

QUALITY IMPROVEMENT TOOLKIT FOR GENERAL PRACTICE

PIP QI ten measures

Version 2

September 2020



PRACTICE INCENTIVE PROGRAM QUALITY IMPROVEMENT (PIP QI) TEN MEASURES

Introduction

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
- Reduced 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 minimal effort is wasted.

There is an example of using the MFI to improve the influenza vaccination rates of your COPD patients and a blank template for you to complete 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 optimalcare@bsphn.org.au



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

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.

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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Brisbane South PHN, 2020

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PIP QI INCENTIVE – TEN MEASURES

The PIP QI Incentive is a payment to general practices that participate in quality improvement to improve patient outcomes and deliver best practice care.

About the PIP QI incentive

Under the PIP QI Incentive, general practices work with their local Primary Health Network (PHN) to undertake continuous quality improvement activities through the collection and review of practice data on specified improvement measures.

Quality improvement in general practice

Quality improvement is foundational to contemporary high performing primary care. It includes team-based approaches, peer review, reflective practice, best practice and data analysis. It can improve uptake of evidence-based practices for better patient outcomes, better professional development, and better system performance.

The Royal Australian College of General Practitioners (RACGP) defines continuous quality improvement as an ongoing activity undertaken within a general practice with the primary purpose to monitor, evaluate or improve the quality of health care delivered to practice patients.

Participation in continuous quality improvement activities

The PIP QI Incentive rewards practices for participating in continuous quality improvement activities in partnership with their local PHN.

There are no prescribed targets associated with any of the Improvement Measures. Practices may focus their quality improvement activities on the specified Improvement Measures or alternatively, focus their quality improvement activities on any other areas informed by their clinical information system data that meet the needs of their practice population.

Practice Incentives Program (PIP) eligible data set

The PIP Eligible Data Set is the data collected against the specified Improvement Measures.

This data set must be managed in accordance with the [PIP Eligible Data Set Data Governance Framework](#). After PIP QI Incentive registration, the anonymised data set must be electronically submitted to a general practice's local PHN on a quarterly basis within the data submission period. PHNs will provide feedback to help general practices identify priority areas and continuous QI activities.

Eligibility

To receive a PIP QI payment general practices **must**:

- meet the eligibility requirements for the PIP
- register for the PIP QI Incentive
- electronically submit the PIP Eligible Data Set to their local PHN quarterly
- undertake continuous quality improvement activities in partnership with their local PHN.

PIP QI ten improvement measures

The collection of the anonymised Improvement Measures that form the PIP Eligible Data Set are part of a system of quality improvement that includes reflective practice, a common data baseline, and data analysis. The Improvement Measures are not designed to assess individual general practice or general practitioner performance. They do support a regional and national understanding of chronic disease management in areas of high need. Future iterations will respond to emerging evidence in those areas of high need. The first tranche of Improvement Measures are:

1. Proportion of patients with diabetes with a current HbA1c result
2. Proportion of patients with a smoking status
3. Proportion of patients with a weight classification
4. Proportion of patients aged 65 and over who were immunised against influenza
5. Proportion of patients with diabetes who were immunised against influenza
6. Proportion of patients with COPD who were immunised against influenza
7. Proportion of patients with an alcohol consumption status
8. Proportion of patients with the necessary risk factors assessed to enable CVD assessment
9. Proportion of female patients with an up-to-date cervical screening
10. Proportion of patients with diabetes with a blood pressure result.

Goal of this PIP QI toolkit

This toolkit is to be used in general practice to:

- understand the requirements of the PIP QI guidelines
- identify patients at your practice who meet the criteria for the Improvement Measures
- identify opportunities for your practice to review systems on improving PIP QI measures.

