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 smokes 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, we will implement a consistent workflow for offering smoking cessation support (including motivational interviewing and pharmacotherapy) to all eligible patients aged 50–70 identified through lung cancer screening activities, with the goal of providing support to at least 80% of eligible patients during clinical interactions.

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 and percentage of eligible patients offered smoking cessation support.
- Number and percentage of patients receiving motivational interviewing.
- Number and percentage of patients prescribed or offered smoking cessation medications.

Baseline:	0 patients routinely offered motivational interviewing 5% of eligible patients prescribed pharmacotherapy	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	Implement a standard smoking cessation script using motivational interviewing principles and NLCSP resources.
Idea 2	Prescribe Nicotine Replacement Therapy (NRT) for suitable patients.
Idea 3	Develop a referral process to Quitline.
Idea 4	*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	Develop and trial a 3-question script (e.g., "How do you feel about your smoking today?"). **When: September 2025**	Nurses will feel more confident initiating cessation conversations and 60–70% of patients will engage in further discussion.	Used by 2 nurses in routine health assessments.	Nurses reported improved patient engagement; 7 of 10 patients accepted support.	**Adopt:** Include in standard consultation templates and train other staff.
Change idea 2.1	Create a visual reference chart of sample NRT.	GP will be more likely to prescribe NRT; at least 2 patients will accept a script or sample.			
Change idea 3.1	Add pre-filled referral form to Quitline in CIS.	GP will find it faster and easier to refer; expect 3–4 referrals in one week.			
Summary of Results					