken.**	Refer to: • RACGP – general practice toolkit – module 11 • Keeping the doctor alive: A self-care guidebook for medical practitioners provides strategies to deal with stress • DOH - Work Permissions & Restrictions framework • Refer to and encourage all health practitioners to complete the self and organisation care checklist • SpotOnHealth HealthPathways – mental health support for clinicians.
Do you have a buddy system across the practice (GP:GP, nurse:nurse, receptionist:receptionist) if one team member needs to take a break?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Consider if this something that would work in your practice? Identify and buddy up team members. How will the team be involved? Include how you will communicate the system to the team.
Are all team members taking adequate rest between shifts?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Review the workloads of all practice team members to ensure there are adequate breaks between shifts.

Description	Status	Action to be taken
Do you have procedures in place for dealing with difficult, irate, and abusive patients?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to information on managing difficult patients – Avant. Ensure all staff receive training in handling difficult patients and are aware of the practice's policy and procedures.
After reviewing your practice's management of health and wellbeing for team members, 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 1.10 – Mandatory COVID-19 vaccinations

As outlined in the guidelines from Chief Health Officer, all workers in a high risk setting must show evidence of having the prescribed number of vaccination doses by 23rd January 2022.

The aim of this activity is to review your practice's management of the mandatory COVID-19 vaccination.

Description	Status	Action to be taken
Are all practice team members on track to meet the mandatory vaccine requirements?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to: Workers in health care setting – vaccine requirements.
Has someone in the practice sighted evidence of the vaccines?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to: Qld health – providing evidence of mandatory vaccines.
Has this been recorded in the staff file?	☐ Yes, continue with activity. ☐ No, **see action to be taken**.	Refer to: RACGP – staff immunisation records template.
Have you communicated the Qld government guidelines to staff and provided practice team members with helpful information about mandatory vaccines?	☐ Yes, continue with activity. ☐ No, **see action to be taken**.	Refer to guidelines.

Description	Status	Action to be taken
Have you updated your practice policy to reflect the mandatory requirements?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Update policy & procedure manual and any associated employment documents.
After reviewing your practice's mandatory COVID-19 vaccine requirements, 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 1.11 – Staff roles and responsibilities

It is suggested to have documented roles and responsibilities when managing an outbreak of COVID-19. This assist with identifying who should do what. It is also suggested that there is a backup person, if the main person is unavailable.

The aim of this activity is to review roles and responsibilities and ensure staff have been delegated roles.

Description	Status	Action to be taken
Have you identified ALL practice team member's strengths?	☐ Yes, continue with activity**.** ☐ No, **see action to be taken.**	Create a list of all practice team members and identify their strengths. This may be done in consultation with the team member. Do all team members understand their role? ☐ Yes ☐ No
Have you considered who will do particular roles? Including (but not limited to): • keeping up to date with latest COVID-19 news, • key contact with PHN, • ordering supplies & PPE, • cleaning, • practice communications, • managing staff wellbeing, • managing IT queries, • arranging training,	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to activity 1.1 from the practice team QI toolkit from Brisbane South PHN. Ensure all team members fully understand their roles and responsibilities.

Description	Status	Action to be taken
Please be aware that if the responsibilities can be delegated and shared, this can save everything landing on one person.		
Do you have a backup for each person's role, in case the key person is unavailable?	☐ Yes, continue with activity. ☐ No, **see action to be taken**.	Review the task list to ensure backup person is in place.
After reviewing your practice's roles and responsibilities, 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 1.12 – Policy & procedures

The aim of this activity is to review your practice's policy and procedure manual for currency.

Description	Status	Action to be taken
Is the policy and procedure manual/s up to date? Ensuring any new COVID-19 requirements are included.	☐ Yes, continue with activity**.** ☐ No, **see action to be taken.**	Update policy and procedure manual. Who will have responsibility to complete this? When will this be completed?
Do all practice team members have access to the P&P manual/s, even if they are working remotely?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Consider how every team member can access the manual/s remotely. Discuss with IT provider how this could work for your practice.
Do you have a process for informing existing team members of changes to the policy and procedures?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Develop a process for communicating to all team members any changes to policy & procedures.

