

QUALITY IMPROVEMENT TOOLKIT FOR GENERAL PRACTICE

PIP QI TEN MEASURES



PRACTICE INCENTIVE PROGRAM (PIP) QI 10 Measures

Introduction

The Quality Improvement Toolkit

This Quality Improvement (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 Quality Improvement (QI) activities using the Model for Improvement.

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 Model for Improvement.

The Model for Improvement uses the Plan-Do-Study-Act (PDSA) cycle, a tried and tested approach to achieving successful change. It offers the following benefits:

- it is a simple approach that anyone can apply
- it reduces risk by starting small
- it can be used to help plan, develop and implement change that is highly effective.

The Model for Improvement helps you break down your change into manageable pieces, which are then tested to ensure that the change results in measurable improvements, and that minimal effort is wasted.

There is an example using the Model for Improvement and a blank template for you to complete at the end of this module.

If you would like additional support in relation to quality improvement in your practice please contact Brisbane South PHN on optimalcare@bsphn.org.au



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

Due to constant developments in research and health guidelines, the information in this document will need to be updated regularly. Please contact Brisbane South PHN if you have any feedback regarding the content of this document.

Acknowledgements

We would like to acknowledge that some material contained in this Toolkit has been extracted from organisations including the Institute for Healthcare Improvement, the Royal Australian College of General Practitioners (RACGP); the Australian Government Department of Health; Best Practice; Medical Director, 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, 2019

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PIP QI INCENTIVE – 10 MEASURES

Quality Improvement

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

PIP QI Incentive

The PIP QI Incentive (PIP QI) is a payment to general practices for activities that support continuous quality improvement in patient outcomes and the delivery of best practice care. General practices enrolled in PIPQI commit to implementing continuous quality improvement activities that support them in their role of managing their patient's health. They also commit to providing nationally consistent, general practice data, initially in ten key Improvement Measures that contribute to local, regional and national health outcomes. Improvement Measures allow the practice to understand which patients may benefit from preventative treatments, or may need recall to ensure effective management of a specified chronic disease (e.g. Type 2 Diabetes). This can help delay progression of the condition, improve quality of life, increase life expectancy, and decrease the need for high cost interventions.

PIP QI Improvement Measures

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

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

How can you check your practice patient data?

It's important from a practice perspective to review your data and systems to identify if you are meeting targets. There are 2 options you can choose from to obtain this information:

Option 1: Data Collection from CAT4 – please refer to the CAT4 recipes on <http://help.pencs.com.au/display/CR/CAT+RECIPES>

Or Option 2: Refer to your Benchmark report as provided by Brisbane south PHN



Activity 1.1 – Data collection from CAT4

Complete the below table by collecting data from your CAT4 Data Extraction Tool.

Note - Instructions on how to extract the data is available from the PenCS website:

<http://help.pencs.com.au/display/CR/CAT+RECIPES> .

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

Description	Total Number	Current % of patient’s achieving the measures	Goal/target to improve
1.1 Number of active patients with Type 1 or Type 2 Diabetes			
1.2 Number of active patients with Type 1 or Type 2 Diabetes who have had an HbA1c in the past 12 months - <u>PenCS Instructions - in conditions under Diabetes, select Type 1 or Type II Instead of all diabetes</u>			
1.3 Number of active patients aged 15 years and over			
1.4 Number of active patients aged 15 years and over whose smoking status has been recorded as one of the following: current smoker; ex-smoker; or never smoked. <u>PenCS Instructions</u>			
1.5 Number of active aged 15 years and over and who have had their Body Mass Index (BMI) classified as obese, overweight, healthy, or underweight within the previous 12 months. <u>PenCS Instructions</u>			
1.6 Number of active patients aged 65 years and over			
1.7 Number of active patients aged 65 years and over who were immunised against influenza in the previous 15 months.			
1.8 Number of active patients with diabetes who were immunised against influenza in the previous 15 months. <u>PenCS Instructions</u>			

