

# QUALITY IMPROVEMENT ACTIVITY (QIA) PLANNING SHEET



**Name of Practice:** .....

**Date:** .....

**Name of QIA:** .....

Improving Hepatitis C (HCV) screening- Checklist Blitz - QIA level 1. ....

## Quality Improvement Team

Names	Roles/Responsibilities

### GOAL

(Simple, Measurable, Achievable, Realistic, Timely)  
What are we trying to accomplish and when?

To offer HCV testing checklist to all patients for one-month - HCV testing Blitz.  
(This could be Hepatitis Awareness month in July, or any month the practice nominates).

### MEASURES

What data will we use to track our improvement?  
E.g., Pen CAT/POLAR

We will track the number of checklists printed, as well as the number returned to the GP or nurse.  
We will compare the number of people with a HCV diagnosis before the project, and one-month after.  
We will track the number of people with a new HCV diagnosis and are subsequently offered treatment.

### INITIAL BENCHMARK

What is our current data saying?

Our practice currently does not proactively screen patients for HCV.  
The number of people with an HCV diagnosis is

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**phn**  
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## IDEAS

What changes will we make that will lead to an improvement?

NB: These ideas are not practice specific and are designed to give you some general ideas.

The QI Team should develop these ideas together.

To assist with clinical decision making, consider using HealthPathways, see:  
HealthPathways Sydney: <https://sydney.communityhealthpathways.org/>  
Username: connected  
Password: healthcare

HealthPathways South East Sydney: <https://sesydney.healthpathwayscommunity.org>  
Username: sesydney  
Password: healthcare

### 1. Nominate a project lead.

- This person estimates the number of patients your practice sees each week and prints enough copies of the HCV testing checklist ([found here](#)) for the week keeping a record in allocated spot (digital or workbook). The project lead briefs all clinical staff about the project and asks the GPs or Nurse to feedback every time they have a returned checklist keeping a record of the number.

### 2. GP training

- The project lead determines whether GPs who are testing for HCV are familiar with how to treat- if not, they can consult [HealthPathways](#), or [the ASHM decision making tool](#). If they require more support, CESP HN can arrange clinical support. Please email us via [sexualhealth@cesphn.com.au](mailto:sexualhealth@cesphn.com.au).

### 3. Reception training

- The project lead will brief the reception staff in the use of the checklist.
- Reception staff to all patients:  
*"This month is Hepatitis Awareness Month in our practice. We are handing this checklist to all our patients to get tested for Hepatitis C. You do not have to disclose which if any you have ticked on this list, you can simply give this to the GP or nurse. There are now effective treatments on the PBS that are a cure for Hepatitis C- so it is a great time to test and get treated. Talk to your GP or the nurse for more information."*

### 4. Monitoring and evaluation

- The project lead will run weekly (for the month the checklist is being used) catch-ups with the practice staff to gain feedback on how the checklist is being received.
- Have any tests have been taken up? If so, how many positives, how many negatives?
- Did anyone who was positive receive treatment and if so, was this initiated by the GP or specialist?
- Option to do RAPID PDSA cycles weekly or at the two-week mark.

### 5. Project close/next steps

- The project lead collates the results of the project as evidence for of Quality Improvement and plans the next testing blitz (could be annual or every 6-months).
- Feedback to practice staff at the next clinical meeting with areas of success, and areas to improve for next year.
- Organise further support for GPs who would like to treat but did not get to it this round.

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PLAN How will we do it?				DO Did we do it? Unexpected problems?	STUDY Review/reflect on results Lessons learnt. What did/did not work well?	ACT Next steps? Review or extend activity?
What	Who	When				
1						
2						
3						
4						
5						
6						



You are one step closer to becoming a PCMN practice.