

Identify patients with a history of stroke or TIA not on lipid lowering medications or BP lowering medications.

RACGP accredited points availability

GPs may be eligible for 40 RACGP Accredited Activity CPD points by undertaking two (2) PDSA cycles. Once the GP logs into their RACGP account, scan the QR code for more information.



IDEA: Identify patients with a history of stroke or TIA not on lipid lowering medications or BP lowering medications. Patients could also be reviewed to identify status of GPMP or GPMP review

Benefit to general practice	Benefit to pharmacy	Benefit to the patient
<ul style="list-style-type: none"> • Identification of patients who may not be prescribed medication to reduce future episodes of another stroke. • Increase in the number of GPMP claimed (MBS fee \$150.10). • Accuracy of medical records for accreditation requirements. 	<ul style="list-style-type: none"> • Ensure patients are prescribed medications to prevent future hospital visits. 	<ul style="list-style-type: none"> • Comprehensive medication review • Reduced risk of a future stroke • Co-ordinated care and approach via a GPMP

Available resources

- [Australian Clinical Guidelines for Stroke Management](#)
 - Long term blood pressure management - All patients with stroke or TIA, with a clinic blood pressure of >140/90mmHg should have long term blood pressure lowering therapy initiated or intensified.¹
 - Cholesterol lowering therapy - All patients with ischaemic stroke or TIA with possible atherosclerotic contribution and reasonable life expectancy should be prescribed a high-potency statin, regardless of baseline lipid levels.²

CAT 4 instructions

- Identify a patient with a stroke or TIA not on [BP lowering medication](#)
- Identify a patient with a stroke or TIA not on [cholesterol lowering medication](#)
- To identify patients with a stroke not on either medication who are eligible for a GPMP
 1. Complete the search following the above instructions.
 2. Locate the MBS items tab

Best Practice, Samples Database; Extract Date: 10/05/2021 11:31 PM; Filtering By: Conditions (CVD - Stroke), Medications (ACE - No)
 Alcohol Measures Pathology Disease Screening Comorbidities Medications Diabetes/SIP Items CKD Musculoskeletal CV Event Risk CHA₂DS₂/VA Score Immunisations Standard Reports **MBS Items**

Alcohol Measures Pathc

Count Not Recorded At

Select All

3. Select Not Recorded Select All and identify CDM – GPMP.
4. Select export to identify patients eligible for a GPMP

- Creating report for [individual providers](#).

Links to other QI toolkits

- [MBS QI toolkit](#) for instructions to complete GPMP (page 23).
- Refer to [MBS online](#) to review criteria for item number 721.
- 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.

¹ Zonneveld et al 2018 [55]; Ettehad et al 2016 [41]

² <https://pubmed.ncbi.nlm.nih.gov/19588332/>

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 ~~access a blank template~~ complete a PDSA?

Templates are available [in your Practice Plan portal in DiscoverPHN, on Brisbane South PHN's website.](#)

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 [management plan](#) or [team care arrangement plan](#).

Commented [JW1]: Talk about the process. Practice Plan... what else do you want to say? Check with the GPQI team

