phn BRISBANE SOUTH
An Australian Government Initiative

QUALITY IMPROVEMENT TOOLKIT FOR GENERAL PRACTICE

QUALITY PATIENT RECORDS

Maintaining quality patient records MODULE

Version 2

June 2021

MAINTAINING QUALITY PATIENT RECORDS

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.
- 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 body mass index (BMI) example using the MFI 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 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.

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, 2021

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ACTIVITY 1 – QUALITY PATIENT RECORDS

Accurate and up-to-date data is necessary

The quality of practice and clinical health records has a direct impact on the quality of care that your practice team provides to your patients. It is important that you design and implement effective arrangements for maintaining quality patient records. The Royal Australian College of General Practitioners suggest quality health records have seven attributes:

- completeness
- consistency
- legibility
- accuracy
- relevance
- accessibility
- timeliness.[1]

Tips for maintaining quality health records

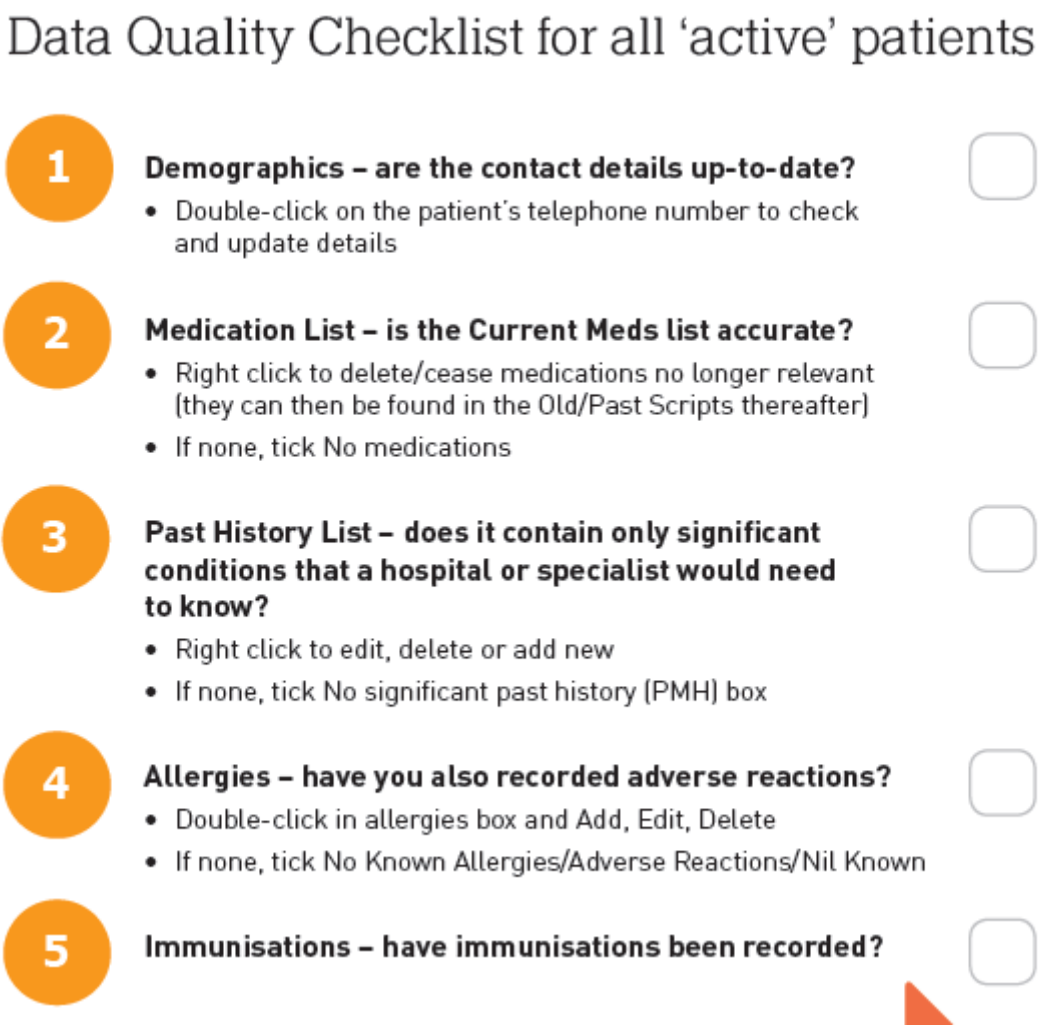
- Have clear policy and procedures on maintaining quality health records.
- Train and orient your team in how to use your practice systems and software.
- Improving record quality is an ongoing business and is appropriately done as part of the consultation with the patient present.
- Ensure correct data entry and the use of common (agreed) terminology to allow coding.

Why improving patient record quality is important

- Patient safety (e.g. result follow up, medication allergies).
- Reducing medico-legal risk (contact your medical defence organization for clarification if required).
- Maintaining continuity of care and assisting clinical decision making.
- Generating appropriate patient prompts and reminders.
- Rapid access to stored information (accurate labelling or location).
- The ability to analyse data for financial or clinical reasons.
- Improved business efficiency, and less frustrations with processes of care.
- Efficient and effective communication with other health professionals via referrals or uploads to My Health Record.
- Terminology is important to allow cording and classification systems for clinical software decision support e.g. for medication prompts.[2]

[1] https://www.myhealthrecord.gov.au/for-healthcare-professionals/howtos/improve-data-quality-and-safety
[2] https://www.mdanational.com.au/advice-and-support/library/articles-and-case-studies/2012/04/medical-records

Data quality checklist



Data Quality Checklist for all 'active' patients

1 **Demographics – are the contact details up-to-date?**
- Double-click on the patient's telephone number to check and update details

2 **Medication List – is the Current Meds list accurate?**
- Right click to delete/cease medications no longer relevant (they can then be found in the Old/Past Scripts thereafter)
- If none, tick No medications

3 **Past History List – does it contain only significant conditions that a hospital or specialist would need to know?**
- Right click to edit, delete or add new
- If none, tick No significant past history (PMH) box

4 **Allergies – have you also recorded adverse reactions?**
- Double-click in allergies box and Add, Edit, Delete
- If none, tick No Known Allergies/Adverse Reactions/Nil Known

5 **Immunisations – have immunisations been recorded?**

There is a useful checklist for ensuring good quality data with your 'active' patients. More information about standards can be found from RACGP Improving health record quality in general practice and Australian commission on safety and quality in health care.