For more support



support@bsphn.org.au



1300 467 265

ACTIVITY 1 – UNDERSTANDING YOUR PIP QI PATIENT MEASURES

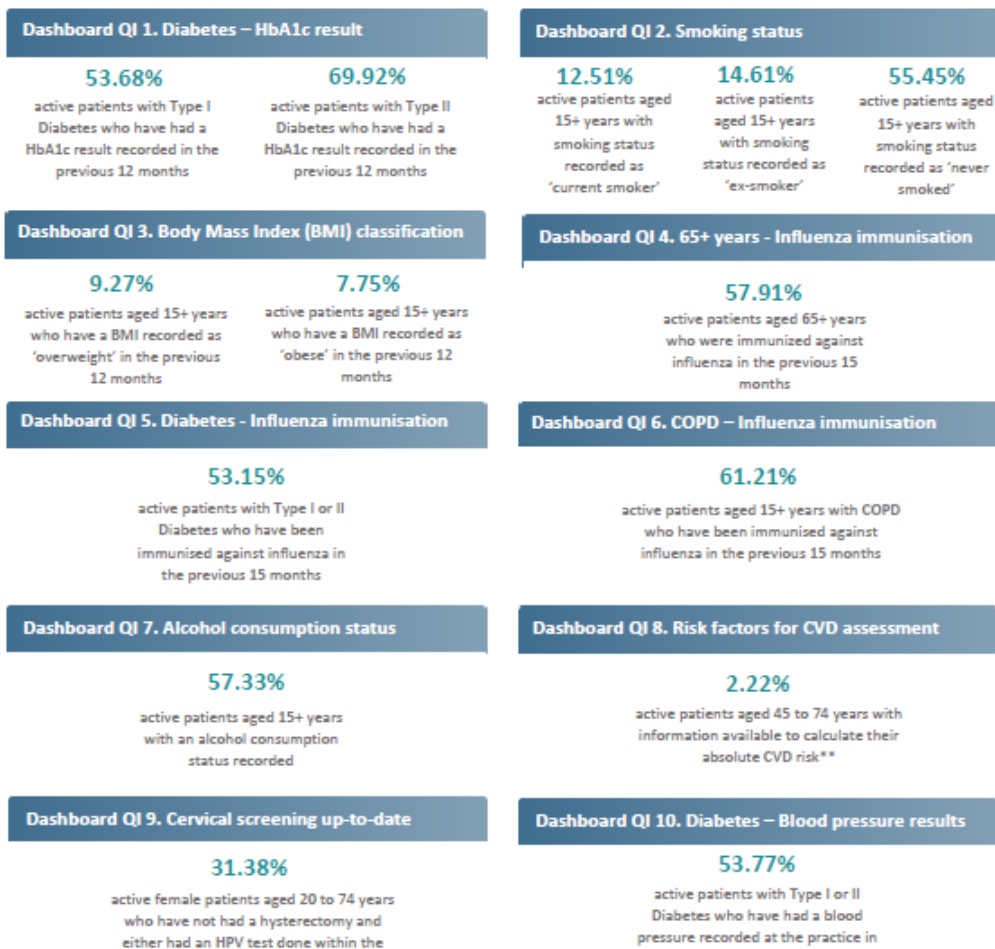
Activity 1.1 – Data collection from CAT4 or benchmark report



Complete the below table by collecting data from your CAT4 data extraction tool or from your monthly benchmark report provided by Brisbane South PHN.

Note - Instructions on how to extract the data is available from the CAT4 website: [QIM 1 – HbA1c status for patients with diabetes](#) OR [QIM 2 – Smoking Status](#) OR [QIM 3 – BMI](#) OR [QIM 4 – Influenza immunisation for patients aged 65 and over](#) OR [QIM 5 – Influenza immunisation for patients with diabetes](#) OR [QIM 6 – Influenza immunisation for patients with COPD](#) OR [QIM 7 – Alcohol status recording](#) OR [QIM 8 – Cardiovascular Risk](#) OR [QIM 9 – Cervical Screening](#) OR [QIM 10 – Blood pressure for patients with diabetes](#)

Practice Incentive Program Quality Improvement (PIP QI) Measures Dashboard



The aim of this activity is to collect data to determine the number of patients in your practice according to the improvement measures as per the PIP QI guidelines.

	Description	Total Number	Current % of patient's achieving the measures	Goal/target to improve
1.1a	Number of active patients with Type 1 or Type 2 Diabetes			
1.1b	Number of active patients with Type 1 or Type 2 Diabetes who have had an HbA1c result in the past 12 months			
1.1c	Number of active patients aged 15 years and over			
1.1d	Number of active patients aged 15 years and over whose smoking status has been recorded as one of the following: current smoker; ex-smoker; or never smoked			
1.1e	Number of active aged 15 years and over and who have had their Body Mass Index (BMI) classified as obese, overweight, healthy, or underweight within the previous 12 months.			
1.1f	Number of active patients aged 65 years and over			
1.1g	Number of active patients aged 65 years and over who were immunised against influenza in the previous 15 months.			
1.1h	Number of active patients with diabetes who were immunised against influenza in the previous 15 months.			
1.1i	Number of active patients who are aged 15 years and over, are recorded as having chronic obstructive pulmonary disease (COPD), and were immunised against influenza in the previous 15 months.			
1.1j	Number of active patients who are aged 15 years and over who have had their alcohol consumption status recorded.			
1.1k	Number of active patients aged 45 to 74 years			