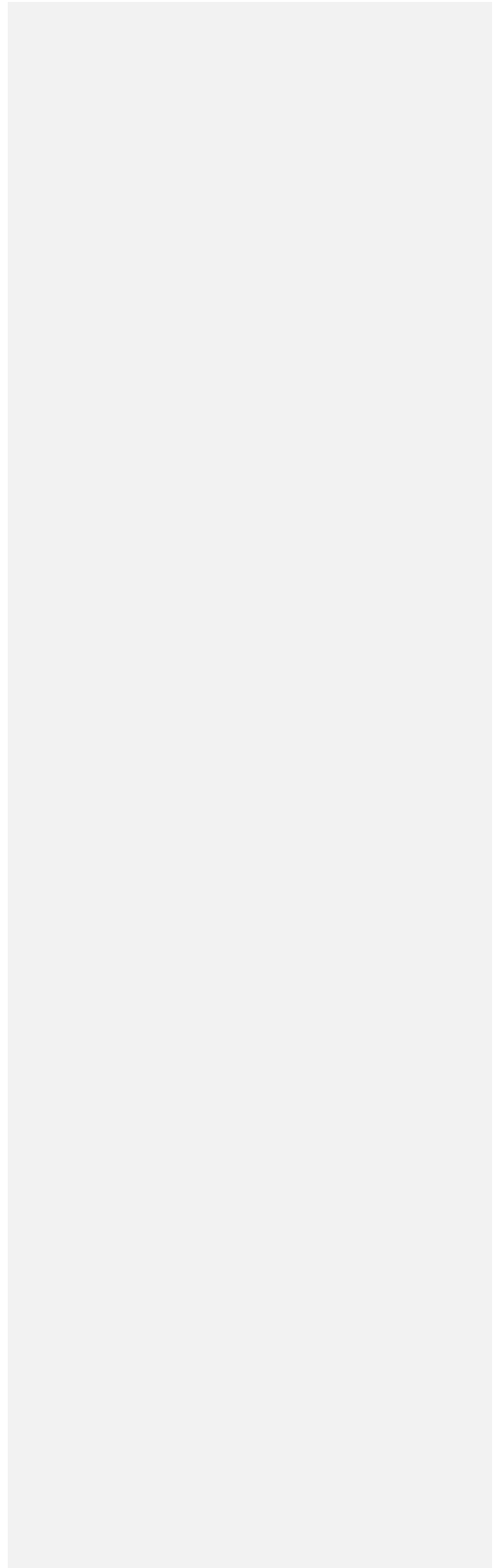
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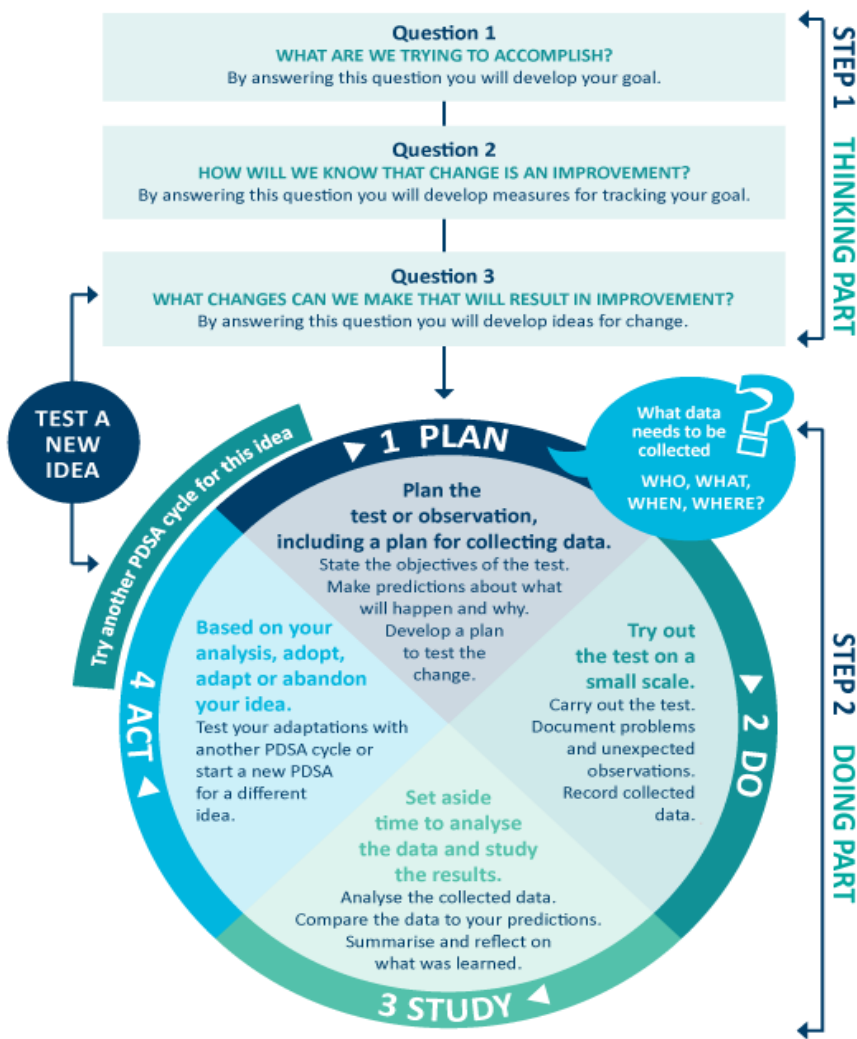
support@bsphn.org.au