Aim of this QI toolkit

Toolkit aim - to review your systems to ensure your practice is maintaining and recording high quality patient data.

The toolkit is designed to:

- support medical practices to make easy, measurable and sustainable improvements
- provide best practice care for their patients
- assist practices to complete QI activities
- assist practices to meet PIP QI incentive.

The following checklists and activities will help guide you through the process at your own pace. Once you understand your patients, you will be able to easily identify how your patients are being managed and what needs to happen within the practice to optimise patient care.

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

Activity 1.1 - Identify and archive inactive patient medical records

The aim of this activity is to reduce the number of inactive patient medical records to provide an accurate picture of your practice population.

The RACGP standard for an active patient is three visits in the last two years. Archiving inactive patient medical records is important to be able to retrieve accurate statistics and correct data. Archiving or deactivating will hide the medical record within your clinical software, but it will still be accessible if required.

It is important to complete this activity first as it will save you time in future activities.

Please note: before completing a bulk archive of patients, it is important to follow practice policy on the agreed timeframe for the last visit of the patient to the practice. Some practices may want to keep patients active even if their last visit was 5 years ago. This could be because some patients may only attend the practice for a skin check or cervical screening. If the practice does not have an approach outlined in the policy and procedure manual, a discussion with the practice principal or GPs should take place before proceeding.

Identify

Pen CS have developed the following instructions to identify the total population of your practice. Record the number of patients in your practice.

Date Data Collected	Number of Patients

Action

Brisbane South PHN have developed instructions on how to identify and bulk archive inactive patient medical records within clinical software. These instructions can be found below and, on the Brisbane South PHN website.

Using CAT4 – Creating reports: Inactive patient records

- Best Practice
- Medical Director
- PractiX
- Genie.

What is a reasonable timeframe to complete this activity: _____

Who will be completing this activity: _____

After you have archived patients, perform a data collection in CAT4 and record the number of patient records in the clinical software to track your results.

Date Completed	Number of Patients

Activity 1.2 – Identify, merge and/or archive duplicate patients

The aim of this activity is to reduce the number of duplicate patient records in your clinical system.

A duplicate medical record occurs when a single patient is associated with more than one medical record. This can pose significant dangers if patients are treated based on incomplete or inaccurate knowledge about their medical history or profile, and may result in safety risks.

Duplicate medical records can also negatively impact communications between healthcare providers and their patients and are associated with a higher risk of missing important laboratory results and a higher likelihood that patients are subjected to unnecessary testing.

Identify

Follow the duplicate patients report instructions to identify potential duplicate patient records. This search will look for matches on surname, first name initial, gender and date of birth; and produce a report.

Date data collected	Number of patients listed as duplicate

Action

Review the generated list of patient records to identify true duplicates. It is important to note that twins will show up in this list. Action accordingly by either merging records or making them inactive.

What is a reasonable timeframe to complete this activity: _____

Who will be completing this activity: _____

Results

After you have actioned any duplicate patients, perform a data collect in CAT4 and record the number of patients to track your results.

Date completed	Number of patients listed as duplicate

Activity 1.3 - Patient records missing date of birth

The aim of this activity is to reduce the number of patient records missing a date of birth.

A patient's date of birth is an approved patient identifier and vital to ensure patient safety and confidentiality.

It is an accreditation standard that your practice has a patient identification process which can include a patient's date of birth. It is therefore important that this information is recorded accurately.

Identify

Follow the instructions to identify patient records missing a date of birth.

Date data collected	Number of patients missing date of birth

Action

Review the generated list of patient records missing a date of birth.

Some steps you could take to action this list include:

- Identify patients who have not been seen by a clinician and make them inactive.
- If new patient forms are kept, review to find their date of birth.
- Use Topbar to alert staff of this missing information when the patient is in next.

What is a reasonable timeframe to complete this activity: _____

Who will be completing this activity: _____

Results

After you have actioned patient records missing a date of birth, perform a data collect in CAT4 and record the number of patients to track your results.

Date Completed	Number of patients missing a date of birth

ACTIVITY 2 - IMPROVING PRACTICE DATA

Use of consistent coding

Coding is simply a way of representing an agreed standardised descriptor as a series of numbers or letters. An example includes Diabetes Type 2 and Non-Insulin Dependent Diabetes Mellitus (NIDDM) which are the same health condition and are both coded in SNOWMEDCT as **73211009**. The SNOWMED CT AU coding system also allows clinical conditions or medications to be linked or grouped which aides with decision support and clinical auditing (e.g. all NSAID medications).

In your practice there may be multiple ways clinical staff enter a patient's diagnosis in the practice software. Some will type this information directly into the patient progress notes or enter this information as free text in the 'reason for encounter' or 'diagnosis field'. This process is called free texting or un-coded diagnosis. Free text is not easily searchable in any database by the clinical software or third-party software (e.g. extraction tools) and is therefore not the preferred process.

The recommended process is to use a diagnosis from the drop-down boxes provided in the clinical software. This is a coded diagnosis. If all clinical staff within the practice use the same codes to identify a diagnosis then it is easier to search for particular conditions. This makes the chronic disease registers more accurate and it is easier to generate recall and reminder lists. For example, practices may decide to code patients with diabetes with the following: Diabetes type 1 or Diabetes type 2 (current practice) and have free text notes with more detailed information on the type of diabetes.

"…use consistent coding of diagnoses … so that continuous improvement of clinical care and patient outcomes can be achieved"

RACGP

It is important to ensure your coding is consistent and agreed upon by all clinical staff in the practice, and diagnostic criteria are uniform.

This resource highlights the benefits of having good quality data within your clinical software.

