



## A planned approach to quality improvement

RACGP Standards 5th edition, Indicator QI 1.1 ► A

**Quality improvements (QI) can feed into every aspect of your practice.**

**With the support of the accreditation process your practice is able to continually strive and be held accountable for implementing, monitoring and evaluating QI to better the services, care, operational efficiencies, safety, systems and experience for your patients, community and stakeholders.**

QI is defined in the RACGP *Standards for general practices 5th edition* (the Standards) as one or more activities undertaken by a practice to monitor, evaluate, or improve the quality of healthcare it delivers.

“Making quality improvements to the practice’s structures, systems and clinical care that are based on the practice’s information and data will lead to improvements in patient safety and care. Practice team engagement with the practice’s safety and quality systems is essential to help the practice implement its quality improvement activities.” the Standards, page 89.

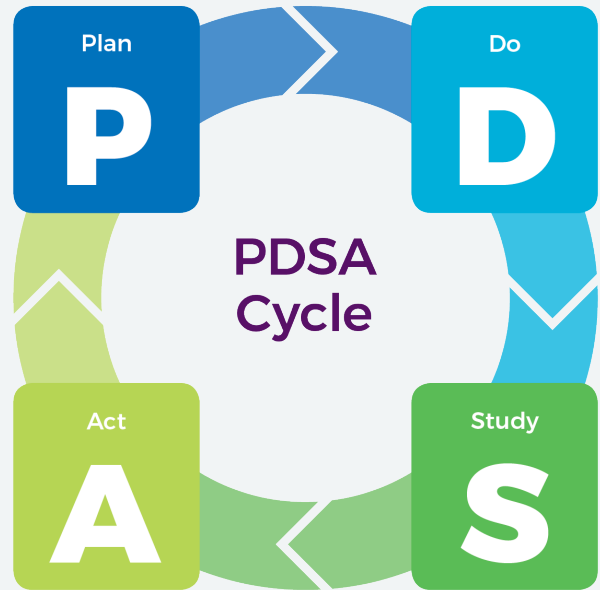
Due to the enormity of QI as a process across healthcare settings, it is essential that your team implements formal processes for managing your approach to obtain the best results possible.

**Some options for a planned approach to QI include:**


# Plan-Do-Study-Act

One of the most common and simple models for managing QI is the Institute for Healthcare Improvement's Model for Improvement - Plan-Do-Study-Act Cycle, known as a PDSA Cycle.

PDSA cycles can be used to support multiple QI initiatives within your practice as the Standards require practice teams to demonstrate QI across a variety of areas. Within the *Standards*, QI Standard 1: Quality Improvement asks practices to 'undertake quality improvement activities to support the quality of care provided to patients.' Additional sections contain further requirements relating to QI however this Standard has a particular emphasis on QI activities within your practice, including the need for a plan.



This action-orientated model revolves around the following steps:

	<p>Identify, research and plan the QI initiative. This is usually linked to an activity, system or process. Document the process of implementing the QI and the steps to be undertaken, as well as the expected outcomes/changes, goals, obstacles and timelines. Your planning should also include details as to how the QI will be monitored, measured and analysed to support the evaluation of its success.</p>
	<p>Put your plan into action by implementing the proposed QI. It is helpful to do this on a small scale as this allows you to refine the process to ensure best practice outcomes are obtained.</p>
	<p>Review the process, status and any relevant data obtained to evaluate whether or not the QI has been successful. It is helpful to answer a series of questions to analyse the QI, which could include the following:</p> <ul style="list-style-type: none"> <li>• Did everything go to plan?</li> <li>• Could further improvements be made?</li> <li>• Could a different approach be taken to provide better results?</li> <li>• Have the QI objectives been met?</li> <li>• Have any additional QI been identified as a result of this process?</li> <li>• Was any part of the process unsuccessful?</li> <li>• What has the data shown?</li> </ul> <p>If you find that this process could have been done better a key component of this step is identifying why so that you can consider this information in your next PDSA cycle, considering further opportunities for improvement.</p>
	<p>If the evaluation of the QI was proven to be successful this step allows you to incorporate the QI initiative into your practice's day-to-day operations and any relevant policy and procedure manuals. If further improvements were identified as part of the 'Study' step, refine the QI based on your learnings and commence the PDSA cycle again to ensure you have thoroughly evaluated the QI to deliver the best outcome for your practice.</p>

# SMART Goals

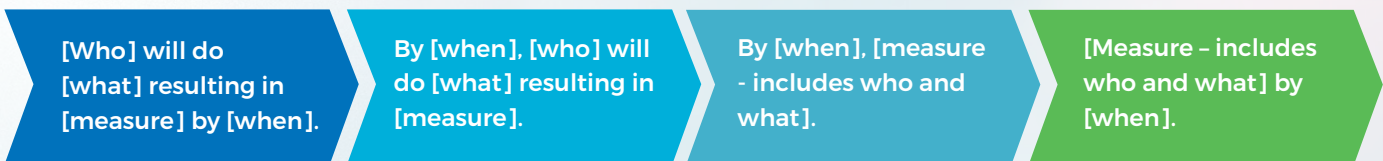
As part of the 'Plan' stage of your PDSA cycle and to support you in developing a QI plan, an additional tool which can support you with effectively implementing your QI is by setting SMART goals.

Using SMART goals means you can clarify your team's ideas, focus your efforts, use your time and resources productively, and increase your chances of achieving the goals set. SMART goals provide a structured approach to developing and designing a work plan to systematically monitor progress towards a target. They set the stage for measuring performance and identifying opportunities for improvement and succinctly communicate intended impact and current progress to stakeholders.



## How to create SMART goals

There are multiple approaches and ways to explain how to write SMART goals. They should include all components of SMART, relate to a single result and be clearly written. Some sentence structures for SMART goals are:



## Examples of SMART goals

Original goal	SMART goal
Get more patient feedback	Our practice will install a kiosk with a tablet device in the waiting room that features a four question survey, resulting in a 20% increase in patient feedback by December 2018.
Increase patient uptake of flu-vaccines	At the end of August 2018, following the implementation of our practice's 'flu-vaccine' campaign in May, we aim to see a minimum 2% increase in flu-vaccines across our patient population compared to the same time last year.
Review practice policy and procedure manual	To ensure our policy and procedure manual is reflective of our current systems, policies and processes, our practice manager, with support from additional staff as required, will review and update our policy and procedure manual by 30 June 2018.



## Implementing a lead QI team member

An important component of successful QI is the creation of a quality culture within your practice. This culture needs to encompass a team based commitment to QI as well as individual responsibility from all levels of the practice team. In the Standards, Indicator QI1.1 **► A**, outlines 'Our practice has at least one team member who has the primary responsibility for leading quality improvement systems and processes' with the explanatory notes describing that having at least one team member responsible for leading quality improvement in the practice establishes clear lines of accountability. The responsibilities of this role must be agreed to and documented, for example within a position description.

Your practice's QI team member could start by examining your practice's structures, systems and clinical care. Relevant patient and practice data can help you identify where QI can be made, for example patient access, management of chronic disease, preventive health.

QI activities can include changes to the day-to-day operations of the practice such as scheduling of appointments, normal opening hours, record-keeping practices, how patient complaints are handled, and systems and processes. These could include responding to feedback or complaints from patients, carers or other relevant parties, responding to feedback from members of the practice team and auditing clinical databases and analysing near misses and errors.



## Start a QI Plan

Your QI team member could maintain a QI plan, and keep a register of QI activities showing which of these has been undertaken, and their outcomes. The quality improvement plan could be a standing agenda item at staff meetings, to ensure all team members are included in the quality improvement process.

Using a QI plan and register means you can:

- Track quality improvement efforts,
- Identify whether improvements were made or other efforts are required to address the quality issue,
- Reduce duplication of effort and time,
- Evaluate the plan and effect of the activities conducted,
- Provide a learning tool for members of the practice team who want to be involved in improvement activities.

### Meeting Indicator QI1.1 **► A**

**QI1.1 **► A** Our practice has at least one team member who has the primary responsibility for leading our quality improvement systems and processes.**

You must:

- educate the team member with primary responsibility for quality improvement activities in the practice about their role.

You could:

- document the responsibilities of this role in the position description.
- develop a quality improvement team made up of members of clinical and administrative staff.