Quality Improvement Template

Practice name:	GCPHN Health Clinic	**Date:** 26/08/2025
QI team:	- GP - PM - Nurse	
Problem:	- Lung cancer is the sixth most common cancer, and the leading cause of cancer death on the Gold Coast (2018 – 2022). - Lung cancer can develop without noticeable symptoms, making early detection challenging. - If detected early, approximately 65% of lung cancers can be effectively treated. - The National Lung Cancer Screening Program (NLCSP) aims to reduce lung cancer illness and deaths. - Eligible Australians aged 50-70 can get a free lung cancer screening test every two years. The NLCSP is an 'opt in' program, whereby a patient can self-refer, or conversations can be initiated by their health care provider. Population based screening using low dose computed tomography (LDCT) is shown to be the most effective method for reducing illness and death from lung cancer. - General practice teams play an important role in helping patients make informed decisions about lung cancer screening	
Problem Statement:	Increasing participation in the National Lung Cancer Screening Program is crucial to reducing lung cancer incidence and mortality. To effectively identify patients using the Primary Sense Lung Cancer Screening Report, smoking status and smoking per day need to be accurately recorded for patients. 65% of our patients aged 15+ have their smoking status (current, former, never) documents in their CIS patient file (calculated from the PIP QI 10 measures report).	

This document guides practice staff through the **Model for Improvement** (the Thinking Part) and the **Plan-Do-Study-Act** (PDSA) cycle (the Doing Part), a framework for planning, testing, and reviewing changes.

For guidance and support on conducting quality improvement in your primary healthcare services, please contact your local Primary Health Network (PHN).

Model for Improvement

AIM	1. What are we trying to accomplish?	
*By answering this question, you will develop your **GOAL** for improvement. It is 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.*		
By December 2025, ensure that NCSR Clinical Software Integration is complete to streamline workflows. Ensure that 50% of eligible patients identified are assessed and enrolled.		
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.*		
- Number of eligible patients identified using Primary Sense. - Number and percentage of identified patients assessed for screening eligibility. - Number and percentage of eligible patients enrolled in the NLCSP.		
Baseline:	- Eligible patients aged 50–70: 120 - Number and percentage of identified patients assessed: 0/120 - Number and percentage of eligible patients enrolled in the NLCSP	**Baseline date:** 10/08/2025
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	Integrate NCSR with Clinical Information System (CIS)	
Idea 2	Staff training on NLCSP eligibility	
Idea 3	Run monthly searches for eligible patients	
Idea 4	Add a reminder in CIS patient file for eligible patients	
Idea 5	*Add other rows if needed.*	
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	Install NCSR integration in CIS (Best Practice, Medical Director, Communicare) **When: August 2025**	Practice Manager and IT support integrated NCSR with clinical software. This will streamline patient enrolment and reduce administrative burden during consultation.			
Change idea 2.1	Conduct staff training on NLCSP eligibility. Prediction: Staff will be able to identify eligible patients accurately and consistently. **When: August 2025**				
Change idea 3.1	Run monthly searches for eligible patients using Primary Sense Lung Cancer Screening Report				

	When: August–December 2025				
Change idea 4.1	Add a reminder in CIS patient file for eligible patients. **When: August–December 2025**				
	Keep adding rows and cycles as needed.				
Summary of Results					