	Description	Total Number	Current % of patient's achieving the measures	Goal/target to improve
1.1l	Number of active patients aged 45 to 74 years with information available to calculate their absolute CVD risk.			
1.1m	Number of active female patients aged 25 to 74 years.			
1.1n	Number of active female patients aged 25 to 74 years, who have not had a hysterectomy and who have had a cervical screening within the previous 5 years.			
1.1o	Number of active patients who have diabetes and who have had a blood pressure measurement result recorded			

Activity 1.2 – Checklist for reflection PIP QI improvement measures



Complete the checklist below to review your practice's data to meet the PIP QI improvement measures.

Description	Status	Action to be taken
After reviewing your PIP QI improvement measures are there any unexpected results?	<input type="checkbox"/> Yes, see action to be taken. <input type="checkbox"/> No, continue with activity.	<p>What observations have you made? (E.g. lower than expected percentage of people with COPD have had their influenza vaccine).</p> <p>What action will you take?</p> <p>How will communicate this information to the practice team?</p>

Description	Status	Action to be taken
Do you know the contact details for the Practice Incentive Payment Program for any PIP QI related questions?	<input type="checkbox"/> Yes, continue with activity. <input type="checkbox"/> No, see action to be taken.	PIP QI email: pip@humanservices.gov.au PIP QI Enquiry Line - 1800 222 032
After reviewing your practices PIP QI Improvement Measures, are there any changes you would like to implement in the practice to help manage patients over the next 12 months?	<input type="checkbox"/> Yes, see action to be taken to help set your goals. <input type="checkbox"/> No: you have completed this activity.	Refer to the MFI and the Thinking part at the end of this document. Refer to the Doing part - PDSA of the MFI to test and measure your ideas for success.

Activity 1.3 – Checklist for submitting data to PHN

As per the PIP QI guidelines, practices are to submit a data set electronically to the PHN on a quarterly basis within the data submission period.



Complete the checklist below to review your practice’s process on submitting data to PHN.

Description	Status	Action to be taken															
Do relevant team members know the dates for data to be submitted to the PHN to ensure the practice receives payment under PIP QI?	<input type="checkbox"/> Yes, continue with activity. <input type="checkbox"/> No, see action to be taken.	Refer to PIP QI guidelines . <table border="1"> <thead> <tr> <th>Reference period</th> <th>Data submission period</th> <th>Payment month</th> </tr> </thead> <tbody> <tr> <td>1 August to 31 October</td> <td>1 August to 15 October</td> <td>November</td> </tr> <tr> <td>1 November to 31 January</td> <td>1 November to 15 January</td> <td>February</td> </tr> <tr> <td>1 February to 30 April</td> <td>1 February to 15 April</td> <td>May</td> </tr> <tr> <td>1 May to 31 July</td> <td>1 May to 15 July</td> <td>August</td> </tr> </tbody> </table>	Reference period	Data submission period	Payment month	1 August to 31 October	1 August to 15 October	November	1 November to 31 January	1 November to 15 January	February	1 February to 30 April	1 February to 15 April	May	1 May to 31 July	1 May to 15 July	August
Reference period	Data submission period	Payment month															
1 August to 31 October	1 August to 15 October	November															
1 November to 31 January	1 November to 15 January	February															
1 February to 30 April	1 February to 15 April	May															
1 May to 31 July	1 May to 15 July	August															
Are you aware of how your data is submitted to	<input type="checkbox"/> Yes, continue with activity.	Data is automatically scheduled to be sent to the PHN at the beginning of every month if practices have the full CAT4 suite installed - i.e. CAT 4, Scheduler (which is on the practice server and sends the anonymised data) and Topbar.															

