Increasing advance care planning while conducting 75+ health assessments.

RACGP accredited points availability

GPs may be eligible for 40 RACGP Accredited Activity CPD points by undertaking two (2) PDSA cycles. To record a PDSA activity, log into your RACGP account on your mobile device and scan the QR code to complete the required documentation.

IDEA: Increase the number of advance care plans completed for patients having a 75+ health assessment.	
Benefit to general practice • Provide a person-centred approach to planning current and future health and personal care. • Reduces unnecessary transfers to acute care and unwanted treatment. • Increase in the number of 75+ health assessments claimed. • If document uploaded to MyHealth Record, allows collaboration with hospitals and other health professionals.	Benefit to the patient • Opportunity for them to think about, discuss and record preferences for the type of care they would like to receive. • Improves ongoing and last days of life care. • Annual health assessments provide an opportunity for review and management of patient.

Available resources

- Queensland Health – Advance care planning.
- Advance Care Planning Australia.

CAT4 instructions

- Identify patients eligible for an annual 75+ health assessment.
- Creating report for individual providers.

Links to QI toolkits

- Quality improvement toolkit – advance care planning.
- Quality improvement toolkit – older people.
- Quality improvement toolkit - introduction – important to read this to gain an understanding of QI, the concepts, identifying the team and how to conduct activities in general practice.

Tips for completing this MFI/PDSA

- 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.

FAQ

1. **I've never completed a PDSA before. Where do I start?**
   Brisbane South PHN have an introduction quality improvement toolkit. This outlines what is QI, the concepts, identifying the team and how to conduct activities in general practice.
2. **How do GPs obtain 40 points from the RACGP?**
   PDSAs (that meet the following criteria) are eligible for 40 points.
   - Must have an overall GP lead.
   - Can be undertaken by an individual GP, group of GPs, practice team
   - Completion of at least 2 cycles is required
   - GPs attend/contribute to a planning meeting and a review meeting – document some overall outcomes and attendees. The review meeting will need to go through the questions for the *Group Evaluation and Reflections*.
   - Complete and print PDSA cycle on your Practice Plan template in Discover PHN.
   - Log into RACGP account and scan QR code on front page for instructions on how to lodge your activity.