Description	Total Number	Current % of patient's achieving the measures	Goal/target to improve
1.9 Number of active patients who are aged 15 years and over, are recorded as having chronic obstructive pulmonary disease (COPD), and were immunised against influenza in the previous 15 months. <u>PenCS Instructions</u>			
1.10 Number of active patients who are aged 15 years and over who have had their alcohol consumption status recorded.			
1.11 Number of active patients aged 45 to 74 years			
1.12 Number of active patients aged 45 to 74 years with information available to calculate their absolute CVD risk. This includes tobacco smoking, Diabetes, Systolic blood pressure, Total cholesterol and HDL cholesterol levels, Age and Gender <u>PenCS Instructions</u>			
1.13 Number of active female patients aged 20 to 74 years. <i>The age 20 is to capture people on the PAP system which will be transitioning until 1st December 2019.</i>			
1.14 Number of active female patients aged 20 to 74 years, who have not had a hysterectomy and who have had a cervical screening [either Papanicolaou smear (Pap test) within the previous 2 years, or human papillomavirus (HPV) test] within the previous 5 years. <u>PenCS Instructions</u>			
1.15 Number of active patients who have diabetes and who have had a blood pressure measurement result recorded <u>PenCS Instructions</u> - <i>change the condition from CVD to Diabetes</i>			

Please note: to work out percentage divide the number of patients with the data measures completed by the total age population and then multiply by 100. (For e.g. If your practice has 334 patients with Type 1 or Type II diabetes and only 277 have had a HbA1c completed in the past 12 months, 277 divided by 334 multiply by 100)

Reflection comments as a result of completing Activity 1.1:

Practice name:	Date:
Team member:	

PIP QI - PRACTICE IMPROVEMENT PLAN



Activity 2.1 – Checklist for reflection PIP QI Improvement Measures

Complete the checklist below to review your practice’s data to meet the PIP QI Improvement Measures.

Activity 2.1 – Reviewing PIP QI Improvement Measures		
	Status	Action to be taken
After reviewing your PIP QI Improvement Measures are there any unexpected results?	<input type="checkbox"/> Yes, see action to be taken <input type="checkbox"/> No, continue with activity	<input type="checkbox"/> What observations have you made? <input type="checkbox"/> What action will you take? <input type="checkbox"/> How will you use this information to improve the numbers?
Do you know the contact details for the Practice Incentive Payment Program for any PIP QI related questions?	<input type="checkbox"/> Yes, continue with activity <input type="checkbox"/> No, see actions to be taken	<input type="checkbox"/> PIP QI Email: pip@humanservices.gov.au <input type="checkbox"/> PIP QI Enquiry Line - 1800 222 032
Are there any changes with the PIP QI improvement measures you would like to implement over the next 12 months?	<input type="checkbox"/> Yes, set goals and outline in actions to be taken <input type="checkbox"/> No, continue with activity	Refer to the Model for Improvement to help set goals at the end of this module.

Reflection comments as a result of completing Activity 2.1:

Practice name:	Date:
Team member:	

Example PDSA for PIP QI Improvement Measures

If you identified in activity 2.1 that you would like to implement some changes within your practice to improve your practices results on the 10 PIP QI Improvement Measures, then it is recommended that you use the **Model for Improvement** worksheet at the end of this document to guide you to make successful changes.

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

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

Goal	How you may achieve the goal
Ensure all active patients with diabetes are coded correctly and have a HbA1c recorded in the past 12 months	Refer to PENCS on identifying patients with diabetes with no HBA1C recorded in the past 12 months
Ensure 90% of active patients aged 15 years and older have smoking status – current smoker, ex-smoker or never smoked	Refer to PENCS on identifying patients with no allergy or smoking status 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 PENCS – adding, height, weight and waist measurements to patients records
Increase the number of flu injections given to active patients aged 65 years and over the past 15 months by 10%	Refer to PENCS to identify the number of active patients 65 years and over who have not received a flu injection in the past 15 months
Increase the number of flu injections given to diabetes patient over the past 15 months by 10%	Refer to PENCS to identify the number of diabetes patients who have not received a flu injection in the past 15 months
Increase the number of flu injections given to patients with COPD over the past 15 months by 5%	Refer to PENCS to identify the number of COPD patients who have not received a flu injection in the past 15 months