Description	Status	Action to be taken
Brisbane South PHN?	<input type="checkbox"/> No, see actions to be taken.	
Do you know who to contact if you are having trouble submitting your data?	<input type="checkbox"/> Yes, continue with activity. <input type="checkbox"/> No, see actions to be taken.	Contact the Brisbane South PHN Digital Health team at: health@bsphn.org.au or Pen CS support team at: support@pencs.com.au .
Do relevant team members know where to access your practice benchmark report supplied by Brisbane South PHN?	<input type="checkbox"/> Yes, continue with activity. <input type="checkbox"/> No, see actions to be taken.	To access benchmark reports, practices need to create a Sharefile account using a unique practice email address. Sharefile is used by BSPHN to securely store and share documents with the practice. Benchmark reports or other important documents are not emailed to practices as email is not secure.
After reviewing your practice's process for submitting data to the PHN, are there any changes you would like to implement in the practice to help manage patients over the next 12 months?	<input type="checkbox"/> Yes, see action to be taken to help set your goals. <input type="checkbox"/> No: you have completed this activity.	Refer to the MFI and the Thinking part at the end of this document. Refer to the Doing part - PDSA of the MFI to test and measure your ideas for success.

ACTIVITY 2 – IMPROVING PIP QI IMPROVEMENT MEASURES

If you identified in **activity 1.2** that you would like to implement some changes within your practice to improve your practices results on the ten PIP QI improvement measures, then it is recommended that you use the **MFI** worksheet at the end of this document to guide you to make successful changes.

The MFI provides a framework for developing, testing and implementing changes in a way that will lead to improvement.

Example PDSA for PIP QI improvement measures

See below for suggested goals related to the PIP QI measures you may wish to achieve within your practice:

Goal	How you may achieve the goal
Ensure all active patients with diabetes are coded correctly and have a HbA1c recorded in the past 12 months	Refer to CAT4 recipe: QIM1 - HbA1c status of patients with diabetes
Ensure 90% of active patients aged 15 years and older have smoking status – current smoker, ex-smoker or never smoked	Refer to CAT4 recipe: QIM2 - smoking status
Ensure 75% of active patients aged 15 years and older have BMI classified as obese, overweight, healthy or underweight within the previous 12 months	Refer to CAT4 recipe: QIM3 - BMI
Increase the number of flu injections given to active patients aged 65 years and over the past 15 months by 10%	Refer to CAT4 recipe: QIM4 – Influenza immunisation for patients aged 65 years and over
Increase the number of flu injections given to diabetes patient over the past 15 months by 10%	Refer to CAT4 recipe: QIM5 – Influenza immunisation for patients with diabetes
Increase the number of flu injections given to patients with COPD over the past 15 months by 5%	Refer to CAT4 recipe: QIM6 – Influenza immunisation for patients with COPD
Ensure 90% of active patients aged 15 years and older have their alcohol status recorded	Refer to CAT4 recipe: QIM7 – Alcohol status recording

Goal	How you may achieve the goal
Increase by 10% the number of patients aged 45 to 74 years to enable CVD risk assessment. (you may wish to do this as part of a heart health check MBS item 699)	Refer to CAT4 recipe: QIM8 – Cardiovascular risk
Increase the cervical screening of the number of eligible female patients aged 25 to 74 years by 10%	Refer to CAT4 recipe: QIM9 – cervical screening
Ensure that 90% of active diabetes patients have their blood pressure recorded	Refer to CAT4 recipe: QIM10 – blood pressure for patients with diabetes

Other ideas for improving PIP QI measures

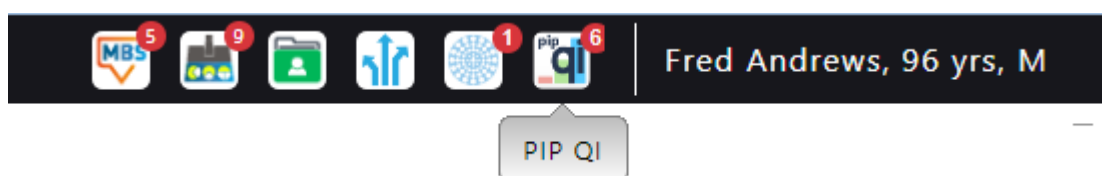
It is suggested that you meet in your practice team to discuss how at your practice you can improve the PIP QI measure. Some suggestions you may consider include:

- asking the practice nurse to opportunistically see patients prior to their GP appointment to obtain height, weight, waist measurements, BP, smoking and alcohol status
- asking patients to complete a summarised new patient form with their height, weight, waist measurements, BP, smoking and alcohol status and also check their address, contact details, next of kin (NOK) and emergency contact details
- actively contact patients who do not have measures recorded e.g. proactively contact patients with COPD who have not yet had their flu injection in the past 15 months
- ensuring Topbar is installed on every workstation and fully operational.