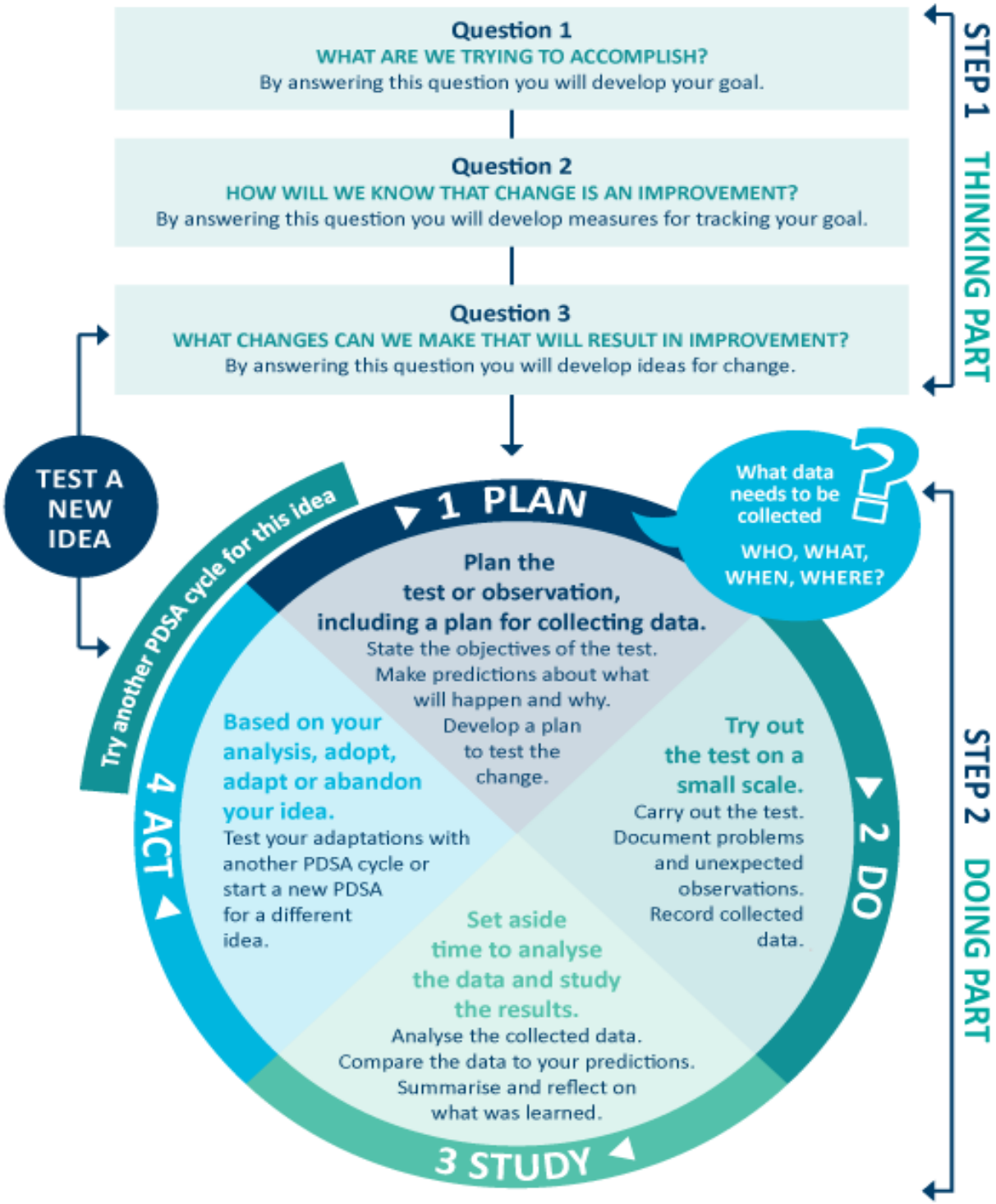
3. **What does PDSA stand for?**
   P – Plan. D – Do. S – Study. A- Act. More information is available on the model for improvement.
4. **Where can I complete a PDSA?**
   Templates are available in your Practice Plan portal in DiscoverPHN.
5. **Is there any support available on how to complete a PDSA?**
   Brisbane South PHN have a quality improvement team available to support you.
6. **Is there information available on different activities we could complete as part of our PDSA?**
   Brisbane South PHN have a suite of quality improvement toolkits available. These toolkits are designed to be completed at your own pace, as a choose your own adventure and as a practice team.
7. **What is the timeframe to complete the two cycles?**
   It is expected that each cycle would take a few months to complete. Therefore, you may complete two cycles in a year, or this may take you longer.
8. **Why should I complete quality improvement?**
   - Support in enhancing practice sustainability through building practice teams and improving patient outcomes.
   - Meet the requirements of the RACGP accreditation standards and PIP QI.
   - Provide real benefits and outcomes through a practical and action focused approach.
9. **How do I identify patients who I can review to identify if any improvements need to be made?**
   Refer to the available resources section, where you will find CAT4 recipes, plus also links to other activities in the quality improvement toolkits.
10. **Is there an MBS item number available?**
    There is no MBS item number available for conducting quality improvement or PDSA's, however, for this example, you may identify patients who may be eligible for a 75+ health assessment.

For more support

support@bsphn.org.au

1300 467 265

Model for Improvement diagram



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

MFI and PDSA template

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:
Increase the number of people with advance care planning documentation completed.
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 increase the number of ACP documents completed for patients having a 75+ health assessment by 15% by 31st December.