<p>Ensure 90% of active patients aged 15 years and older have their alcohol status recorded</p>	<p>Refer to cat4 data to identify the list of patients who do not have their alcohol status recorded</p>
<p>Increase by 10% the number of patients aged 45 to 74 years with the following:</p> <p>Smoking status Blood pressure Total cholesterol and HDL levels (you may wish to do this as part of a healthy heart check MBS item 699)</p>	<p>Refer to CAT4 data to:</p> <p>identify patients with no allergy or smoking status recorded</p> <p>Identify patients with no BP recorded</p> <p>Identify patients with no cholesterol and HDL levels recorded</p>
<p>Increase the cervical screening of the number of eligible female patients aged 20 to 74 years by 10%</p> <p><i>NB: the age 20 is to capture people on the pap system which will be transitioning until 1st December 2019.</i></p>	<p>Refer to cat4 data to find patients eligible for cervical screening</p>
<p>Ensure that 90% of active diabetes patients have their blood pressure recorded</p>	<p>Refer to cat4 data to find patients with CVD with no BP recorded – <i>please note: you will be required to select diabetes instead of CVD</i></p>

Other ideas:

- Ask the practice nurse to opportunistically see patients prior to their GP appointment to obtain height, weight, waist measurements, BP, smoking and alcohol status; OR
- Ask 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
- Develop a reminder list e.g.: proactively contact patients with COPD who have not yet had their flu injection
- Ensure Topbar is installed on every workstation and fully operational

Using Topbar to assist with patient prompts

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

Topbar has four main applications that can be tailored to meet the practice needs.

- **The Waiting Room App** provides staff with a quick view of patients who are currently in the waiting room and missing demographic or clinical data.
- **The Cleansing App** provides the clinician with a quick view of the patients’ record and highlights missing demographic and clinical information.

- **The MBS App** shows recommended actions and claim status relating to the Medicare Benefits Schedule (MBS).
- **The Patient Health Summary App** displays information from the patients' medical record and displays it in chronological order.

Click here to access the [Topbar Apps](#)



Instructions - Creating patient prompts to display in Topbar

Remember you need to be in the **CAT4 Daily View** (see picture below) to be able to create prompts.

Other pre-requisites are:

- Topbar is installed
- CAT4 is linked to Topbar via Edit/Preferences/Topbar

To start CAT4 in the Daily View, click on the 'Daily View' icon in the dashboard:



Once you have applied the filter(s) (active patients, medical condition, and smoking status etc. – refer to relevant CAT4 recipe) and exported the report, the patients of interest will be displayed. From there you can create a prompt that will be shown to all clinicians using Topbar if a patient meeting the prompt criteria is opened in their clinical system.

To start, after you have created the report you have to click on the Topbar prompt icon and the bottom right hand corner.

Patient Reidentification

1 of 8 | 100% | Find | Next

Reidentify Report [patient count = 330]
 Filtering By: Age 75+, Active Patient, Conditions (Cardiovascular - Yes), Selected: Health Assessment Eligibility (HC 75+ not claimed last 12 mths)

