

## Continuous Quality Improvement (CQI)

## Example: Smoking Status recorded (Cat 4)

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| **Data report****Meeting one** | **Sections**  | **Ask-Do-Describe** |
| **Why do we want to change?** |
| * Gap
 | Whilst smoking status recorded meets the current accreditation requirements (75%) it is identified that the current system of recording smoking status could be improved |
| * Benefits
 | Improving the process of entering modifiable risk factors in patient records will support more accurate Risk calculations, and ability to target smoking cessation interventions.  |
| * Evidence
 | Australia has made major progress in tobacco control with the population prevalence of smoking falling substantially since the 1960s. In recent years, smoking rates have continued to fall, with 20% of people aged 18 years and over being smokers in 2007–08, down from 23% in 2004–05, where 18% of smokers were regular daily smokers.1 However, despite the decline in prevalence, smoking remains the behavioural risk factor responsible for the highest levels of preventable disease and premature death.2 The task of reducing the number of Australians who are using tobacco further requires a collaborative effort between government, health authorities, health professionals and the community.Health professionals play an important role in educating and motivating smokers, as well as assessing their dependence on nicotine and providing assistance to quit. All health professionals should systematically identify smokers, assess their smoking status, and offer them advice and cessation treatment at every opportunity.3Disadvantaged groups of people in Australia have significantly higher rates of smoking, alcohol use, poorer diets and lower levels of physical activity. Most disadvantaged groups have significantly higher smoking rates.4–7 For example, in 2004–05, 50% of Aboriginal and Torres Strait Islander adults were daily or regular smokers.8Effective interventions for disadvantaged groups vary from those where there is little current evidence (e.g. intervention programs for Aboriginal and Torres Strait Islander populations) to interventions where there is good evidence coupled with an acknowledgment that such groups present special challengesRACGP: [Clinical indicators for Australian general practice](https://www.racgp.org.au/running-a-practice/practice-management/general-practice-governance/clinical-indicators) (Page 13) |
| **What** do we want to change? |
| * Topic
 | Increased documentation of Smoking status recorded |
| * Scope
 | All active patients > 15 years old are potentially included in this project. Identification of patients with missing Smoking status recorded should be the priority, then consider updating remaining patients is a systematic way  |
| **How much** do we want to change? |
| * Baseline
 | Current Smoking Status recorded is 75% |
| * Sample
 | Identify active patients > 15 years old with missing Smoking status recorded from Data extraction  |
| * Target
 | Exceed RACGP standard of Smoking status recorded (75%) from 75% to 85% (6 months’ time)  |
| * Preparedness
 | All staff committed to progressing with this activity |
| **Who** are involved in the change? |
| * Leads

Contributors | Practice ManagerReceptionists, Practice Nurses and General Practitioners  |
| * External
 | PHN Practice Support |
| **When** are we making the change? |
| * Deadlines
 | Develop or review questionnaire by (date)Implement between (date range)Review meeting (date) |
| **How** are we going to change? |
| * Potential solutions
 | Historical collection of information was verbal, and not always documented in correct field. To address this a process needs to be implemented to ensure consistent and accurate data is entered for all patients (new and existing)  |
| * Select
 | Develop or review **patient update form** to capture required information for existing patients **Review new patient questionnaire** to align with update form **Display poster** to advise patients the importance of correct information and that updates will be taking place  |
| * **Implementation**
 | * Implement
 | **Baseline measure: Generate patient list using the Cat Plus** [instructions](https://help.pencs.com.au/pages/viewpage.action?pageId=47317090) **TIP:** In the event that this report is very large, consider filtering by age bands to develop manageable numbers (consider targeting 50 or less at time) Please note: In the General tab, edit age range: Start: 15 End: 20 or Start: 35 End: 40**PM**: Provide report to Receptionist **Rec:** Flag identified patients in appointment schedule to be given update form and forward form to GP/PN when completed **PN**: enter missing data if seen/provided update form **GP**: enter missing data if seen/provided update form  |
| * Record, share
 | *Minutes of meeting/s, presentation to colleagues* |
| **Data Report 2****Meeting two** | **How much** did we change? |
| * Performance
 | *Did you achieve your target?* *If not identify why not, consider new activity to test* |
| * Worthwhile
 | *Was the effort to complete the improvement activity worth the outcome?* *Did the team value the improvement activity?**Did another unexpected positive result occur? (e.g. increased Ethnicity Status recorded)* |
| * Learn
 | *What lessons learnt could you use for other improvement activities?**What worked well, what could have been changed or improved*  |
| **What next?** |
| * Sustain
 | *Implement new processes and systems into business as usual* |
| * Monitor
 | *Review Smoking Status recorded quarterly and initiate corrective actions as required*  |