

**QI Action Plan- add practice name**

**Health promotion QI activity with a**

## focus on Health Assessments for patients 75 years and over

**Green- Instructions**  **Yellow- add practice detail**  **Teal- examples**

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| **Ask-Do-Describe** | |
| **Why** do we want to change? | |
| Gap | Uptake and completion of Health Assessments for our patients 75 years and over could be improved |
| Benefits | Improved patient health outcomes, reduce risk, increase efficiency, promote healthy lifestyle. Activity may support meeting PIP QI requirements. |
| Evidence | General practice is at the forefront of healthcare in Australia and in a pivotal position to deliver preventive healthcare. More than 137 million general practice consultations take place annually in Australia and 85% of the Australian population consult a general practitioner (GP) at least once a year. Preventive healthcare is an important activity in general practice. It includes the prevention of illness, the early detection of specific disease, and the promotion and maintenance of health. The partnership between GP and patient can help people reach their goals of maintaining or improving health. Preventive care is also critical in addressing the health disparities faced by disadvantaged and vulnerable population groups.  Prevention of illness is the key to Australia’s future health – both individually and collectively. About 32% of Australia’s total burden of disease can be attributed to modifiable risk factors. [(RACGP, Guidelines for preventative activities in general practice, 2021)](https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/guidelines-for-preventive-activities-in-general-pr/preamble/introduction#ref-num-1)  The purpose of a >75 health assessment is to help identify any risk factors exhibited by a patient that may require further health management. In addition to assessing a person’s health status, a health assessment is used to identify a broad range of factors that influence a person’s physical, psychological and social functioning ([Department of Health and Aged Care, Medicare Health Assessments Resource Kit, 2014)](https://www1.health.gov.au/internet/main/publishing.nsf/Content/mha_resource_kit#proforma) |
| **What** do we want to change? | |
| Topic | Increased completion rates of Health Assessments for regular patients of the practice aged 75 years and over. |
| **How** much do we want to change? | |
| Baseline | **Baseline data is your current performance**, baseline data for QI activities can be obtained from multiple sources e.g.:   * Data analytic tools- e.g., Primary Sense™. * Clinical information systems using the “search” function/patient registers.   Example: Baseline data can be determined from the last table in the Primary Sense™ – Health Assessments Report (number of patients eligible can be identified in exported Excel spreadsheet)   * XX of >75 patients eligible for a Health Assessment.   Example: current baseline performance is 420 patients with a Health Assessment not recorded |
| Target | **Target is the number of > 75 years Health Assessments to be completed to meet your goal**  Example: initial target is to reduce the number of patients with missing Health Assessments to 320 |
| Sample | **Sample is the number of patients that are eligible for a 75 year and over Health Assessment to meet your target**   * XX patients who have not had a > 75 years Health Assessment   Example: sample is 100 patients to reduce the number of patients with missing Health Assessments to 320  Tip (consider narrowing down your sample size by focusing on):   * specific age groups. e.g 76–78-year age group/patients who have just turned 75.   Primary Sense™ Users Tip (consider narrowing down by):   * Existing appointment to allow discussion and rebooking of Health Assessment appointment * ACG Score – e.g., 4 & 5 moderate to high complexity |
| **Who** are involved in the change? | |
| Contributors | *Remove/change/add names as required*  Practice Manager  GPs/Practice Nurses/Receptionists  GCPHN QI Project Officer |
| **When** are we making the change? | |
| Deadlines | Baseline data report generated (date)  Implementation between (date range)  Review meeting (date)  Final meeting (date)  Tip: Consider your sample size and how long it will take to invite/complete HAs |
| **How** are we going to change? | |
| Potential solutions | *These are some options you could implement to increase 75-year and over Health Assessment recorded rates. Please note you can choose 1 or more or amend/add your own as appropriate for your practice. You do not have to implement all options that are brainstormed/listed.*   * Identify eligible patients. For example, using Primary Sense™ - Health Assessments Report   + Staff to add a reminder and follow up with patients - could be by letter, SMS, secure email or phone call.   + Identify and flag patients with existing appointments (could focus on high-risk patients first), identify if staff has capacity to complete on the day, if not flag to be offered at time of visit and rebooked.   + If clinical staff do have time to complete at existing appointment, reception/ nurse to contact patient to ensure it is agreeable with them. * Consider implementing a process for new patients to add in reminders to ensure Health Assessments are completed (new patient questionnaire). * Consider implementing a process so that driver’s license renewal requests are linked with Health Assessment appointment. * Consider implementing this [Cycle of Care – over 75 years](https://gcphn.org.au/practice-support/support-for-general-practice/practice-based-population-health-management-program/#cycles-of-care) for complex patients. * Potential ways to promote Health Assessments for patients with their usual GP may include:   + practice webpage, newsletter, and social media pages   + during care plan and other routine appointments   + phone out of hours and on hold messages   + SMS alerts   + online booking system messaging * Monitor participation using excel spreadsheet and/or Primary Sense™ |
| Implement | List your chosen solutions in order of implementation  1.  2.  3. |
| Monitor | *A minimum of one QI activity review/touchpoint is required. You can include multiple reviews/touchpoints – list by date. If you have only one review during the activity, remove secondary review dates/information that do not apply.*  Review 1 - Date:  · What is working/not working?  · Has there been a change in your performance? If not, why not?  Review 2 - Date:  · What is working/not working?  · Has there been a change in your performance? If not, why not? |
| **How much** did we change? | |
| Performance | *This section is to be completed at end/closure of activity.*  *Remove/change/edit as required for your practice*  Did you achieve your target?  e.g. Number of patients due for a 75 year old and over Health Assessment has decreased from baseline XX to XX |
| Worthwhile | *Please choose an option or add your own. More detail can be included as required*  *e.g. – we believe the effort to complete the activity was worthwhile as we decreased the number of patients due for a 75 year and over Health Assessment.*  *OR*  *We believe this activity was not worth the effort required, as we did not significantly reduce the number of patients due for a 75 year and over Health Assessment* |
| Learn | *What lessons learnt could you use for other improvement activities?*  *What worked well, what could have been changed or improved?*  *e.g., SMS reminders result in higher bookings than phone calls* |
| **What next?** | |
| Sustain | *Implement new processes and systems into business as usual - which parts of this activity, if any, will you incorporate into business as usual at your practice*  *e.g., Nurses/Doctors will continue to add in reminders for patients due for a Health Assessment* |
| Monitor | *Review target measure quarterly and initiate corrective measures as required.* |