Time required to…	Good Data	Poor Data
Write a referral*	5 minutes	Up to 10+ minutes
Upload a shared health summary to the My Health Record*	30 seconds	Up to 5+ minutes
Write & print a Health Summary*	30 seconds	Up to 5+ minutes

**These are approximate estimations and will vary depending on the quality of data and software within your individual practice. These figures should be used as a guide.*

Activity 2.1 – Importance of using consistent coding in your practice software

The aim of this activity is to review the practices processes for consistent coding

Description	Status	Action to be taken
Are relevant practice team members aware of the importance of quality data including using consistent coding (avoiding free text)?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Communicate to relevant practice team members the importance of data quality in your clinical software Refer to resources available from Brisbane South PHN: • Quality Improvement via medical software module 5 • Essential clinical data entry using MD and Module 6 • Essential clinical data entry using BP. These modules can be accessed via DiscoverPHN.
Have you agreed on accepted terminology of chronic disease codes from the drop-down lists in your practice software?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Source list of clinical codes already available in current clinical software. Develop and agree on clinical codes to be used within practice. _____ _____ _____ _____
Are practice team members aware of how to enter diagnosis in clinical software using agreed chronic disease terminology?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Communicate to relevant practice team members how to enter diagnosis in clinical software using the agreed clinical codes. Refer to resources available from Brisbane South PHN • Module 3 – Data quality – Using Medical Director • Module 4 – Data quality - using BP. These modules can be accessed via DiscoverPHN.

Description	Status	Action to be taken
Do practice team members know how to use CAT4 to improve the quality of the practice data? (*e.g. patients with diabetes with no coded diagnosis recorded)*	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to one of the following training/information resources: • CAT4 data cleansing guide. • Module 9 – Improving quality and revenue in General Practice using data extraction tools including Pen CAT4 and Topbar. These modules can be accessed via DiscoverPHN. • Refer to BSPHN CAT 4 guide.
After reviewing your practice's data coding, 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, continue with 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.

RACGP accreditation and patient records

Health records are only as good as the quality of the information they contain. The RACGP suggests a number of attributes of high-quality health records – that is, records that contain high-quality information suitable for the purposes it serves. More information can be found in the 5th edition Accreditation Standards.

How to improve your practice data using the CAT4 tool

There are a number of ways that the CAT4 tool can be used to improve the data quality of your clinical desktop system. Some of these are listed below. Please also refer to the Pen CS website for step-by-step guides and other resources.

- Improve Data Quality
- Patients with incorrect Diabetes coding
- Data Cleansing with CAT.

CAT4 training videos

Included below are some CAT4 training webinars that are for beginners, intermediate and advanced users.

- CAT4 Beginners webinar
- CAT4 for intermediate users
- CAT4 for advanced users.

Using Topbar to ensure all risk factors and diagnosis coding is up to date

Pen CS developed Topbar as an adjunct to the GP clinical desktop system to deliver useful tools and decision support information for the primary care sector at the point of care.

Topbar is designed to provide prompts and relevant information to all clinic staff based on the patients being seen and also those who are on the waiting list for the day. Complete and accurate patient records are a key component of primary health care and Topbar assists all staff with this necessity.

Activity 2.2 – Using Topbar to improve your practice data

The aim of this activity is to ensure relevant team members have access to and use Topbar.

Description	Status	Action to be taken
Is Topbar installed on all workstations at your practice?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to Running Topbar or Topbar Installation Guide.
Have relevant team members been set up as a Topbar user?	☐ Yes, continue with activity. ☐ No, **see action to be taken**.	Refer to: Managing Topbar Users.
Have relevant Topbar users been set up with appropriate access rights?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to: Topbar Access Rights.
Do relevant team members understand all the Topbar apps?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to Topbar Apps in detail.
After reviewing your practice's Topbar use, 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, continue with 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.

How to improve your practice data using your practice software

As part of your practice's software maintenance, you are able to improve your practice data. The next few activities will focus on:

- merging un-coded conditions
- duplicate immunisations
- duplicate recall/reminders
- duplicate address book categories.

Activity 2.3 – Merging un-coded conditions in your clinical software

The aim of this activity is to evaluate your practice's un-coded conditions in your clinical software program.

Cleaning up un-coded items makes it easier to perform database searches and manage third-party clinical audit tools.

Description	Status	Action to be taken
Do relevant staff know how to review for any un-coded conditions in your clinical software package?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to instructions from Best Practice or MedicalDirector.
Does someone in the practice have the responsibility to check for un-coded conditions?	☐ Yes, continue with activity.	Who is responsible? How often is this checked? ☐ weekly ☐ monthly ☐ annual ☐ ad-hoc
	☐ No, **see action to be taken.**	Delegate responsibility to a team member/s and include in their position description. Agree on frequency of checking for un-coded conditions.
How many un-coded conditions do you currently have in your clinical software package?	☐ None. ☐ Between 1 and 10. ☐ Between 11 and 30. ☐ Between 31 and 50. ☐ More than 51.	
After reviewing your practice's un-coded conditions, are there any changes with the management of your patient's you would like to implement over the next 12 months?	☐ Yes, **set goals and outline in actions to be taken**. ☐ No, continue with 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.

Please note: as an ongoing QI activity you should regularly check for un-coded conditions.

Activity 2.4 – Merging duplicate immunisations in your clinical software

The aim of this activity is to evaluate your practice's duplicate immunisation lists in your clinical software program.

Description	Status	Action to be taken
Do relevant staff know how to review for any un-coded immunisations in your clinical software package?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Best Practice user – not relevant. Refer to instructions from MedicalDirector.
Does someone in the practice have the responsibility to check for un-coded immunisations?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Who is responsible? How often is this checked? ☐ weekly ☐ monthly ☐ annually ☐ ad-hoc
		Delegate responsibility to a team member/s and include in their position description. Agree on frequency of checking for un-coded immunisations.
How many un-coded immunisations do you currently have in your clinical software package?	☐ None. ☐ Between 1 and 10. ☐ Between 11 and 30. ☐ Between 31 and 50. ☐ More than 51.	
After reviewing your practice's duplicate immunisation lists, are there any changes with the management of your patient's you would like to implement over the next 12 months?	☐ Yes, **set goals and outline in actions to be taken**. ☐ No, continue with 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.

How to set up your recall/reminder system correctly.

Train IT Medical have an excellent resource on how you can make it easier for your practice to use your recall/reminder system.

Activity 2.5 – Cleaning up duplicate recall/reminder lists in your clinical software

The aim of this activity is to evaluate your practice's recall/reminder lists in your clinical software program.