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 measure the number of *My health for life* referrals for patients with high cholesterol eligible for the program. To do this we will:

A) Identify the number of active patients aged 75+ years with a health assessment.
B) Identify the number of active patients aged 75+ years with a health assessment who have ACP completed.

B divided by A x 100 produces the percentage of patients 75+ with a health assessment and ACP completed.

BASELINE MEASUREMENT: 37% of active 75+ year old patients have a health assessment and ACP 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.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: Identify active patients 75+ eligible for a health assessment.

IDEA: Ensure all relevant team members have received training on ACP.

IDEA: Add ACP checkbox to templates for chronic disease management and health assessments.

IDEA: Ask receptionist to provide all patients 65 years and older with an ACP brochure when they arrive at the practice.

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

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

MFI and PDSA template

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

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

IDEA	Record the change idea you are testing
Which idea are you going to test? *(Refer to Q3, step 1 above)*	
Identify active patients 75+ eligible for a health assessment.	

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:
Mary will conduct a search on CAT4 to identify active patients aged 75+ eligible for an annual health assessment. She will then generate individual lists for each GP and highlight the patients who do not have any record of ACP discussions from their medical record. Each GP will identify suitable patients to contact to organise an appointment for their health assessment. Mary will call the patient to organise an appointment time. On arrival at the practice, each patient will see the practice nurse who will complete parts of the health assessment, the GP will then complete the health assessment. Both the nurse and the GP will have discussions with the patients about ACP.

WHO/WHEN/WHERE:
Who: Practice manager When: Begin 30th October. Where: Practice manager office.

DATA TO BE COLLECTED: Number of active patients aged 75+ eligible for a health assessment and the number of active patients aged 75+ with a health assessment and advance health directive completed.

PREDICTION: 52% of active patients 75+ eligible for a health assessment will have an assessment and ACP completed.

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 20th December – individual GP reports were generated from CAT4 outlining patients aged 75+ eligible for a health assessment. The reports were highlighted with patients who do not have any mention of ACP in their medical records. Each GP identified patients to contact and Mary arranged appointments with the nurse and GP to have their assessments completed. When we discussed advance care planning at our team meeting we identified that some of the GPs and Nurses needed upskilling in this topic. Team members participated in training which provided an opportunity for staff to freely speak to patients about ACP**.** Uptake of the appointments were high and the practice nurse reported people's interests in understanding ACP. Some patients indicated that they would complete the forms, but there was no way for the practice to know when the forms were completed.

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.

A total of 47% eligible for a health assessment had ACP documentation in place. This was lower than predicted, but we still had improvements in our completion rates. The percentage may have been higher, but we had no way of tracking for some patients if they had an advanced care plan completed.

Results have been shared with the whole practice team.

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.*

ADOPT: The practice has decided that they will adopt this. Mary will do a quarterly focus on generating reports from CAT4 to identify any active patients aged 75+ who do not have a current health assessment.

ADAPT:

ABANDON:

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

Ideas for subsequent PDSA cycles

To continue to see improvements with patients at your practice you may consider developing another PDSA cycle from the following:

- Identify patients with a specific chronic medical condition/s e.g. patients with heart failure, CKD & COPD or patients with heart failure and diabetes, or Aboriginal and Torres Strait Islander ≥ 55 years with asthma – ensure these patients have been provided with ACP information. Review and consider completing a GP management plan.
- Ensure all relevant team members understand their roles and responsibilities with completing health assessments and advance care planning.
- Ensure all practice clinical team members have access to clinical guidelines and login details to SpotOnHealth HealthPathways.

A guide to developing a Plan, Do, Study,

Act Activity

(CPD Accredited Activity for 40 Points)

The Plan, Do, Study, Act (PDSA) activity focuses on improving the capability of the practice to deliver on quality patient care. GPs can choose to undertake PDSA cycles related to practice improvements or individual clinical knowledge and/or skills.

The PDSA uses a series of steps to implement a planned improvement or change. The steps are broken down into small manageable parts. Each change is tested to ensure things are improving and no efforts are wasted. Benefit is not always achieved in one cycle, which means the process can be refined and the cycle repeated, with a minimum of two cycles required.

