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

**Allergy Status QI Activity**

|  |
| --- |
| **Ask-Do-Describe**  |
| **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. 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.  |
| **Benefits** | There will be a reduced risk of medication harm with increased awareness of patient adverse drug or other reactions. |
| **Evidence** | Maintaining clear and accurate patient health records is essential if your practice is to provide high-quality care. A good health summary helps practitioners, locums, general practice registrars and students to obtain an overview of all components of the patient’s care in order to continue to provide safe and effective care.Recording a patients allergy status reduces the risk of inappropriate management, including medicine interactions and side effects [(RACGP, 2023).](https://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed/qi-standards/qi-standard-2/criterion-qi2-1-health-summaries)Medication errors are a frequent reason for avoidable hospital presentations.Antibiotic allergies affect people of all age groups, from infants to the elderly.Drug 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[(ASCIA, 2023)](https://www.allergy.org.au/hp/anaphylaxis) |
| **What** do we want to change?  |
| **Topic** | Increased rates of patients with a recorded allergy status of \*practice name\*. This will result in increased data completeness to inform risk managed clinical decision making.  |
| **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/patient registers.*

**Example:** *Baseline data could be determined from the Primary Sense Accreditation report.** *Current baseline performance is XX% patients with an allergy status recorded.*
 |
|  |
| **Target***Your target is the planned % result of the improvement.*  | **Example:** *Our practice aims to exceed RACGP standard of allergy status recorded from 90% to 96% (3 months’ time).*  |
|  |
| **Sample***Sample is the number of patients that require a recorded allergy status to meet your target.**Add your practice sample.* | **Example:** * XX *patients with an allergy status not recorded.*

*Consider total practice population, with a focus on newly registering patients with no allergy status recorded.* *Identification of patients with missing Allergy status recorded should be the priority, then consider updating remaining patients is a systematic way.* |
|  |
| **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***Question: Did you* *achieve your target?* *If not, reflect on why not* | **Example:** * *Number of patients with a recorded allergy status increased from baseline xx to xx.*
* *This was an \*increase/decrease\* from our baseline data.*
* *Our recorded allergy status\*increased/decreased\* due to \*XX\**
 |
|  |
| **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 as we increased the number of patients with a recorded allergy status.*

***OR**** *We believe this activity* ***was not worth*** *the effort required, as we did not significantly increase the number of patients with a recorded allergy status.*
 |
|  |
| **Learn***What lessons learnt* *could you use for other improvement activities?**What worked well, what could have been changed or improved?* | **Example:*** *We found flagging patients with upcoming appointments within the next two weeks worked well, by opportunistically updating patient’s allergy status at the time of the routine appointment.*
 |
|  |
| **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:*** *Nurses and Doctors will continue to add reminders for patients with a missing allergy status.*
* *Ensure the new patient forms ask for patients allergy status and ensuring this gets recorded in the patient file every time.*
 |
|  |
| **Monitor***Review target measure quarterly and initiate corrective measures as required.* | **Example:*** *Review Primary Sense - Accreditation report once a month to track performance over time.*
 |
|  |
| **Appendix 1 – Potential solutions** |
| *These are some options you could implement to increase allergy status recorded. 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.* * The team could consider different ways in which the allergy status could be recorded and updated, involving whole team involvement and input from receptionists and the practice nurse.
* Generate with baseline measure using *Primary Sense - Accreditation Report.*
* Identify eligible patients, using either Primary Sense Report:
	+ *Patients missing PIP QI or accreditation measures report.*
	+ *Patients booked in with missing PIP QI measures* that identifies patients with missing allergies with existing appointments in next 2 weeks.
* Identify and flag patients with existing appointments, reception/nurse to contact patient.
* Develop patient update form to capture required information for exiting patients.
* 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.
* Consider reviewing progress using *Summary Report of Practice Improvements*.
* 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.
 |