**QI Action Plan- \*add practice name\***

**QI Activity with a focus on Smoking Status (QIM 2)**

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| **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. Performance may be lower than regional average. |
| **Benefits** | Improving the process of entering modifiable risk factors in patient records will support more accurate Risk calculations, and ability to target smoking and vaping cessation interventions.  |
| **Evidence** | Almost 10% of Australians (2 million adults) still smoke tobacco daily. Tobacco use is the leading cause of preventable death and disability in Australia and is responsible for about 21,000 deaths each year.Vaping is also rapidly increasing in Australia, particularly among young people. Latest estimates show that 1 in 6 teenagers aged 14 to 17 has vaped, and 1 in 4 people aged 18 to 24 has vaped [(DoHAC, May 2023).](https://www.health.gov.au/topics/smoking-vaping-and-tobacco/about-vaping)Health professionals play an important role in educating and motivating patients who smoke or vape, as well as assessing their dependence on nicotine and providing assistance to quit. All health professionals should systematically identify people who smoke or vape, and offer them advice and cessation treatment at every opportunity [(RACGP, Supporting smoking cessation: A guide for health professionals, 2021).](https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/supporting-smoking-cessation)Proportion of patients with a smoking status is one of the ten indicators of the national PIP QI Incentive program [(DoHAC, Practice Incentives Program – Quality improvement measures, 2023).](https://www.health.gov.au/resources/publications/practice-incentives-program-quality-improvement-measures?language=en) |
| **What** do we want to change?  |
| **Topic** | Increase smoking status (QIM 2) recorded for regular patients of \*practice name\* |
| **How much** do we want to change?  |
| **Baseline***Baseline data is the % of* *your current performance.**Add your practice performance percentage.**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*
* *External data sources- e.g., patient registers.*
 | **Example:*** *Baseline data can be determined from Primary Sense – PIP QI Report 10 Measures (% compliance).*
* *\*XX % of patients with a current smoker status recorded.*
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| **Target***Your target is the planned % result of the improvement. Target is the number of Smoking statuses to be recorded to meet your target.*  | **Example:*** *Our practice aims to increase the number of patients with a current smoker status recorded to \*XX %.*
* *Exceed RACGP standard of Smoking status recorded (75%) from 75% to 85% (6 months’ time)*
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| **Sample***Sample is the number of patients that require a smoking status recorded to meet your target.**Add your practice sample.* | **Example:*** *\*XX* *patients with a smoking status not recorded*
* *Could be determined from a Primary Sense report:*
	+ *Patients booked in with missing PIP QI measures (with appointments in next two weeks) OR*
	+ *Patients missing PIP QI or accreditation measures (all patients missing measures)*
* *Identify active patients > 15 years old with missing smoking status recorded from Primary Sense report. Identification of patients with missing Smoking status recorded should be the priority, then consider updating remaining patients in a systematic way.*
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| **Who** is involved in the change?  |
| **Contributors***Add names of the practice team involved* | **Practice Manager:** **GPs:** **Practice Nurses:** **Receptionists:** **GCPHN QI Project Officer:**  |
| **When** are we making the change?  |
| **Deadlines***Add key dates here for this activity.*  | **Baseline data report generated:****Implementation between (from/to):****Review meeting/s:** **Final evaluation meeting:**  |
| **How** are we going to change?  |
| **Implement***List some improvement strategies in order of implementation* ***(see Appendix 1 for suggestions).*** | **1.****2.****3.** |
| **STOP: The next section is to be completed after implementation has already commenced.** |
| **Monitor***A minimum of one QI* *activity review /touchpoint is required.**You can include multiple reviews/touchpoints – list by date.*  | **Review 1 - Date:***What is working/not working?**Has there been a change in your performance? If not, why not?* |
| **STOP: The next section is to be completed at the end/closure of activity.**  |
| **How much** did we change?  |
| **Performance***Did you achieve your target?* *If not, reflect on why not* | **Example:** * *Number of patients who have a Smoking status recorded increased from baseline \*XX\* to \*XX\*..*
* *This was an \*increase/decrease\* from our baseline data.*
* *Our smoking status recorded \*increased/decreased\* due to \*XX\*.*
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| **Worthwhile***Was the effort to complete the improvement activity worth the outcome?**Did the team value the improvement activity?* | **Example:*** *We believe the effort to complete the activity* ***was worthwhile*** *as we increased the number of patients with a recorded Smoking status.*

***OR**** *We believe this activity* ***was not worth*** *the effort required, as we did not significantly increase the number of patients with a Smoking status recorded.*
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| **Learn***What lessons learnt* *could you use for other improvement activities?**What worked well, what could have been changed or improved?* | **Example:** *Reviewing the “Patients booked with missing PIP QI measures (with appointments in the next two weeks)” works well, as staff can opportunistically update statues when the patient in in the clinic.* |
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| **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?* | **Example:** * *Receptionists will continue to check the “Patients booked with missing PIP QI measures (with appointments in the next two weeks)”*
* *Continue to add reminders for patients with a missing smoking status each week.*
* *New staff will be educated on the importance of recording statuses and how to record these correctly.*
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| **Monitor** | **Example:** *Review smoking status recorded quarterly and initiate corrective measures as required.*  |
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| **Appendix 1 – Potential solutions** |
| ***Review suggested implementation strategies listed below. You do not have to implement all options that are brainstormed/listed.**** Generate baseline measure % (PIP QI Incentive – Quality Improvement Measures report).
* Generate “*Patients booked in with missing PIP QI measures*” that **identifies patients with missing smoking status with existing appointments in next 2 weeks.**
* Provide report to Receptionist and **flag identified patients** 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 number of appointments and completed forms.
* Review progress using “*Summary Report of Practice Improvements”.*
* 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.
* Quality check data entered by number of appointments and completed forms.
* Review progress using “Summary Report of Practice improvements.
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