Step 1: Thinking Part - Three Fundamental Questions
Complete the Model for Improvement (MFI) as a whole team.

Model for Improvement

AIM	1. What are we trying to accomplish?

*By answering this question, you will develop your **GOAL** for improvement. It important to establish a S.M.A.R.T (Specific, Measurable, Achievable, Relevant, Time bound) and people-crafted aim that clearly states what you are trying to achieve.*

Our team will aim to increase the proportion of active patients diagnosed with COPD who have spirometry completed and accurately recorded in the clinical information system from 65% to 85% within four months.

MEASURE(S)	2. How will we know that a change is an improvement?

*By answering this question, you will develop the **MEASURE(S)** you will use to track your overarching goal. Record and track your baseline measurement to allow for later comparison.*
Tip: Use a Run Chart to plot trends.

Outcome Measure: % of active patients with COPD who have completed spirometry within the past 12 months.
Tool: Primary Sense Chronic Lung and Asthma report
Frequency: Monthly
Numerator: # of active patients coded with COPD with a recorded spirometry result (A)
Denominator: # of active patients coded with COPD identified on the Primary Sense report (B)

The proportion of active patients with COPD with a recorded spirometry result (A divided by B).

Baseline:	65% active patients with COPD have completed spirometry within the past 12 months.	**Baseline date:**	Nov 2024

CHANGE IDEAS	3. What changes can we make that will result in improvement?

*By answering this question, you will develop **IDEAS** for change.*
Tip: Engage the whole team in formulating change ideas using tools such as brainstorming, driver diagrams or process mapping. Include any predictions and measure their effect quickly.

Idea 1	**Identify patients with a coded diagnosis of COPD but no recorded spirometry.**
Idea 2	**Recall identified patients for spirometry assessment or refer them for external spirometry testing.**
Idea 3	Implement an annual recall system for active COPD patients for spirometry assessment.
Idea 4	Provide targeted training to practice nurses on performing and interpreting spirometry.
Next steps:	*Each idea may involve multiple short and small PDSA cycles.*

PDSA (Plan-Do-Study-Act)

Step 2: Doing Part - Plan-Do-Study-Act
Once you have completed the Model for Improvement (MFI), use the template below to document and track your PDSA cycles (i.e. small rapid tests of change).

Idea	Plan		Do	Study	Act
#	Plan the test	Prediction	Do the test on small scale	Analyse the results	Make a plan for next step
	How will we run this test? Who will do it and when? What will we measure?	*Prediction or hypothesis on what will happen.*	*Was the plan completed? Yes or No. Collect data. Consider what worked well and why? Document any unexpected observations, events or problems.*	*Analyse results, compare them to predictions, and reflect on what you learned.*	*Based on your learnings from the test, what will you do next (e.g., adopt, adapt or abandon)? How does this inform the plan for your next PDSA?*
Change idea 1.1	Practice Manager to extract a list of active COPD patients from the Primary Sense report who do not have a spirometry result recorded within the past 12 months. When: 28th October 2024. Practice nurse to review the report and identify patients missing spirometry results. When: 15th November 2024.	The team will identify approximately 35% of active COPD patients without a recorded spirometry result.	Practice nurse reviewed the report and flagged 40 patients without a spirometry testing conducted within the last 12 months. The practice nurse reviewed patient notes and results in the clinical information system to confirm.	The review confirmed 38 patients genuinely required spirometry testing. Two patients had results recorded but this was miscoded. The prediction was accurate; approximately 34% were missing results.	Proceed with recalling patients who are due for spirometry testing. We will adapt this change idea with the Practice Manager to run PS report quarterly. Use this to inform the next change idea 1.2.
Change idea 2.1	Practice Nurse to contact the 38 flagged patients via SMS and phone calls to book spirometry appointments. When: 2-month period from January 2025.	At least 50% of patients will schedule an appointment and complete a spirometry test within the time frame.	Practice nurse sent SMS reminders and followed up with phone calls to all 38 patients identified. 20 patients booked appointments, and 18 attended the clinic and completed spirometry testing.	Booking rate: 53%. Completion rate: 47%. The booking rate was higher than expected however the completion rate lower due to some patients being unable to attend the appointment due to other life commitments such as work.	Our practice will adopt this change idea for nurse to continue to flag any identified patients from PS report via SMS and phone calls to book spirometry appointments. Future change idea: Consider implementing a weekend spirometry clinic to improve accessibility for patients who cannot attend appointments during the week.
Summary of Results	This was a worthwhile activity of identifying active COPD patients who are due for spirometry testing. By reviewing and refining our data, we identified that 34% of active COPD patients were missing recorded spirometry results. From implementing the change ideas, we have increased the proportion of active patients diagnosed with COPD who have spirometry completed and accurately recorded in the clinical information system from 65% to 82%.				