Description	Status	Action to be taken
Does your induction process include ensuring new team members read the policy & procedure manual?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Update induction checklist/paperwork to ensure reading of policy and procedure manual.
After reviewing your practice's P&P manual/s, 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:

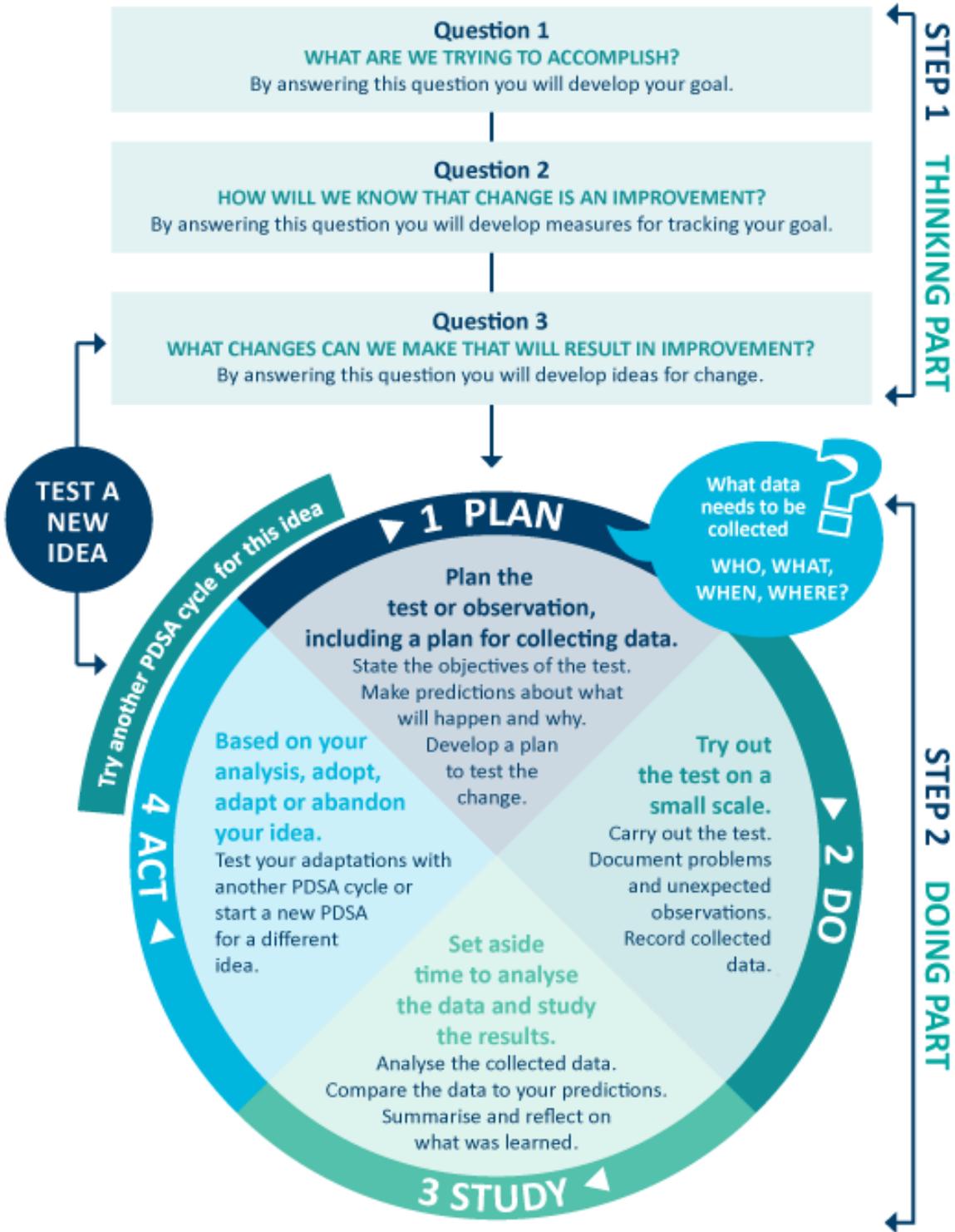| Business planning	• *Toolkit aim - to review your systems to ensure your practice has adequate planning to continue working during a natural disaster or pandemic.*
Business continuity	• *Toolkit aim - to review your practice business systems to ensure continuity of the practice is maintained during 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 infection control/safe environment

See below for suggested goals related to infection control/safe environment you may wish to achieve within your practice:

Goal	How you may achieve your goal
Ensure all practice team members participate in training on how to don and doff PPE.	Refer to: • Brisbane South PHN webinar on infection control and mask fitting – December 2021. • Correct use of PPE video.
Ensure all practice team members have participated in infection control training.	Refer to: • e-learning modules on the principles of infection prevention and control • COVID-19 infection control training.
Ensure there are practice cleaning policies including: • the person(s) with overall responsibility for infection prevention and control for cleaning in the practice • work health and safety issues • scheduled cleaning • unscheduled cleaning • cleaning products.	Identify key people responsible to review and update policies and procedures. Develop a schedule of policies that need updating including due dates. Communicate any changes to the practice team.

