

# PCMN Quality Improvement Activity Planning Sheet



Name of Practice: Sample GPs

Date: November 2018

Which area of your practice might benefit from a QI Activity – Administrative or Clinical?	Administrative
QI Activity Description	Are our contact details correct? Contacting patients in an emergency is vital. We must ensure we have the correct mobile, address and emergency contact details for all our patients.
What will a successful outcome look like (10-word elevator pitch)?	In case of an emergency we have at least three current methods to contact our patients
How will you measure success?	100 patient demographic details will be updated in the first month
What is your initial benchmark?	0 We do not have a process to update our patient demographics
Who will be leading this activity?	Jacqui, our senior receptionist
Who will be on the team?	Jacqui, Cathy and Neil. All the full time reception staff
How long will the activity need?	We will review in one month and again in three. If the program is successful, it will become a regular procedure in the practice
What additional resources will be required?	We must develop a Patient demographic up date sheet, ensuring that the fields in our software match the sheet. We need to indicate on the patient file the last time the update was completed so we don't ask the patient more than once per annum. We need to scan the updates, in case the data is incorrectly entered into the EMR We need to buy 4 clip boards with pens attached

## Person Centred Medical Neighbourhood Readiness Program

### Quality Improvement Activity Process

Step	What	Who	When
1.	Next team meeting all staff training around the importance of collecting appropriate information from patients	All staff	Monday 14th Nov staff meeting
2.	Initial bench mark report from PHN and use POLAR (not required in this QIA)		
3.	Create Demo update sheet	Jacqui	November 14
4.	Print off as patients arrive if patient has not completed one in the last 12 months.	All reception staff	November 14 to December 14
5.	Update patients details as they book in and come into practice	Reception/ scanner	Daily
6.	Update file to indicate annual demo update has been completed	Reception/ scanner	Daily
7.	Scan demo update into file for future reference	Reception/ scanner	Daily
8.	Develop a policy to address the management of patient health information.		
9.	RACGP Standard for General practice 5th Edition <a href="https://www.racgp.org.au/your-practice/standards/standards-for-general-practices-(5th-edition)/">https://www.racgp.org.au/your-practice/standards/standards-for-general-practices-(5th-edition)/</a>		
10.	Review the QI Activity in 1 month	All reception team	14 <sup>th</sup> December
11.	Review again in a further 2 months	All reception team	14 <sup>th</sup> February

## Upon completion

1. What are the lessons learnt from this Quality Improvement Activity?
  - We noticed that a lot of our demographic data was very old especially next of kin.
  - We also found that patients often overlooked the Ethnicity question.
  - Some resistance from the patients especially regarding ethnicity. Scripts for the reception team need to be developed to make it easy for them to answer the patients in a consistent manner
  
2. Do we need to review or extend the activity?
  - Yes the QIA worked well.
  - We need to make sure that reception check that patients have filled in all the questions when they return the form. Omissions or unclear writing was hard to chase up once the patient has left the practice.
  
3. Is this Quality Improvement Activity completed?
  - We will continue for another two months and review all the processes again