1300 467 265



Model for Improvement diagram



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

MFI and PDSA template

Step 1: The thinking part - The 3 fundamental questions

Practice name:	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 (Specific, Measurable, Achievable, Relevant, Time bound).	
<p><i>Our goal is to:</i> Reduce the number of patients who have had a stroke not on BP lowering medications. 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:</p> <p><i>Our S.M.A.R.T. goal is to</i> reduce the number of active patients who have had a stroke and not on BP lowering medications adhering to the guidelines at our practice by 15% by 20th February.</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.	
We will measure the number of patients who have had a stroke on BP lowering medications. To do this we will:	
<p>A) Identify the number of active patients who have had a stroke. B) Identify the number of active patients who have had a stroke who are not on BP lowering medications.</p> <p>B divided by A x 100 produces the percentage of patients with a stroke who are not on BP lowering medications.</p> <p>BASELINE MEASUREMENT: 67% of patients with a stroke are not on BP lowering medications. DATE:</p>	
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: Search the practice database to identify patients with a past history of a stroke who are not on BP lowering medications.</p> <p>IDEA: Pharmacy student conduct a training session with the practice team to talk about the benefits of patients with a history of a stroke being on BP lowering medications. Also include in the presentation other risk factors including diabetes, obesity, smoking and heart disease.</p> <p>IDEA: Contact the local PHN to identify support available to practice in relation to QI activities.</p> <p>IDEA: Run an awareness campaign in relation to stroke prevention.</p>	

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)	
Pharmacy student conduct a training session with the practice team to talk about the benefits of patients with a history of a stroke being on BP lowering medications.	
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: Lucy (pharmacy student) will contact the PHN to request regional data on patients with a stroke who are currently not taking BP or cholesterol lowering medications. She will develop a presentation and identify some case studies to discuss with the GPs. As part of the presentation, Lucy will offer to work with individual GPs to review the practice database to identify any patients who may fit into this criterion. If any GPs agree to participate, Lucy will conduct searches on CAT4 to identify any eligible patients. The individual GP report will be provided to the relevant GP. Lucy will spend time doing some individual medical record reviews to look at date of last BP recording, cholesterol results, medication list and status of GP management plan (GPMP). From the list, Lucy will highlight patients who would benefit from a follow up with the GP. 20 minutes will be blocked out in the GPs diary to discuss the list and the GPs preferences for following up individual patients. This may be to create a Topbar reminder, call the patient to book an appointment for a review of their medications, arrange for a BP and cholesterol review, organise an appointment in conjunction with a GPMP.	
WHO/WHEN/WHERE: Who: Pharmacy student When: Begin 3 rd December. Where: Treatment room.	
DATA TO BE COLLECTED: Number of active patients with a past history of a stroke and the number of active patients with a stroke not on BP lowering medications.	
PREDICTION: 52% of active patients with a stroke are not on BP lowering medications.	

DO	Run the test, then record your actions, observations and data
Run the test on a small scale	What did you do? Were there any deviations from the original plan? Record exactly what you did, the data collected and any observations. Include any unexpected consequences (positive or negative).
<p>Done – completed 20th February - Lucy (pharmacy student) contacted the PHN to request regional data on patients with a stroke who are currently not taking BP or cholesterol lowering medications. She was able to present that 42% were not on lipid modifying medication and 77% were not on BP lowering medications. She then developed a presentation and identified some case studies to discuss with the GPs. The presentation included risk factors to consider for patients with a stroke including: diabetes, obesity, smoking and heart disease.</p> <p>As part of the presentation, Lucy offered to work with individual GPs to review the practice database to identify any patients who may fit into this criterion. Four of the seven GPs agreed to Lucy generating a list of patients from CAT4. To make it financially beneficial for the practice, the practice nurse suggested Lucy could review the status of their GPMP at the same time.</p> <p>Lucy generated reports from CAT4 after she contact the QI team at the PHN outlining any patients with a past history of a stroke not on recommended medications. The reports were only generated for the four GPs.</p> <p>Lucy then took time to review individual patient files and highlighted any patients who had not had a BP or cholesterol test completed in the past 6 months. She also reviewed the status of their GPMP and if there were any medications in the current Rx that had not been prescribed in the past 6 months.</p> <p>20 minutes was blocked out in the GPs diary to discuss the lists and the GPs preferences for following up individual patients. As most of the patients that were highlighted had not had a GPMP completed, the consensus was for the patient to be contacted to attend the practice for a GPMP and medication review.</p>	
STUDY	Analyse the data and your observations
Analyse the results and compare them to your predictions	Was the plan executed successfully? Did you encounter any problems or difficulties? What worked/didn't work? What did you learn on the way? Compare the data to your predictions. Summarise and reflect on what was learned.
<p>At the end of the focus, a total of 46% of patients with a stroke were not on BP lowering medication. This was a 21% decrease which exceeded our goal. The four GPs that participated in the focus all appreciated the input from the pharmacy student and were able to present the improvements and benefits to the other three GPs.</p> <p>57 of the identified patients were able to have a GPMP completed during the couple of months. This equated to an increase of \$8500 in MBS fees.</p> <p>Results have been shared with the whole practice team.</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>
ADOPT: As a practice team they decided that they would adopt this as a focus to continue to reduce the number of patients with a past history of a stroke with no BP lowering medications. Another GP in the practice has also asked to review his patient list as he can see the benefits for his patients.	
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 any patients who have had a stroke who have not had their blood pressure and lipids recorded in the past 12 months. Refer to CAT4 BP [recipe](#) (select stroke as the condition under CVD instead of diabetes)
- Reduce the number of active patients who have had a stroke and not on lipid lowering medications adhering to the [guidelines](#) by 15%
- Increase the number of GPMP completed on patients with a past history of a stroke by 10%. Refer to CAT4 [recipe](#).
- Increase the recording of smoking and alcohol status for any patients who have a past history of stroke. Refer to CAT4 [recipe](#) (select stroke as the condition under CVD instead of diabetes).
- Increase the number of advance health directives forms completed on patients with a past history of a stroke
- 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.