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

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.

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

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.

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.

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: - Ensure all staff understand and feel supported in their roles and responsibilities within the emergency response plan.

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:

See an increase by 30% in overall staff confidence towards roles and responsibilities within the emergency response plan by 31 July.

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 use a staff survey via Microsoft forms to gain an understanding of staff experiences and perceptions of general practice responses to COVID-19. We will measure each staff members baseline level of confidence in their roles for emergency response. We will continue to conduct the same survey on a monthly basis to track changes in staff confidence until 31 July. Following a training session, we will measure staff confidence towards roles via survey, and ability to carry out responsibilities via questionnaire.

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: Emergency response group to review past emergency response cases in practice and/or investigate case studies and literature on pandemic response to identify roles, responsibilities, and mental health needs during COVID-19 emergency response.

IDEA: Conduct staff survey via Microsoft forms to gather feedback around appropriateness of assigned roles, confidence in responsibilities, and further training or mental health needs required.

IDEA: Emergency Response Group to collaborate with staff to deliver an emergency response training session.

IDEA: Practice leaders to ensure all staff know where to access the Emergency Response Plan and have every staff member read the plan.

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 group to collaborate with staff to deliver an emergency response training session.	

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.

WHO: Emergency response group consisting of practice manager, principal GP, nurse, and head receptionist to lead workshops in consultation with staff

WHEN: Across May - July.

PREDICTIONS: Emergency response group will collaborate with staff in order to deliver an emergency response training session that is applicable, realistic, and collaborative. With increased collaboration, staff will want to attend session. Staff feedback via survey will indicate increased confidence in role and questionnaire will also indicate increased ability to carry out responsibilities.

DATA TO BE COLLECTED: Staff attendance at training, staff confidence and usefulness of session via Microsoft forms survey, and staff ability to carry out responsibilities via questionnaire.

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).

May: Emergency response group reviewed literature on teamwork and determine best way to engage in collaboration with staff. Example resources include:

- Review BSPHN QI toolkit on Practice Teams

- Resources on collaboration/co-design and workshops:

  - Using co-design to develop a collective leadership intervention article

  - Experience based co-design toolkit

- Resources on mental health in emergency situation:

  - RACGP mental health in emergencies and disasters

June: Emergency response group consulted with staff via Microsoft forms surveys on staff experiences and perceptions of general practice responses to COVID-19 in comparison with an updated emergency response plan to understand learnings. Considered including patient perspectives as well as role-play of patient journey with scenarios from past experiences (e.g. what was done versus what should have been done). Included staff mental health as a key component of managing emergency situations.

July: Emergency response group conducted training for staff. Attendance was recorded. Staff confidence before and after training was surveyed. Questionnaire was completed by staff following training.

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 process was acknowledged to be time consuming but important in ensuring staff felt confident, supported, and included in emergency response planning in light of COVID-19's rapidly changing environment. As the training was designed with staff collaboration, staff were observed to be more engaged with the process.

70% of staff attended the training session. Following training, surveys showed an increase in confidence on emergency response plan by 30% with admin staff feeling more engaged as a result of seeing the clinical staff process as well. Clinical staff were able to see the admin workflow and patient journey in full. Staff appreciated the mental health component of training. The results of the questionnaire revealed an average score of 70% which indicates that staff are reasonably able to carry out the emergency response plan.

The training also highlighted some suggestions for change in daily workflows that could foster greater collaboration.

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. As 70% of staff attended training, we will host another session in 2 weeks' time with modifications to training that include feedback from previous training session.

2.The questionnaire results highlighted a section of the training that staff were not confident on. This aspect will be considered for the second round of training in hope to achieve a score of greater than 75%

3. Process worked well and could be applied to a similar training on 'business as usual' workflows on an annual basis

4. Process highlighted that team was interested in team building activities.

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

Acknowledgements

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