Description	Status	Action to be taken
Do relevant staff know how to review for any duplicated recall/reminder categories in your clinical software package?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to QI modules: • Module 7 – Recalls, reminders and screening using MedicalDirector • Module 8 – Recalls, reminders and screening using Best Practice You can access these modules via DiscoverPHN.
Does someone in the practice have the responsibility to check for duplicate recall/reminder categories?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Who is responsible? How often is this checked? ☐ weekly ☐ monthly ☐ annually ☐ ad-hoc Delegate responsibility to a team member/s and include in their position description. Agree on frequency of checking for duplicate recall / reminder categories.
How many duplicate recall /reminders categories do you currently have in your clinical software package?	☐ None. ☐ Between 1 and 10. ☐ Between 11 and 30. ☐ Between 31 and 50. ☐ More than 51.	
After reviewing your practice's recall/reminder categories, are there any changes with the management of your patient's you would like to implement over the next 12 months?	☐ Yes, **set goals and outline in actions to be taken**. ☐ No, continue with 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 2.6 – Merging contact categories in your clinical software

The aim of this activity is to evaluate your practice's contact categories in your clinical software program.

Over time, the practice contact list can end up with multiple categories for each health professional. (E.g. 10 different categories for podiatrists). If this has happened in your practice, Best Practice and MedicalDirector have instructions on how to merge your contact categories in your clinical software.

Description	Status	Action to be taken
Do relevant staff know how to review for any duplicated contact categories in your clinical software package?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to instructions from Best Practice or MedicalDirector.
Does someone in the practice have the responsibility to check for duplicate contact categories in your clinical software package?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Who is responsible? How often is this checked? ☐ weekly ☐ monthly ☐ annually ☐ ad-hoc Delegate responsibility to a team member/s and include in their position description. Agree on frequency of checking for duplicate contact categories.
How many duplicate contact categories do you currently have in your clinical software package?	☐ None. ☐ Between 1 and 10. ☐ Between 11 and 30. ☐ Between 31 and 50. ☐ More than 51.	
After reviewing your practice's contact list, 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, continue with 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 3 - ACCREDITATION PREPARATION

RACGP 5th edition Accreditation Standards and lifestyle risk factors

Lifestyle risk factors such as smoking, nutrition, alcohol and physical activity are associated with many diseases. Record these risk factors in the patient health record and review management plans at defined intervals.

Routine measurements and recording of each patient's height, weight and blood pressure at defined intervals is recommended. This will help you to identify significant or unexplained weight loss or gain that may indicate a disease, and/or assessment of a child's growth and development. The practitioner must know which health checks need to occur at what intervals, in accordance with best practice. [3]

Accreditation Criterion C7.1G

Our patient health records contain, for each active patient, lifestyle risk factors.

Reviewing your practice gender, ethnicity, allergies and BMI recorded

As part of the RACGP Accreditation Standards, practices are to meet targets with recording patient data.

These targets are:

- Gender recorded 75%
- Ethnicity recorded 75%
- Allergies and adverse reactions recorded 90%
- BMI recorded 75%
- Alcohol status recorded 75%
- Smoking status recorded 75%

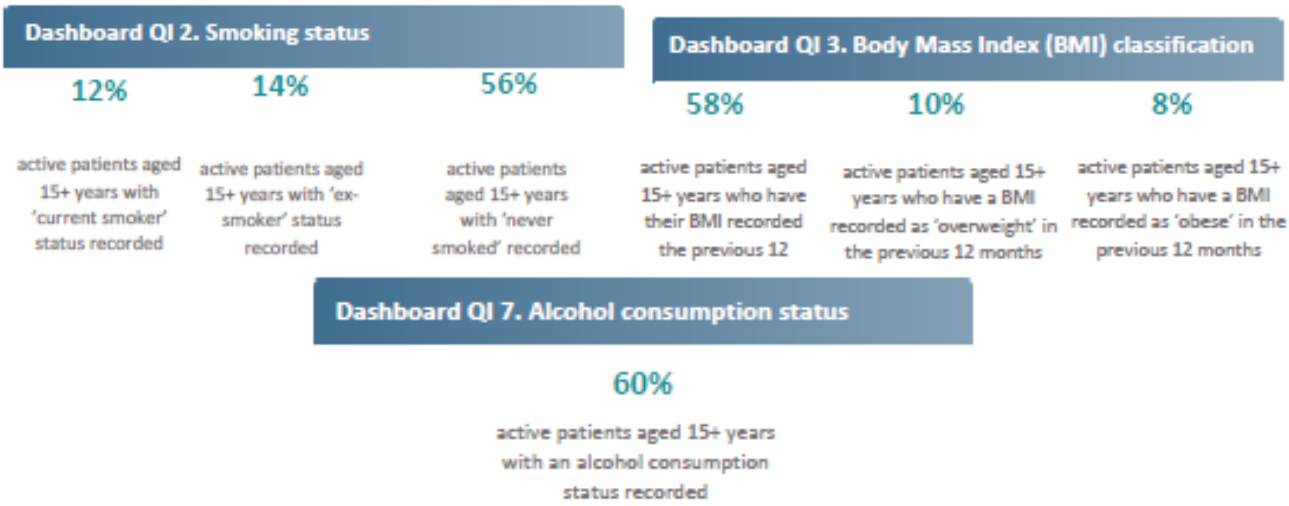
To see a quick snapshot of how your practice is going, refer to your latest benchmark report provided by Brisbane South PHN.

Data Quality*	-	- %	BSPHN	BSPHN %	Target **
Gender Recorded	1,021,501	100%	1,021,501	100%	75%
Ethnicity Recorded	812,989	79%	812,989	79%	75%
Allergies Recorded	979,471	96%	979,471	96%	90%
Allergies with Reaction Recorded	86,996	8%	86,996	8%	75%
BMI Recorded, Age >= 15 years	594,513	58%	594,513	58%	75%
Physical Activity Recorded	5,941	1%	5,941	1%	75%
Smoking Status Recorded, Age >=10 years	709,808	80%	709,808	80%	75%
Alcohol Status Recorded, Age >= 10 years	487,279	55%	487,279	55%	75%

[3] *RACGP 5th edition accreditation standards*

PIP QI Measures

As part of the PIP QI measures, practices are to report on body mass index (BMI) classification and smoking and alcohol status. See a snapshot on how your practice is tracking with reporting this information from your latest benchmark report provided by Brisbane South PHN. Refer to instructions on how to access your practice's report.



Activity 3.1 – Data collection from CAT4

The aim of this activity is to collect data to determine the number of patients who have their gender, ethnicity, allergy BMI status, smoking and alcohol recorded.