Using the Topbar PIP QI app to assist with patient prompts

Topbar prompts administrative and clinical staff to opportunistically capture missing demographic or clinical information at the point of care. It can play a significant role in improving general practice data quality, chronic disease management and eHealth. Topbar is available for practices using Best Practice, MD3 or ZedMed software.

The [PIP QI App](#) will instantly present the information about the ten Improvement Measures for the patient currently open in your clinical system. Notifications are displayed as a number in the red circle and the app is located on the right hand side of your Topbar, with the other patient apps:



The app will exclude measures not relevant to the patient due to age, gender or diagnosed conditions. It will report the overall percentage of completed items based on the ten measures, with any measures not relevant for the patient counted as done.

Activity 2.1 – Checklist for reflection on improving PIP QI measures



Complete the checklist below to reflect on opportunities to improving your practice’s PIP QI measures.

Description	Status	Action to be taken
After reviewing opportunities to improve your practices PIP QI measures, have you identified an area that you can change in your practice?	<input type="checkbox"/> Yes, see action to be taken. <input type="checkbox"/> No, continue with activity.	What observations have you made? What action will you take? How will communicate this information to the practice team?
Is Topbar installed on all workstations at your practice?	<input type="checkbox"/> Yes, continue with activity. <input type="checkbox"/> No, see action to be taken.	Follow the Running TopBar resource, or Follow the TopBar Installation Guide
Have relevant team members been set up as a Topbar user?	<input type="checkbox"/> Yes, continue with activity. <input type="checkbox"/> No, see action to be taken.	Follow the Managing TopBar Users resource.
After reviewing opportunities to improve PIP QI measures, are there any changes you would like to implement in the practice to help manage patients over the next 12 months?	<input type="checkbox"/> Yes, see action to be taken to help set your goals. <input type="checkbox"/> No: you have completed this activity.	Refer to the MFI and the Thinking part at the end of this document. Refer to the Doing part - PDSA of the Model for Improvement (MFI) to test and measure your ideas for success.

ACTIVITY 3 – TEAM ROLES IN PIP QI

Successful Teams

Engaged and effective practice teams are the foundation for achieving sustainable improvements.

To achieve sustainable improvement, consider how your team currently operates. Is your team working together effectively and efficiently? Improving PIP QI measures requires a whole of team approach.

Documented role clarity is important to ensure efficiency and accountability. Below is an example of how responsibilities could be shared across the team. As there is a great deal of diversity between practices consider what will work best for your team.

General Practitioners (GP)

- Respond to recall/reminder systems and engage in opportunistic discussions to encourage participation with eligible patients
- Perform a clinical review on each patient
- Arrange any relevant tests or investigations
- Support eligible patients to participate in screening or vaccinations, including addressing potential barriers (e.g. fear, embarrassment, lack of knowledge, access etc)
- Perform measurements, screening, immunisations and/or work with Practice Nurses to do so
- Maintain RACGP Standards for General Practice - Criterion GP2.2 - Follow up systems



Practice Nurses

- Work with reception staff to promote the programs
- Respond to recall/reminder systems and engage in opportunistic discussions to encourage participation with eligible patients
- Perform immunisations (if requested by the GP)
- Perform data measures on patients including height, weight, BMI, blood pressure, smoking or alcohol status



Practice Managers

- Maintain up-to-date patient registers
- Undertake audits of practice records to identify eligible patients due for investigations, immunisations or screening
- Establish and oversee recall/reminder systems
- Support GPs with the flow of information in relation to PIP QI
- Support/manage reception staff responsibilities
- Manage succession planning
- Document policy and procedures
- Monitor progress against PIP QI improvement measures