Criteria specific to PDSA activity

- It can be undertaken by an individual GP, a group of GPs, practice or multidisciplinary team.
- The PDSA must have an overall GP lead.
- A minimum of two cycles is required.

Steps in a PDSA activity

1. Identify interested participants and invite them to participate.
2. Identify a GP lead and someone to organise the group – this can be the same person.
3. Each participant agrees to identify and reflect on their personal learning needs in relation to this group, prior to the planning meeting.
4. Carry out the first cycle – please refer to Figure 1 PDSA model (use the PDSA education activity template to record the required information)

- Step 1 – Plan
  - Select a topic or change idea.
  - Define the activity aim/s and learning outcomes – what are we trying to accomplish? For example, identify (cycle 1) and implement (cycle 2) practice based processes that will minimise 'did not attend' rates.
  - How will we ensure privacy and confidentiality if patient records are involved?
  - Identify specific 'action' steps for the cycle, ie what exactly will be done, by whom, when, where, what data/information is required and how will it be collected?
- Step 2 – Do
  - Carry out the plan.
  - Record observations and relevant data.
  - Monitor progress and measure changes.
- Step 3 – Study
  - Analyse data results.
  - Compare results with the activity aims.
  - Summarise and reflect on what was learned.

- Step 4 – Act
  - Act on the results.
  - Adopt, reject or modify the original plan as required.
  - Plan the next cycle.