Complete the below table by collecting data from your CAT4 Data Extraction Tool. **Note:** Instructions on how to extract the data is available: Add weight, height and waist measurements to patient records OR ethnicity OR allergy status OR allergies recorded and reaction completed OR smoking status OR alcohol status

This data is also available on your practice's monthly benchmark report provided by Brisbane South PHN.

	Description	Total Number	% completed	Accreditation targets met
3.1a	Number of active patients (3 visits in 2 years)			
3.1b	Number of active patients who have their gender recorded			☐ Yes ☐ No
3.1c	Number of active patients who have their ethnicity recorded			☐ Yes ☐ No
3.1d	Number of active patients who have their allergy status recorded			☐ Yes ☐ No
3.1e	Number of active patients with allergies recorded and reaction completed (*follow instructions to the data completeness graph)*			☐ Yes ☐ No

	Description	Total Number	% completed	Accreditation targets met
3.1f	Number of active patients aged 15+ years who have their BMI recorded			☐ Yes ☐ No
3.1g	Number of active patients aged 15+ years who have a BMI recorded as overweight in the previous 12 months			
3.1h	Number of active patients aged 15+ years who have a BMI recorded as obese in the previous 12 months			
3.1i	Number of active patients aged 15+ years who have their smoking status recorded			☐ Yes ☐ No
3.1j	Number of active patients aged 15+ years who have their smoking status recorded as current smoker			
3.1k	Number of active patients aged 15+ years who have their smoking status recorded as ex-smoker			
3.1l	Number of active patients aged 15+ years who have their smoking status recorded as never smoked			☐ Yes ☐ No
3.1m	Number of active patients 15+ years who have their alcohol status recorded			☐ Yes ☐ No

***Please note**: for this activity, we have selected active patients (3 in 2 years), you may choose to select a different patient population.*

Activity 3.2 – Understanding your practice population

The aim of this activity is to increase your understanding of the patient's gender, ethnicity, allergies and BMI status.

Description	Status	Action to be Taken
After completing **activity 3.1** are there any unexpected results with your practice's patient gender, ethnicity, allergy, BMI, smoking or alcohol status?	☐ Yes, **see action to be taken.** ☐ No, continue with activity.	Please explain: (*e.g. low recording of BMI or excellent allergies status recorded*):

Description	Status	Action to be Taken
		How will this information be communicated to the practice team?
After reviewing your PIP QI measures from your latest benchmark report, are you happy with your results?	☐ Yes: continue with the activity. ☐ No: **see action to be taken.**	Please explain: (*e.g. we have a low % of patients with their alcohol status recorded*). How will this information be communicated to the practice team?
Are your practice patient measures similar to other practices in the Brisbane south region (*compare information from benchmark report*)?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Outline the differences: (*e.g. we're awesome at recording ethnicity status, other practices do better at allergy status*)? How will this information be communicated to the practice team?
Do you use the CAT4 cleansing module to easily identify critical missing patient data?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to data cleansing guide.
Do you use Topbar to identify missing patient data?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to Topbar cleansing app.
After reviewing your patient demographics, are there any changes you would like to implement in the practice to help manage patients over the next 12 months?	☐ Yes, **see action to be taken to help set you goals.** ☐ 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 3.3 – Recording data measures in your practice's clinical software

The aim of this activity is to ensure all relevant team members know how to enter data measures into the appropriate fields in your clinical.

It is important to record activities in the correct data fields and avoid entering the activities as 'free text' in the progress notes. By recording the information in the correct field, it will:

- improve efficiency when using practice software by reducing the amount of time searching for information in the patient progress notes
- improve consistency in how data is entered across all patients at the practice
- allow the CAT4 Audit tool to extract accurate data on patients.

Description	Status	Action to be taken
Do all relevant team members know where to enter allergies in your practice's clinical software?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to instructions from Best Practice or MedicalDirector. How will this information be communicated to the practice team?
Do all relevant team members know where to enter smoking and alcohol status?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to instructions from Best Practice or MedicalDirector. How will this information be communicated to the practice team?
Do all relevant team members know where to enter height, weight and BMI?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to instructions for Best Practice or MedicalDirector. How will this information be communicated to the practice team?

Description	Status	Action to be taken
After reviewing practice team's understanding of entering patient data into your clinical software, are there any changes you would like to implement in the practice to help using practice software over the next 12 months?	☐ Yes, **see action to be taken to help set you goals.** ☐ 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 4 - PHYSICAL ACTIVITY

As defined in the RACGP report supporting Australia's physical activity and sedentary guidelines for adults, six terms apply to this section:

- physical activity
- sedentary behaviours
- metabolic equivalent (MET)
- intensity
- frequency
- duration.

Physical activity is important for mental health, pain management, a range of chronic diseases and disease prevention.

Activity 4.1 – Data Collection from CAT4

The aim of this activity is to collect data to determine the number of patients with their physical activity recorded.

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

	Description	Total Number	% completed	Accreditation target met
4.1a	Number of active patients (3 visits in 2 years)			
4.1b	Number of active patients who have their physical activity recorded			☐ Yes ☐ No

Please note: *As a general rule, data entry in this area is low across all practices in the Brisbane south region. If the option for data entry is not user friendly at your practice, please notify your software provider.*

Activity 4.2 – Understanding your practice's physical activity status

The aim of this activity is to increase your understanding of the patient's physical activity status.

Description	Status	Action to be Taken
After completing **Activity 4.1** are there any unexpected results with your practice's patient physical activity status?	☐ Yes, **see action to be taken.** ☐ No, continue with activity.	Please explain: (*e.g. low recording of physical activity status*). How will this information be communicated to the practice team?

Description	Status	Action to be Taken
Are your practice patient measures similar to other practices in the Brisbane south region (*compare information from benchmark report*)?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Outline the differences: (*e.g. we're on similar par to other practices or others are doing much better than us*)? How will this information be communicated to the practice team?
Do all clinicians know how to enter physical activity status in your practice's clinical software?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to instructions from Best Practice or MedicalDirector.
After reviewing practice physical activity status, are there any changes you would like to implement in the practice to help in using practice software over the next 12 months?	☐ Yes, **see action to be taken to help set you goals**. ☐ 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 5 - PRACTICE INCENTIVES PROGRAM EHEALTH INCENTIVE (ePIP)

The ePIP aims to encourage general practices to keep up to date with the latest developments in digital health and adopt new digital health technology as it becomes available. It aims to help practices improve administration processes and patient care.

To be eligible to participate in the ePIP, a practice must be accredited or registered for accreditation, against the Royal Australian College of General Practitioners (RACGP) Standards for general practices. PIP is administered by the Department of Human Services on behalf of the Department of Health.

Practices also must:

- participate in the PIP
- meet *each* of the eligibility requirements 1 through to 5 (outlined below) for the entire quarter, including the point-in-time date, and
- have met their practice's shared health summary minimum upload target under requirement 5 by the point-in-time date for each payment quarter.

ePIP useful resources:

- Practice Incentives Programs (Department of Human Services)
- eHealthfact sheet
- RACGP website.

ePIP Requirement 1: Integrating Healthcare Identifiers into the Electronic Practice Record

- Healthcare Identifiers Service- FAQs
- Best Practice: Inputting HPI-O and HPI-I
- Best Practice: Validating Patient IHI Numbers
- Medical Director: Inputting HPI-O and HPI-I
- Medical Director: Validating Patient IHI Numbers.

ePIP Requirement 2: Secure messaging capability

- Secure Message Delivery Information Pack for General Practice
- Secure Messaging Capability Policy Template.

ePIP Requirement 3: Data records and clinical coding

- Data Records and Coding Policy Template.

ePIP Requirement 4: Electronic transfer of prescriptions

- eRx Script Exchange
- MediSecure
- Electronic Transfer of Prescriptions Policy Template.

ePIP Requirement 5: My Health Record access and uploading

- RACGP My Health Record, A brief guide for general practice
- My Health Record Policy Template.

Uploading a shared health summary instruction sheets

- MedicalDirector
- Best Practice.

Shared health summary calculators

- via CAT 4
- MedicalDirector
- Best Practice.

Activity 5.1 – Understanding your practice's ePIP requirements

The aim of this activity is to increase your understanding of the practice ePIP requirements.

Description	Status	Action to be taken
Is your practice eligible to receive PIP payments?	☐ Yes, continue with activity. ☐ No, **this activity is not relevant for your practice. You have completed this activity.**	
Does your practice have a Health care Provider Identifier – Organisation (HPI-O)	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to information.
Do all health care providers have their Healthcare Provider Identifier – Individual (HPI-I) entered into the practice's software package?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to instructions from Best Practice or MedicalDirector.
Do relevant team members know the shared health summary upload target for the practice?	☐ Yes, continue with activity ☐ No, **see action to be taken**	Refer to your practice's latest PIP statement.
Do relevant team members know how to check how many shared health summaries have been uploaded by your practice?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to Pen CS instructions.
After reviewing your practice ePIP requirements, are there any changes you would like to implement in the practice to help meet ePIP requirements over the next 12 months?	☐ Yes, **see action to be taken to help set you goals.** ☐ 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 6 – EXCLUDING PATIENTS FROM CAT4 SEARCHES

Your practice may identify patients who wish to have their data excluded from any CAT4 searches that are completed in your practice.

Patient **'consent withdrawn'** or patient **'opt-out'** for sharing data can be flagged within CAT. This is set from the patient list and should be used where a patient has requested their data not be used for research purposes. It removes a patient's data completely from any deidentified data files that CAT creates.

Details on how to configure CAT4 correctly for this functionality can be found in the CAT4 Configuration guide and withdraw patient consent guide.

Activity 6.1 – Excluding test/sample patients from CAT4 searches

The aim of this activity is to withdraw all the sample patients from CAT4 searches.

To ensure the searches that your practice conducts on CAT4 is accurate, it is recommended that you withdraw or opt-out all of the practice's test or sample patients.

Description	Status	Action to be taken
Do you know the name of the test/sample patients in your practice database?	☐ Yes, **see action to be taken.** ☐ No, **see action to be taken.**	Create a list of all the sample patients in your database. Search for sample patients. Some examples may include: test TEST, test junior etc. Ask other members of the team if they can assist with this.
Do you know how to configure CAT4 to ensure withdrawal/opt-out is active?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to patient consent withdrawn settings.
Do you know how to opt-out or withdraw patients from CAT4 searches	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to patient consent for data sharing instructions.
After reviewing your practice sample/test patients, are there any changes you would like to implement in the practice to help using practice software over the next 12 months?	☐ Yes, **see action to be taken to help set you goals.** ☐ 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.

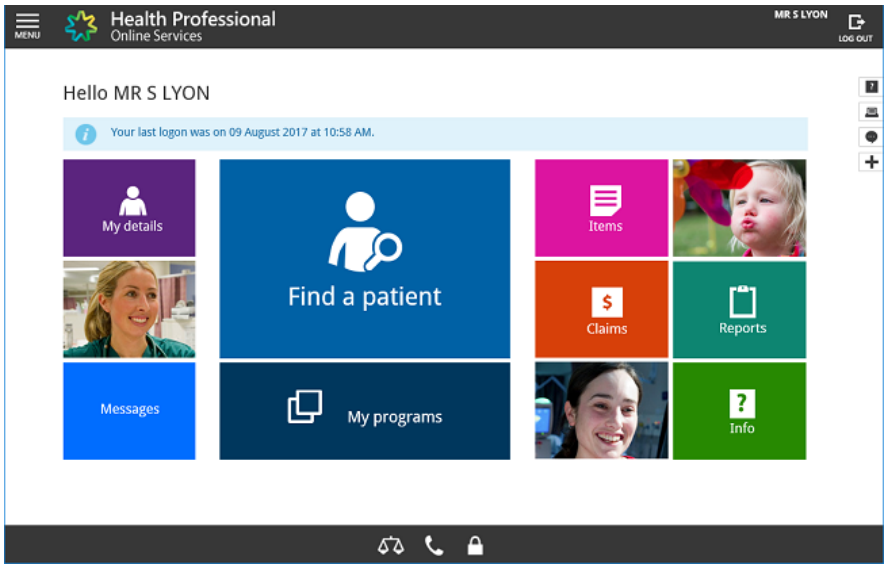
ACTIVITY 7 - PROVIDER DIGITAL ACCESS (PRODA)

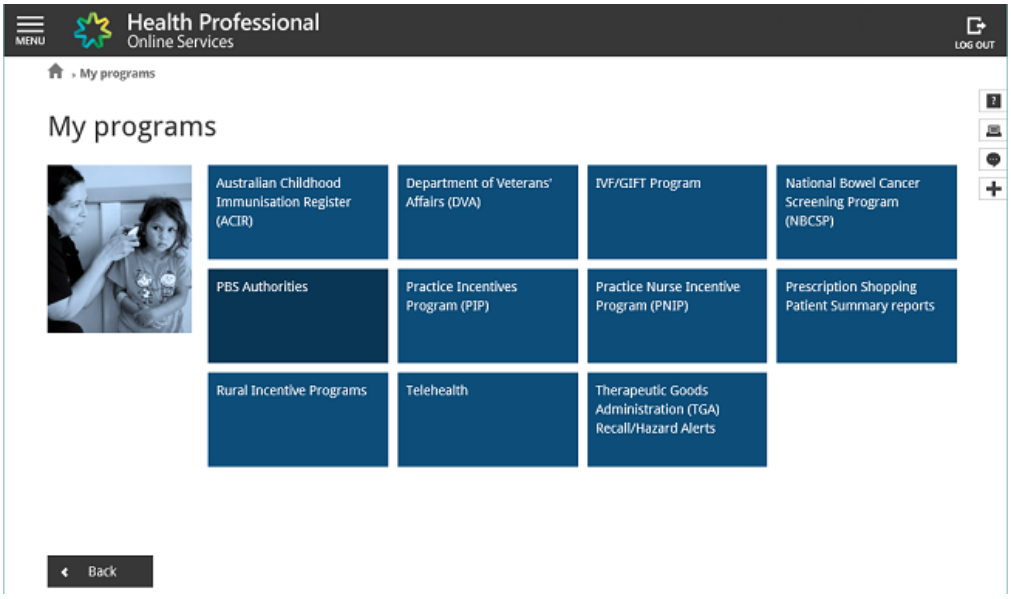
PRODA is an online authentication system used to securely access certain online services including Health Professional Online Services (HPOS), Australian Immunisation Register (AIR), Medicare Benefit Schedule (MBS) claiming, National Disability Insurance Scheme (NDIS) and My Health Record. A PRODA account needs to be set up for an individual, not an organisation.

Designed as a two-step verification process, it requires a username, password and verification code to login. Practice staff can use PRODA to search for previous MBS item number billing and to check eligibility.

Programs currently available under the HPOS screen include:

- AIR
- Centrelink forms
- Child Dental Benefits Schedule
- Department of Veterans' Affairs
- My Health Record System
- Healthcare Identifiers Service
- Health Care Homes (HCH)
- Midwife Professional Indemnity Scheme (MPIS)
- Pathology Registration
- PBS Authorities
- PBS and RPBS stationery
- PIP
- Workforce Incentive Program (WIP) – Practice Stream
- Workforce Incentive Program (WIP) – Doctor Stream
- Prescription Shopping Information Program
- TGA recall and hazard alerts.





Activity 7.1 – Using PRODA in General Practice

The aim of this activity is to ensure the relevant staff in your practice know how to use PRODA.

Description	Status	Action to be taken
Are all GPs in your practice registered to use PRODA?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to PRODA login.
Are relevant team members given access to PRODA as a delegate of a GP, to be able to check Medicare numbers?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to instructions on managing delegations.
Are all of your GPs aware they can organise Authority Script approvals from the PBS on PRODA?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Provide education to each GP on how to request authority scripts online. Add this item to your next GP meeting agenda to discuss as a team.
Are relevant team members aware of all the categories available via HPOS?	☐ Yes, continue with activity. ☐ No, **see action to be taken.**	Refer to the available programs. How will this information be distributed to team members?

Description	Status	Action to be taken
Does your practice require assistance setting up PRODA?	☐ Yes, **see action to be taken.** ☐ No, continue with activity.	Contact Brisbane South PHN at support@bsphn.org.au.
After reviewing your practice sample/test patients, are there any changes you would like to implement in the practice to help using practice software over the next 12 months?	☐ Yes, **see action to be taken to help set you goals.** ☐ 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.

For more information on PRODA:

- PRODA login.
- HPOS education resources.
- Health professionals online learning modules.

Links to other QI toolkits

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

- PIP QI 10 measures – this toolkit focuses on the 10 measures included in PIP QI and how your practice can improve these measures.
- MBS items – this toolkit assists you to review your practice's use of a number of MBS item numbers. You can also generate reports to identify the number of eligible patient's vs the number of MBS item numbers claimed.
- Patient population – this toolkit provides an opportunity to review your practice demographics and has a focus on multi-cultural health.
- Older people population - this toolkit is designed to assist you to manage your older patient population. Key topics include health assessments (75+ and Aboriginal and Torres Strait Islander), medication reviews (via a Home Medication Review), management plans (for patients with a chronic medical condition), advance care planning, dementia screening, falls prevention, vaccinations including influenza, pneumococcal and shingles, smoking, alcohol & physical activity, osteoporosis and cancer screening.

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. Follow these steps to conduct a QI 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.

Example PDSA for quality patient records

See below for suggested goals related to quality patient records you may wish to achieve within your practice:

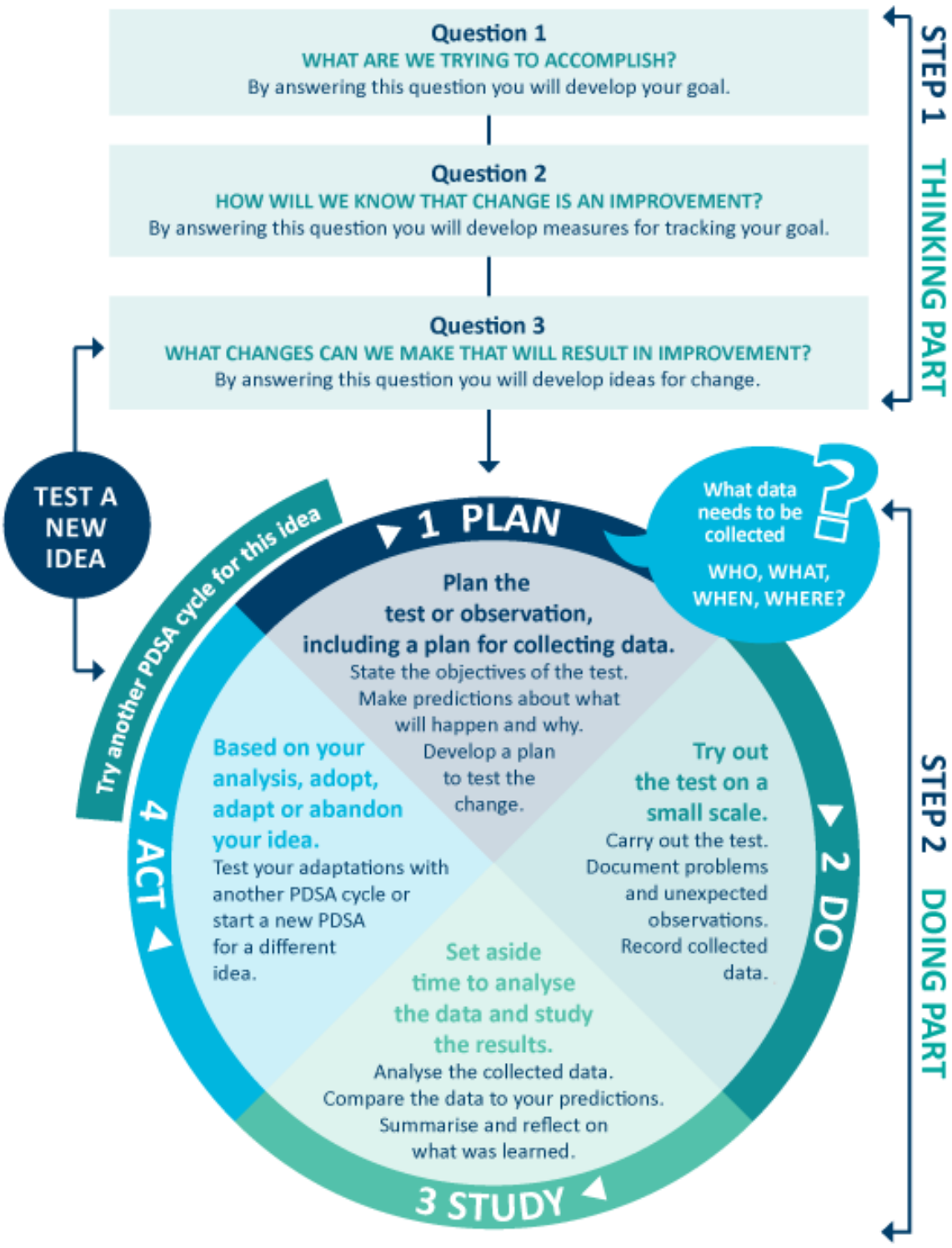
Goal	How you may achieve your goal
Ensure 90% of active patients aged 15 years and older have smoking status – current smoker, ex-smoker or never smoked.	Refer to CAT4 recipe: identify patients with allergy or smoking status not recorded.
Ensure 75% of active patients aged 15 years and older have BMI classified as obese, overweight, healthy or underweight within the previous 12 months.	Refer to CAT4 recipe: adding height, weight and waist measurement to patient records.
Ensure 90% of active patients aged 15 years and older have smoking status – current smoker, ex-smoker or never smoked.	Refer to CAT4 recipe: alcohol status recording.

Other ideas for improving quality patient records

It is suggested that you meet in your practice team to discuss how at your practice you can improve the data quality of your patient records. 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, NOK and emergency contact details
- ensuring Topbar is installed on every workstation and fully operational.

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).

Our goal is to:
Ensure all active patients have height, weight and BMI recorded.
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 proportion of our active patients with height, weight and BMI recorded by 10% by 14 Feb.

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 percentage of active patients with height, weight and BMI recorded. To do this we will:
A) Identify the number of active patients.
B) Identify the number of active patients with height, weight and BMI recorded.
B divided by A x 100 produces the percentage of patients with height, weight and BMI recorded.

BASELINE MEASUREMENT: 67% of active patients will have height, weight & BMI recorded 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 missing height, weight and BMI recorded.

IDEA: The practice nurse can opportunistically gather 5 patients each day from the waiting room to obtain measures.

IDEA: The receptionist could ask patients to complete a form while they wait, providing height, weight and waist circumference

IDEA: Ensure the whole of practice team is aware of the goal and encourage all team members to enter missing information.

IDEA: Organise a campaign targeted at patients aged 65 to 74 years to attend for a heart health check (MBS item 699).

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)*	
The practice nurse will opportunistically gather five patients each day from the waiting room to obtain measures.	

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 the receptionist will search the appointment book for the day and identify patients who are missing their height, weight and BMI. Lucy will use the blood pressure symbol on the appointment book so the nurses can easily identify which patients are missing data. When the patient arrives, the nurse will invite the patient to have their height, weight and BMI updated prior to their appointment with the GP. The GPs will also be aware of the meaning of the symbol in the appointment book, and will ensure measures are completed as part of the consultation.
WHO/WHEN/WHERE:
Who: Receptionist (Mary) and nurse When: Begin 4th January. Where: at the practice.

DATA TO BE COLLECTED: Number of active patients and the number of active patients missing height, weight and BMI.

PREDICTION: 77% of patients will have height, weight and BMI recorded.

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 14th February – the receptionist and nurse worked well as a team identifying patients with data missing and entered relevant information. At the beginning of this focus, Mary was checking each patient individually, which was time consuming. She then completed a search on CAT4 to identify patients missing any of their measures and used this list to identify patients. The GPs also participated and entered measures for any patients who the nurses were unable to see.

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.

At the end of the focus on height, weight and BMI, 80% of active patients had their records updated. This was a 13% increase which exceeded the practice goal.

Results have been shared with the whole practice team and a celebratory morning tea was organised.

Communicate the results of your activity with your whole team. Celebrate any achievements, big or small.

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:

ADAPT:

- The practice decided that they would shift their focus slightly to maintain recording height, weight and BMI. The new PDSA would be to ensure all new patients have a 10 minute appointment with the practice nurse. This will ensure all clinical measures are recorded (BP, height, weight, BMI, smoking and alcohol status) prior to seeing the GP.

ABANDON:

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

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).

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.

BASELINE MEASUREMENT: 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:

IDEA:

IDEA:

IDEA:

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)*	

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:

WHO/WHEN/WHERE:

DATA TO BE COLLECTED:

PREDICTIONS:

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).

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.

Communicate the results of your activity with your whole team. Celebrate any achievements, big or small.

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:

ADAPT:

ABANDON:

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

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