

## Continuous Quality Improvement (CQI)

## 715 Health Assessments (Cat 4)

|  |  |
| --- | --- |
| **CQI steps** | **Ask-Do-Describe** |
| **Data report 1 - baseline** | **First CQI meeting**  | **Why do we want to change?** |
| * Gap
 | Low completion rate of Health Assessments for our Indigenous Population |
| * Benefits
 | Improved Health outcomes, Meet PIP QI requirements, reduce risk, increase efficiency, promote healthy lifestyle, early identification of health care needs to facilitate proactive care  |
| * Evidence
 | Health assessments provide opportunities to identify health care needs and support proactive care provision: RACGP and NACCHO: [National Guide for a preventive health assessment for Aboriginal and Torres Strait Islander people: Evidence base](https://www.racgp.org.au/FSDEDEV/media/documents/Clinical%20Resources/Resources/Evidence-base-to-a-preventive-health-assessment-3rd-edition.pdf)  |
| **What** do we want to change? |
| * Topic
 | Completion of Health Assessments (item number 715/228) for Aboriginal and Torres Strait Islander people  |
| * Scope
 | Patients that identify as Aboriginal and Torres Strait Islander eligible for health assessment  |
| **How much** do we want to change? |
| * Baseline (%)
 | Current % of patients with Health assessments completed in last 9 months (e.g. 35%) |
| * Sample (number)
 | Number of eligible patients |
| * Target (%)
 | ? eligible patientsIf a larger number of eligible patients, consider targeting specific age groups(e.g. 30 -40 years, children 0-4) |
| * Preparedness
 | Practice team have been involved in identifying this CQI activity as a priority for the practice and are confident of their ability to implement the activity. Current appointment scheduling will accommodate increase in appointments for this activity  |
| **Who** are involved in the change? |
| * Leads

Contributors |  E.G. Practice ManagerOther team members e.g. RN, EEN or Receptionists |
| * External
 | Consider support required here from external companies  |
| **When** are we making the change? |
| * Deadlines
 | Start date dd/mm/yyyy End Date dd/mm/yyyy Consider your sample size and how long it will take to invite/complete HAs |
| **How** are we going to change? |
| * Potential solutions
 | To implement a process for new patients to add in reminders to ensure health assessments are completed (new patient questionnaire)Printing Cat 4 report which indicates who has missing Health assessment item numbers for Aboriginal and Torres Start Islander patients  |
| * Select
 | Use Cat 4 report to support identification of target group of Aboriginal and Torres Strait Islander people eligible for health assessment  |
|  |
| * **Implementation**
 | * Implement
 | PM/Receptionist to Print lists from Cat 4 for patients with health assessment Item number 715 not billed in last 9 months[Recipe using Cat 4](https://help.pencs.com.au/display/CR/Identify%2Bpatients%2Beligible%2Bfor%2Ban%2Bannual%2B715%2BAboriginal%2Band%2BTorres%2BStrait%2BIslander%2BHealth%2BAssessment)Identify if Nurse has capacity to complete on the day, if not flag to be offered at time of visitIf children, consider linking with Immunisation visits If Nurse does have time, courtesy call to patient to advise review with the nurseConsider culturally appropriate process to invite for health assessment Consider implementing this [Model of care](https://gcphn.org.au/patient-care/population-groups/aboriginal-torres-strait-islander-people-health/#mbs)  |
| * Record, share
 |  |
|  |
| **Data Report 2****Comparison** | **Final CQI meeting**  | **How much** did we change? |
| * Performance
 |  |
| * Worthwhile
 |  |
| * Learn
 |  |
|  | **What next?** |
| * Sustain
 |  |
| * Monitor
 |  |