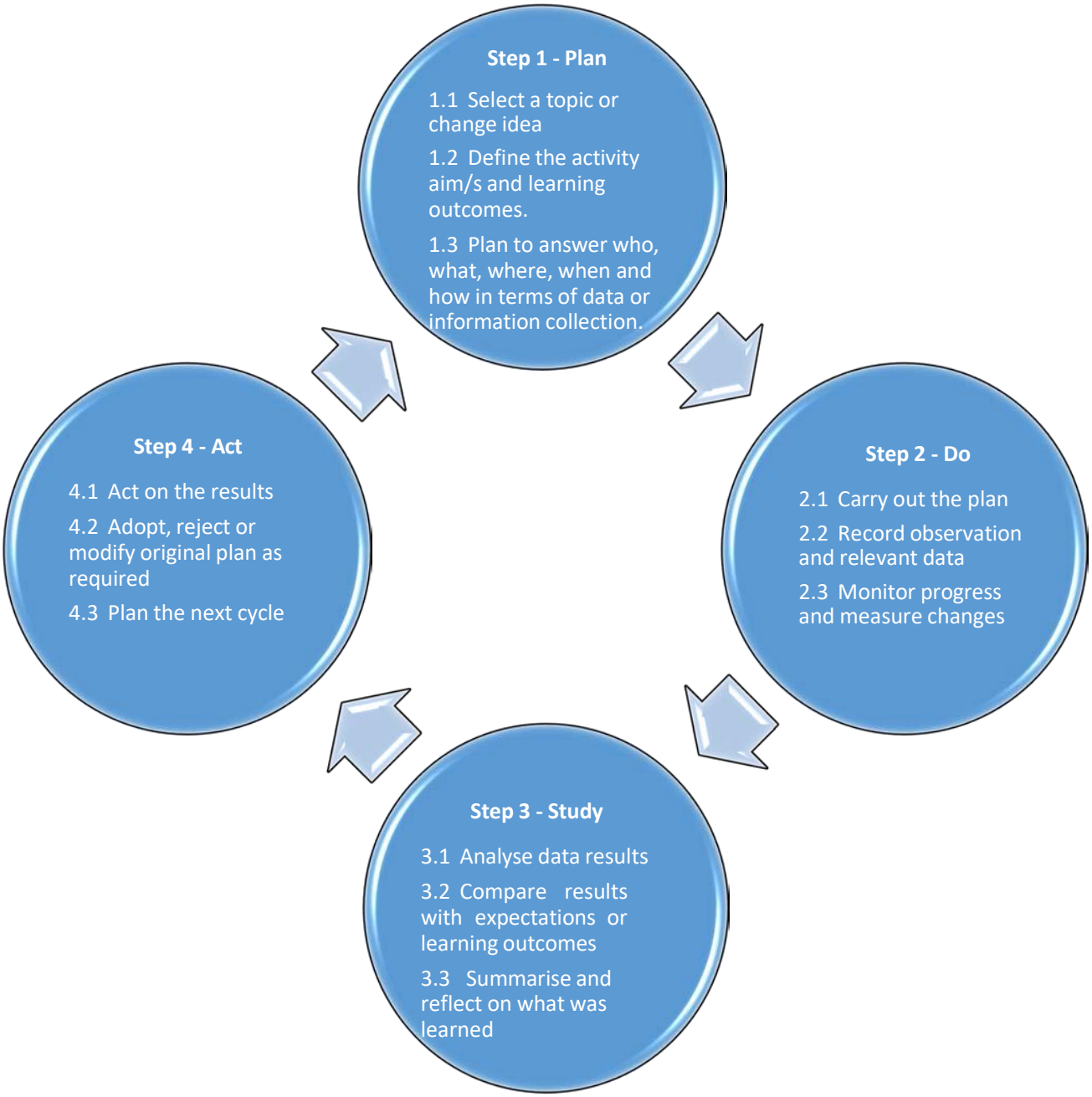


Figure 1 – PDSA model

5. Complete the 2nd cycle – please refer to Figure 1 PDSA model (use the PDSA education activity template to record the required information). At the conclusion of this cycle, participants may elect to conduct further cycles or continue to step 6.
6. Determine a group response to the evaluation and reflection questions listed in the PDSA education activity template.

Group evaluation and reflection

The group is required to submit a response to the following evaluation and reflection questions. Groups are encouraged to consider these questions during the planning meeting, and to use the review meeting to develop an agreed group response. These questions are included in the review meeting section of the education activity template. You will need to copy your answers into the online application form.

- How well were the learning outcomes met? (Not met/partially met/entirely met)
- To what degree were the learning needs of the participants met? (Not met/partially met/entirely met)
- To what degree was this activity relevant to their practice? (Not relevant/partially relevant/entirely relevant)
- How did the participants consider this activity might have contributed to a systems-based patient safety outcome for their practice?
- Please indicate how this activity could have been improved.

Requirements

All group members must be aware of the attendance requirements necessary to gain CPD points (a minimum of 4 hours' education), and each GP is responsible for ensuring they meet the requirements. The GP lead will be responsible for ensuring adequate record keeping and for submission of the online PGL application form with supporting evidence to demonstrate the GPs have met the requirements. The education activity template is provided to assist the GP lead and the group to document evidence of meeting the minimum requirements and we recommend you upload this document as supporting evidence.

CPD Points application process

The GP lead submits the online PDSA application form via the RACGP website on behalf of the group. We recommend uploading the education activity template as supporting documentation. Once a PDSA application is submitted on the RACGP dashboard, all GP members will be allocated 40 CPD points.

Group Evaluation and Reflection

You will need to copy your answers into the online application form.

Group Evaluation and Reflection	
How well were the learning outcomes met? □ Not met □ Partially met □ Entirely met	Is there any other feedback about the learning outcomes? Please list them here:
To what degree were the learning needs of the participants met? □ Not met □ Partially met □ Entirely met	Is there any other feedback about individual's learning needs? Please list them here:
To what degree was this activity relevant to your practice? □ Not relevant □ Partially relevant □ Entirely relevant	Is there any other feedback about the activity's relevance to practice? Please list them here:
Please indicate how participants considered this activity might have contributed to a systems-based patient safety outcome for their practice.	List the group responses here:
Please list how this activity could have been improved.	List the group responses here: