

## Continuous Quality Improvement (CQI)

## Example: Allergy Status (Cat4)

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| **CQI steps** | **Ask-Do-Describe** |
| **Data report 1 - baseline** | **First CQI meeting**  | **Why do we want to change?** |
| * Gap
 | Whilst Allergy status recorded meets the current accreditation requirements (90%) it is identified that the current system of recording allergy status could be improved |
| * Benefits
 | There will be a reduced risk of medication harm with increased awareness of patient adverse drug or other reactions |
| * Evidence
 | Complete patient health records improve patient safety and wellbeing as they support clinical decision making. A complete patient health record assists the patient team to easily access information on a patient’s allergies. Medication errors are a frequent reason for avoidable hospital presentations, Antibiotic allergies affect people of all age groups, from infants to the elderlyDrug allergy is the most common cause of fatal anaphylaxis in Australia. Delay in the diagnosis and management of severe reactions to drugs may occur as the reactions have not been recognized[RACGP standards for general practices 5](https://www.racgp.org.au/download/Documents/Standards/5th%20Edition/racgp-standards-for-general-practices-5th-edition.pdf)[th](https://www.racgp.org.au/download/Documents/Standards/5th%20Edition/racgp-standards-for-general-practices-5th-edition.pdf) [edition](https://www.racgp.org.au/download/Documents/Standards/5th%20Edition/racgp-standards-for-general-practices-5th-edition.pdf) (<https://treasury.gov.au/sites/default/files/2019-03/360985-National-Allergy-Strategy.pdf>) |
| **What** do we want to change? |
| * Topic
 | Increasing the proportion or patients that have their allergy status documented will result in increased data completeness to inform risk managed clinical decision making |
| * Scope
 | All active patients are potentially included in this project. Identification of patients with missing allergy status recorded should be the priority, then consider updating remaining patients in a systematic way  |
| **How much** do we want to change? |
| * Baseline (%)
 | Data report generated shows that 90% of patients currently have allergy status recorded |
| * Sample (number)
 | Total practice population, with a focus on newly registering patients and patients with no allergy status recorded |
| * Target (%)
 | Exceed RACGP standard of Allergy status recorded from 90% to *% result of proposed improvement (e.g. 96%)* |
| * Preparedness
 | The practice team is ready to participate in a continuous quality improvement (CQI) project and develop CQI skills |
| **Who** are involved in the change? |
| * Leads

Contributors | Practice Nurses/ Practice Managers/Admin Staff/Reception StaffGeneral Practitioners  |
| * External
 | PHN Practice Support |
| **When** are we making the change? |
| * Deadlines
 | The required increase in allergy status recorded will be completed in 12 weeks’ timeThe new patient questionnaire will be reviewed/developed by the (date) and implemented over 12 weeks between *(date) and (date).*  |
| **How** are we going to change? |
| * Potential solutions
 | Set a start date and finish date to complete activities and achievethe target (number of weeks, months or by a time of year, e.g. byEaster)Example:Historical collection of patient information was verbal, and not always documented in correct field of Clinical Information System. To address this a process needs to be implemented to ensure consistent and accurate data is entered for all patients (new and existing) in the correct field. The team considered different ways in which the allergy status could be recorded and updated, involving whole team involvement and input from receptionists and the practice nurse. |
| * Select
 | Review/develop **patient update form** to capture required information for exiting patients Review **new patient questionnaire** to align with update form **Display poster** to advise patients staff will regularly request/confirm information to ensure their health record is up to date and complete  |
| **Implementation** | * Implement
 | 1.Generate with **baseline measure** CAT4 Recipe – [*Identify patients with allergy status not recorded.*](https://help.pencs.com.au/display/CR/Identify%2Bpatients%2Bwith%2BAllergy%2Bor%2BSmoking%2BStatus%2BNOT%2Brecorded) 2. Provide report to Receptionist and **flag patients** **with upcoming appointments** in appointment schedule to be given update form and forward to GP/PN when completed **Clinicians to enter missing data** if seen/provided update form Quality check data entered by cross referencing number of appointments with completed formsEnsure number of completed/updated forms match number of patients flagged in appointment schedule. Review progress using CAT4 Recipe above. |
| * Record, share
 | Minutes of meeting/s, presentation to colleagues |
| **Data Report 2****Comparison** | **Final CQI meeting**  | **How much** did we change? |
| * Performance
 | *Did you achieve your target?* *If not, consider new activity to test* |
| * Worthwhile
 | *Was the effort to complete worth the outcome?* *Did the team value the activity?**Did another unexpected positive result occur? (e.g. increased Ethnicity Status recorded)* |
| * Learn
 | *What lessons learnt could you used for other 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 Allergy Status recorded quarterly and initiate corrective measures as required*  |