ID	Surname	First Name	Known As	Sex	D.O.B (Age)	Address	City	Postcode	Phone (H/W)	Phone (M)	IHI	Health Assessment Eligibility, Medicare	Last Claim
3947	Surname	Firstname_67	Firstname_67	M	01/04/1940 (78)	12 Jogger St	Suburb Town	2427	H:07 50505050 W:07 50509999	1234999999		HC 75+ not claimed last 12 mths, M/C= 123412341234	27/11/2015
8813	Surname	Firstname_110	Firstname_110	F	01/04/1939 (79)	12 John St	Suburb Town	2489	H:07 50505050 W:07 50509999	1234999999		HC 75+ not claimed last 12 mths, M/C= 123412341234	11/01/2017
1267	Surname	Firstname_126	Firstname_126	M	01/04/1937 (81)	12 Jogger St	Suburb Town	4996	H:07 50505050 W:07 50509999	1234999999		HC 75+ not claimed last 12 mths, M/C= 123412341234	30/08/2016
6152	Surname	Firstname_129	Firstname_129	F	01/04/1939 (79)	12 John St	Suburb Town	2074	H:07 50505050 W:07 50509999	1234999999		HC 75+ not claimed last 12 mths, M/C=	30/08/2016

Refine Selection
 Add/Withdraw Patient Consent
 SMS Recall
 Voicemail Recall
 Topbar Prompt

Use the drop-down menu at the bottom of the patient details report and select "Prompt at Consult - Topbar" then click on "Go" to give the new prompt a name.

Topbar Prompt

Name:

Filters:

category (Cardiovascular): Yes
 Age 75+, Active Patient

Charts:

Health Assessment Eligibility: HC 75+ not claimed last 12 mths

OK Cancel

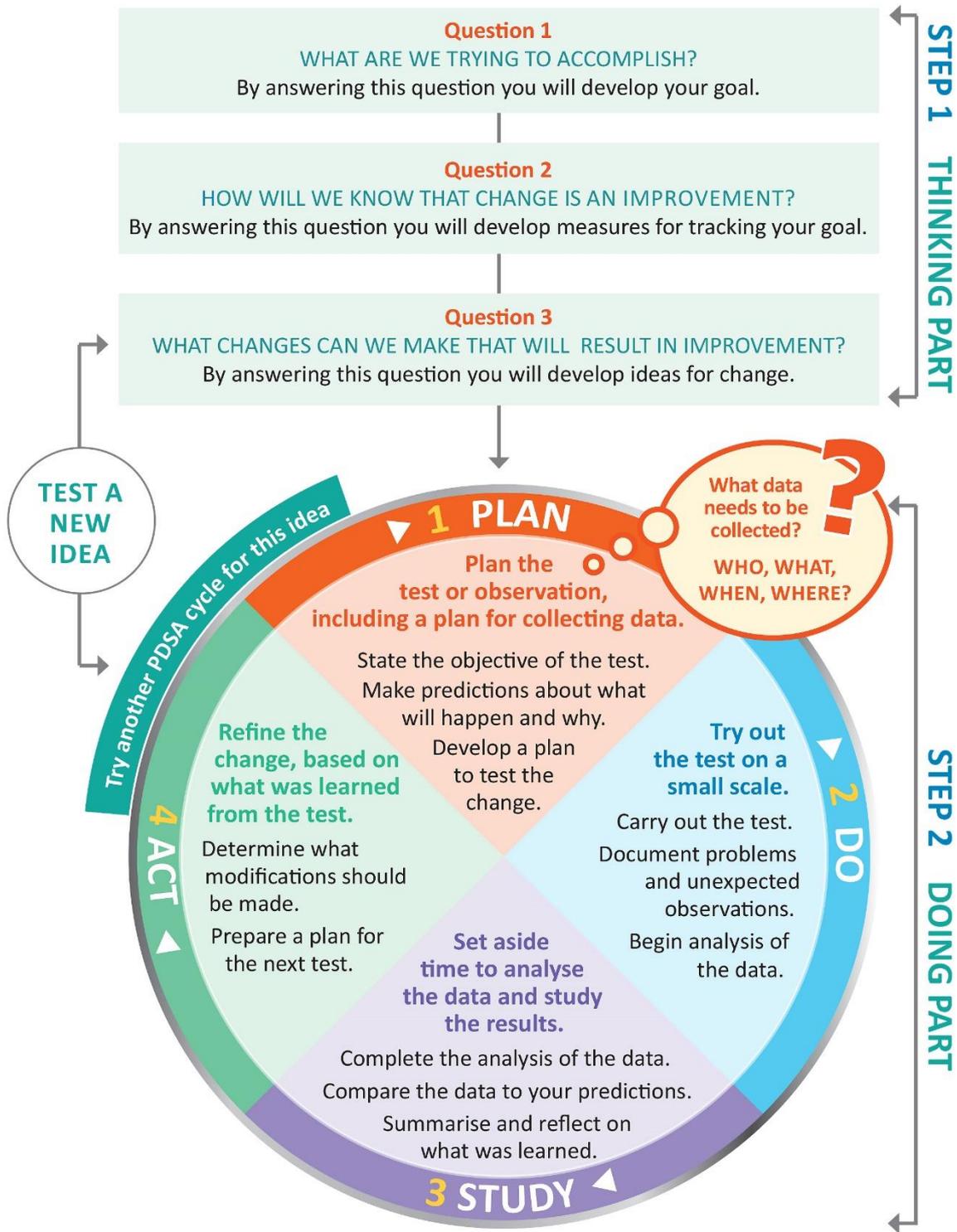
To access more information about Topbar please refer to the [website](#)

Additional Resources

- [RACGP General Practice Management Toolkit – Managing Quality](#)
- [PIP QI Guidelines](#)
- [PIP Improvement Measures](#)
- [PIP Eligible Data Set Data Governance Framework](#)

- [PIP QI Who do I ask](#)
- [PIP QI FAQs](#)
- [Change Program Toolkit](#)

The model for improvement diagram



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

Model for Improvement and PDSA worksheet EXAMPLE

Step 1: The Thinking Part - The 3 Fundamental Questions

Practice name:	Date:
Team member:	
Q1. What are we trying to accomplish? (Goal)	
<i>By answering this question, you will develop your goal for improvement</i>	
<p>Our goal is to:</p> <ul style="list-style-type: none"> • Ensure patients who have a diagnosis of COPD receive an influenza vaccine. <p><i>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.</i></p> <p><i>So, for this example, a better goal statement would be:</i></p> <p>Our S.M.A.R.T. goal is to:</p> <ul style="list-style-type: none"> • Increase the proportion of our active patients with COPD who have an influenza vaccine by 20% by 31 July. 	
Q2. How will you know that a change is an improvement? (Measure)	
<i>By answering this question, you will develop MEASURES to track the achievement of your goal. E.g. Track baseline measurement and compare results at the end of the improvement.</i>	
<p>We will measure the percentage of active patients with COPD who have had a flu vaccine. To do this we will:</p> <p>A) Identify the number of active patients with COPD</p> <p>B) Identify the number of active patients with COPD who have had a vaccine</p> <p>$B \text{ divided by } A \times 100$ produces the percentage of patients with COPD who have had a flu vaccine</p>	
Q3. What changes could we make that will lead to an improvement? (List your IDEAS)	
<i>By answering this question, you will develop the IDEAS that you can test to achieve your CHANGE goal. You may wish to BRAINSTORM ideas with members of our Practice Team.</i>	
<p>Our ideas for change:</p> <ol style="list-style-type: none"> 1. Using CAT4, identify active patients with COPD who have not had a flu vaccine this year 2. Identify patients from list exported from CAT4 and send SMS recall via hot docs 3. Check vaccine stock, reorder if available 4. Source and provide endorsed patient education resources on flu vaccination (in waiting rooms, etc) 5. Run an awareness campaign for COPD <p>The team selects one idea to begin testing with a PDSA cycle</p>	



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

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

Model for Improvement and PDSA worksheet EXAMPLE

Step 2: The Doing Part - Plan, Do, Study, Act

You will have noted your IDEAS for testing when you answered the third Fundamental Question in Step 1
You will use this sheet to test an idea.

PLAN	Describe the brainstorm idea you are planning to work on.	(Idea)
<i>Plan the test, including a plan for collecting data</i>	<i>What exactly will you do? include what, who, when, where, predictions and data to be collected</i>	
<p>Idea: <i>Identify active patients with COPD who have not had a flu vaccine recorded this year.</i> What: Mary will conduct a search on CAT4 and identify active patients with COPD who have not had a flu vaccine recorded this year. Who: Receptionist (Mary) When: Begin 20 May Where: at the practice in Dr Bills room Prediction: 60% of the active COPD patient population will have had their flu vaccine recorded this year. Data to be collected: Number of active COPD patients and number of active COPD patients who have not had a flu vaccine recorded this year.</p>		
DO	Who is going to do what?	(Action)
<i>Run the test on a small scale</i>	<i>How will you measure the outcome of your change?</i>	
<p>Completed 20 May – the receptionist contacted Brisbane South PHN for support with the PenCS CAT4 search and the export function. The data search was conducted very quickly, with the receptionist being upskilled to conduct further relevant searches.</p>		
STUDY	Does the data show a change?	(Reflection)
<i>Analyse the results and compare them to your predictions</i>	<i>Was the plan executed successfully? Did you encounter any problems or difficulty?</i>	
<p>A total of 40 active patients (50%) with COPD have had their influenza vaccine status recorded this year = 10% lower than predicted.</p>		
ACT	Do you need to make changes to your original plan? OR Did everything go well?	(What next)
<i>Based on what you learned from the test, plan for your next step</i>	<i>If this idea was successful you may like to implement this change on a larger scale or try something new If the idea did not meet its overall goal, consider why not and identify what can be done to improve performance</i>	

1. Identify patients from list exported from CAT4 and send SMS recall
2. Create a PenCS Topbar prompt to ensure all patients with COPD have a flu vaccine offered and result recorded at their next appointment. Review this by 31 July (in two months' time) to determine if there has been an increase in the number of patients with flu vaccine status recorded.
3. Ensure the clinical team know where to record the vaccine status in the medical software.
4. Remind the whole team that this is an area of focus for the practice.

Repeat Step 2 for other ideas – What idea will you test next?

Model for Improvement and PDSA worksheet template

Step 1: The Thinking Part - The 3 Fundamental Questions

Practice name:	Date:
Team member:	
Q1. What are we trying to accomplish? (Goal)	
<i>By answering this question, you will develop your GOAL for improvement</i>	
Q2. How will know that a change is an improvement? (Measure)	
<i>By answering this question, you will develop MEASURES to track the achievement of your goal. E.g. Track baseline measurement and compare results at the end of the improvement.</i>	
Q3. What changes could we make that will lead to an improvement? (List your IDEAS)	
<i>By answering this question, you will develop the IDEAS that you can test to achieve your CHANGE goal. You may wish to BRAINSTORM ideas with members of our Practice Team.</i>	
Idea:	

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.

Model for Improvement and PDSA worksheet template

Step 2: The Doing Part - Plan, Do, Study, Act cycle

You will have noted your IDEAS for testing when you answered the third Fundamental Question in Step 1
You will use this sheet to test an idea.

PLAN	Describe the brainstorm idea you are planning to work on. (Idea)
<i>Plan the test, including a plan for collecting data</i>	<i>What exactly will you do? Include what, who, when, where, predictions and data to be collected</i>
DO	Who is going to do what? (Action)
<i>Run the test on a small scale</i>	<i>How will you measure the outcome of your change?</i>
STUDY	Does the data show a change? (Reflection)
<i>Analyse the results and compare them to your predictions</i>	<i>Was the plan executed successfully? Did you encounter any problems or difficulty?</i>
ACT	Do you need to make changes to your original plan? OR Did everything go well? (What next)
<i>Based on what you learned from the test, plan for your next step</i>	<i>If this idea was successful you may like to implement this change on a larger scale or try something new. If the idea did not meet its overall goal, consider why not and identify what can be done to improve performance.</i>

Repeat Step 2 for other ideas - What idea will you test next?