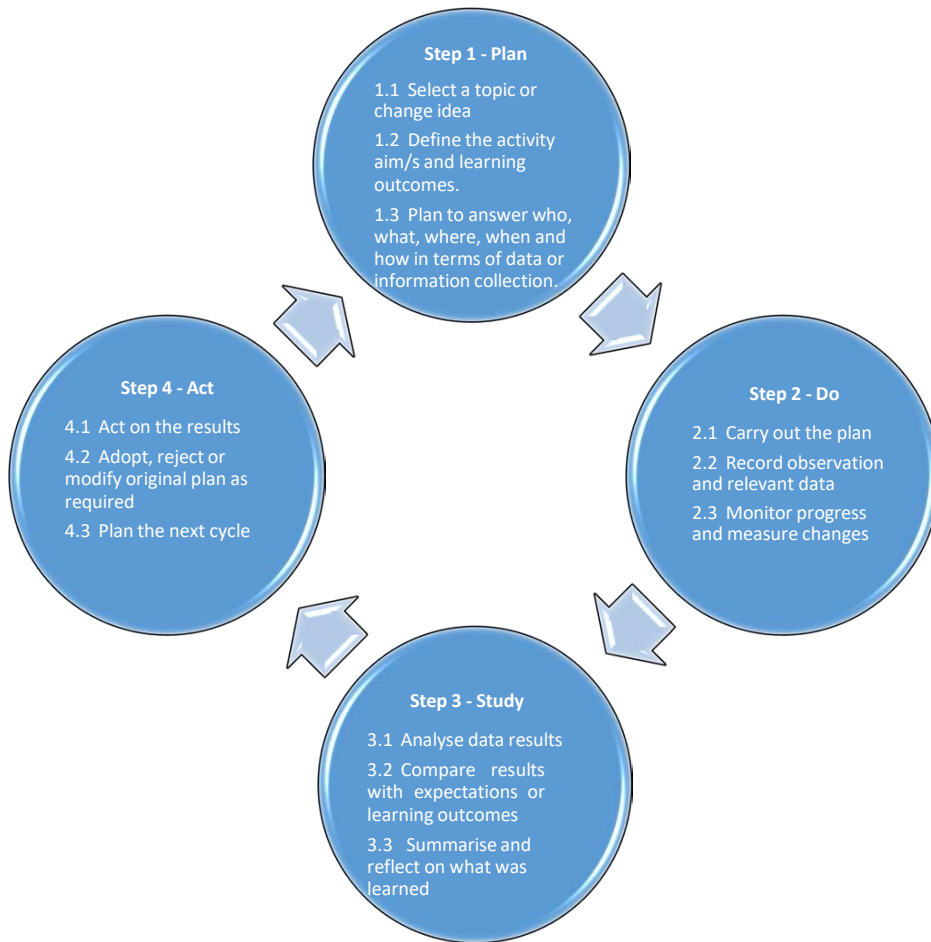


Figure 1 – PDSA model

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