Reception Staff

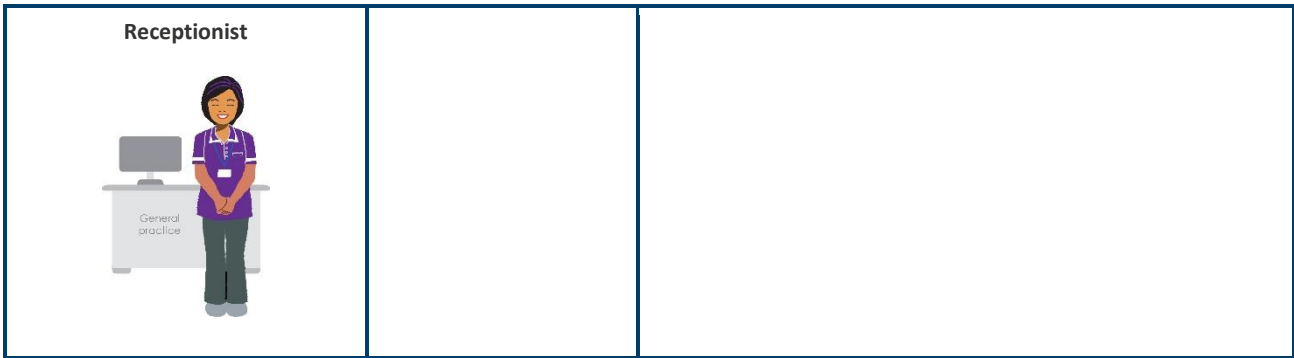
- Order and maintain supplies of resources
- Display brochures, flyers and posters
- Respond to recall/reminders opportunistically when a patient phones for an appointment and/or by handing relevant resources to patients in the waiting area
- Send GP signed recall/reminder letters (and/or text messages and phone calls) to eligible (or soon to be eligible) patients to encourage participation
- Provide resources and support information in alternative languages as needed.




Activity 3.1 – Practice team roles in PIP QI

 Based on the example above, identify the person responsible for each part of the process required to improve PIP QI measures. Document each person’s responsibilities in the table below.

Tasks for (insert QI Activity)		
	Name	Responsibilities
<p>GP</p> 		
<p>Practice Nurse</p> 		
<p>Practice Manager</p> 		



Activity 3.2 – Review task allocation

 The aim of this activity is to review task allocation for team members in your practice

Description	Status	Action to be taken
<p>After completing activity 3.1 have you considered how the patient will be contacted to encourage an appointment?</p>	<p><input type="checkbox"/> Yes: continue with activity.</p> <p><input type="checkbox"/> No: see action to be taken.</p>	<p>Please explain: (e.g. receptionist will phone each patient to make the appointment or patient will be sent a reminder letter and they will need to contact the practice to make an appointment)</p> <p>How will this information be communicated to the practice team?</p>
<p>Have you included how all the practice team (admin, nurse & GP) will be able to identify in the appointment book that the patient requires a PIP QI Improvement Measure completed?</p>	<p><input type="checkbox"/> Yes: continue with activity.</p> <p><input type="checkbox"/> No: see action to be taken.</p>	<p>Please explain: (e.g. our practice will use appointment icons to identify patients attending for a PIP QI measure or we will type in the appointment comments what the appointment is for).</p> <p>How will this information be communicated to the practice team?</p>

Description	Status	Action to be taken
<p>Have you included who will update the patient reminder system to ensure continuity of care for the patient?</p>	<p><input type="checkbox"/> Yes: continue with activity.</p> <p><input type="checkbox"/> No: see action to be taken.</p>	<p>Outline who has the responsibility to update reminder system – is it GP, Practice Nurse, Manager or receptionist.</p> <p>How will this information be communicated to the practice team?</p>
<p>Do all team members understand their roles and responsibilities?</p>	<p><input type="checkbox"/> Yes: continue with activity.</p> <p><input type="checkbox"/> No: see action to be taken.</p>	<p>Provide training to individuals or groups within your practice.</p>
<p>After reviewing your practice roles and responsibilities for improving PIP QI measures at your practice, are there any changes you would like to implement over the next 12 months?</p>	<p><input type="checkbox"/> Yes, see action to be taken to help set you goals.</p> <p><input type="checkbox"/> No, you have completed this activity.</p>	<p>Refer to the MFI and the Thinking part at the end of this document.</p> <p>Refer to the Doing part - PDSA of the MFI to test and measure your ideas for success.</p>

ACTIVITY 4 - RESOURCES

- [RACGP General Practice Management Toolkit – Managing Quality](#)
- [PIP QI Guidelines](#)
- [PIP Improvement Measures](#)
- [PIP Eligible Data Set Data Governance Framework](#)
- [PIP QI Who do I ask](#)
- [PIP QI FAQs](#)
- [Change Program Toolkit](#)

Links to other QI toolkits

Brisbane South PHN have a suite of QI toolkits available for general practice. The toolkits are designed to:

- improve patient care and outcomes
- generate increased revenue for general practice
- help practices fulfil their quality improvement requirements under the PIP QI Incentive
- each be completed at your own pace
- be available so that you choose your own adventure – you choose which topic/toolkit you would like to work on.

After completing this toolkit, you may benefit from choosing one of the following:

- Quality patient records QI toolkit – this toolkit assists you to review your practice data to ensure your patient records are maintained at the highest quality. It also includes activities to ensure your practice is meeting the e-Health PIP criteria and another activity on PRODA.
- MBS items – this toolkit assists you to review your practice’s use of MBS item numbers. You can also generate reports to identify the number of eligible patients vs the number of MBS item numbers claimed.
- Cancer screening – this toolkit assists you to review patients eligible for cervical, bowel and breast cancer screening. It also assists to identify risk factors in patients associated with chronic medical conditions.
- COPD – this toolkit assists you to identify those patients in your practice with COPD. It provides activities to ensure patient diagnosis is coded consistently. It reviews MBS item numbers available for these patients and identifies referral pathways.
- Diabetes – this toolkit assists you to identify those patients in your practice with diabetes and/or at risk of developing diabetes. There are activities to identify any patients who may not have had their diabetes measures completed in the past 12 months and also looks at MBS item numbers available for this patient population.
- Influenza vaccination – this toolkit assists to identify those patients who may not have received their influenza vaccination in the past 12 months. It includes strategies on improving the number of vaccinations given. There are also activities on establishing flu vaccine clinics and a number of available resources.

The full [suite of toolkits](#) are available on Brisbane South PHN’s website.

QI activities using the MFI and PDSA

After completing any of the workbook activities above you may identify areas for improvement in relation to PIP QI measures. Follow these steps to conduct a quality improvement activity using the MFI and PDSA. The model consists of two parts that are of equal importance.

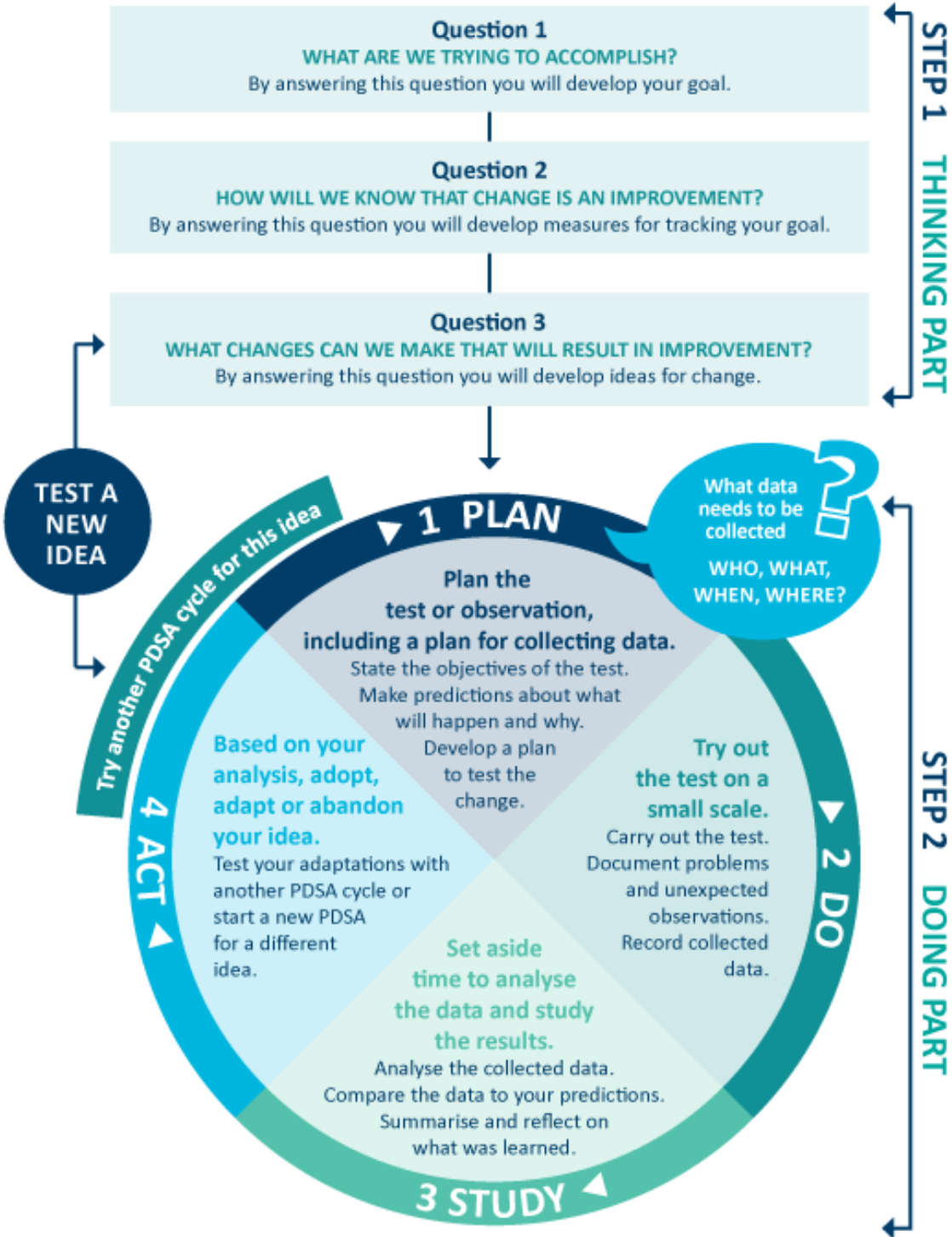
Step 1: The **'thinking'** part consists of three fundamental questions that are essential for guiding improvement work:

- What are we trying to accomplish?
- How will we know that the proposed change will be an improvement?
- What changes can we make that will lead to an improvement?

Step 2: The **'doing'** part is made up of Plan, Do, Study, Act (PDSA) cycles that will help to bring about rapid change. This includes:

- helping you test the ideas
- helping you assess whether you are achieving your desired objectives
- enabling you to confirm which changes you want to adopt permanently.

Model for Improvement diagram



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).	
<p><i>Our goal is to:</i> Ensure patients who have a diagnosis of COPD receive an influenza vaccine. <i>This is a good start, but how will you measure whether you have achieved this goal?</i> The team will be more likely to embrace change if the goal is more specific and has a time limit.</p> <p>So, for this example, a better goal statement would be: <i>our S.M.A.R.T. goal is to</i> increase the proportion of our active patients with COPD who have an influenza vaccine by 20% by 31st July.</p>	
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.	
<p>We will measure the percentage of active patients with COPD who have had a flu vaccine. To do this we will:</p> <ul style="list-style-type: none"> A) Identify the number of active patients with COPD. B) Identify the number of active patients with COPD who have had a flu vaccination. <p>B divided by A x 100 produces the percentage of patients with COPD who have had a flu vaccination.</p>	
BASELINE MEASUREMENT:	47% of active patients with COPD have a flu vaccination
	DATE:
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.	
<p>IDEA: Identify patients with COPD who have not had a flu vaccination in the past 15 months.</p> <p>IDEA: Source and provide endorsed patient education resources (in waiting rooms, toilets etc.).</p> <p>IDEA: Run an awareness campaign for COPD and flu vaccination.</p>	

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

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)	
Identify patients with COPD who have not had a flu vaccination in the past 15 months.	
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.
<p>WHAT:</p> <p>Mary will conduct a search on CAT4 and identify active patients with COPD who have not had a flu vaccination recorded in the past 15 months. A Topbar prompt will be created for these patients. The practice nurse will ensure there is adequate stock of the vaccine to ensure patient demand is met. Mary will search the appointment book to see if any of the patients have an upcoming appointment. Mary will contact patients by phone to see if she can book an appointment with the nurse and the GP for the vaccination.</p> <p>WHO/WHEN/WHERE:</p> <p>Who: Receptionist. When: Begin 20th May. Where: Dr Bill's office.</p> <p>DATA TO BE COLLECTED: Number of active patients with COPD and the number of active patients with COPD who have not had a flu vaccination recorded in the past 15 months..</p>	
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).
Done – completed 20 th May –the receptionist completed a search on CAT4 to identify patients with COPD who had not received their flu vaccination in the past 15 months. She then created a Topbar prompt. The receptionists then phoned patients who appeared on the list to arrange an appointment. The practice nurse monitored vaccine stock levels.	

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>The practice managed to increase the number of COPD patients with their flu vaccination by 15%. The goal was to increase by 20%, therefore, the goal was not met, however, the practice was still happy with the progress.</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: The practice will continue to contact patients with COPD who have not had the flu vaccine recorded.</p> <p>ADAPT:</p> <p>ABANDON:</p>	

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

MFI and PDSA template

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IDEA	Record the change idea you are testing
Which idea are you going to test? (Refer to Q3, step 1 above)	
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 (<i>if applicable</i>); the data to be collected; and predictions about the outcome.
<p>WHAT:</p> <p>WHO/WHEN/WHERE:</p> <p>DATA TO BE COLLECTED:</p> <p>PREDICTIONS:</p>	
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).

