

## Increasing the Number of 715 Health Assessments

<b>Practice name:</b>	Oasis Springs Health Hub	<b>Date:</b>	10 January
<b>QI team:</b>	Pearl (PM), Betty (RN), Dr Brindle Bay (GP) & Saskia (Receptionist)		
<b>Problem:</b>	<p><i>Describe why this work is strategically important. What problem is the team addressing? What does our data indicate about it, and what are the causes?</i></p> <p>At Oasis Springs Health Hub, only 25% of eligible Aboriginal and Torres Strait Islander patients had completed a health assessment (MBS item 715) at baseline. This represents a missed opportunity to deliver comprehensive, preventative health care and improve health outcomes for our First Nations community. Data indicated that 113 patients were eligible, yet only 37 had completed a health assessment. Contributing factors included inconsistent recall processes, limited patient engagement strategies, and lack of systematic monitoring. Increasing uptake of health assessments is strategically important to ensure culturally appropriate, proactive, and coordinated care for our Aboriginal and Torres Strait Islander patients.</p>		
<b>Problem Statement:</b>	<p><i>Document your succinct problem statement here</i></p> <p>Our Aboriginal and Torres Strait Islander patients have low completion rates for health assessments (25%). Without timely and proactive health assessments, patients may miss opportunities for preventative care, early intervention, and connection with support programs. We need to improve our systems, processes, and engagement strategies to increase the number of completed health assessments and strengthen health outcomes for our Aboriginal and Torres Strait Islander community.</p>		

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

## Step 1: Thinking Part - Three Fundamental Questions

Complete the Model for Improvement (MFI) as a whole team.

AIM	1. What are we trying to accomplish?	
By answering this question, you will develop your <b>GOAL</b> 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 15 August, we aim to increase the completion rate of Aboriginal and Torres Strait Islander health assessments (MBS item 715) for eligible patients at our practice from 25% to 50%, to improve the health and wellbeing of our Aboriginal and Torres Strait Islander community.		
MEASURE(S)	2. How will we know that a change is an improvement?	
By answering this question, you will develop the <b>MEASURE(S)</b> 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.		
To measure the improvements, we will measure: <ul style="list-style-type: none"> <li>• The number of patients who are eligible for an Aboriginal and Torres Strait Islander health assessment initially and,</li> <li>• The number of patients who have already completed the Aboriginal and Torres Strait Islander health assessment</li> </ul>		
This will be done by running the <i>Primary Sense Health Assessments Report</i> . To analyse how many health assessments have been completed, we will run the Primary Sense report again throughout the project and will compare this with the initial report. This will reflect that the list of eligible patients for Aboriginal and Torres Strait Islander health assessments has decreased.		
<b>Baseline:</b>	<ul style="list-style-type: none"> <li>• 113 First Nations patients are eligible for an Aboriginal and Torres Strait Islander health assessment</li> <li>• 37 First Nations patients have already completed Aboriginal and Torres Strait Islander health assessment</li> </ul>	<b>Baseline date:</b> 10 January
CHANGE IDEAS	3. What changes can we make that will result in improvement?	
By answering this question, you will develop <b>IDEAS</b> 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.		
<b>Idea 1</b>	Ensure the clinic is prepared to undertake Aboriginal and Torres Strait Islander Health Assessments by reviewing and updating processes, and supporting clinical staff to strengthen cultural competence.	
<b>Idea 2</b>	Increase participation in Aboriginal and Torres Strait Islander Health Assessments by promoting the service through patient resources in the waiting room and via the practice's social media platforms.	
<b>Idea 3</b>	<b>Identify eligible patients for Aboriginal and Torres Strait Islander Health Assessments by generating reports in Primary Sense and cross-checking Health Professional Online Services (HPOS) to confirm whether an assessment has already been completed elsewhere.</b>	
<b>Idea 4</b>	Invite eligible patients to attend an Aboriginal and Torres Strait Islander Health Assessment by setting up an SMS recall and reminder system based on the eligibility list.	
<b>Next steps:</b>	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
	<i>How will we run this test? Who will do it and when? What will we measure?</i>	<i>Prediction or hypothesis on what will happen.</i>	<i>Was the plan completed? Yes or No. Collect data. Consider what worked well and why? Document any unexpected observations, events or problems.</i>	<i>Analyse results, compare them to predictions, and reflect on what you learned. .</i>	<i>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?</i>
<b>Change idea 3</b>	<p><b>How:</b> Use the Primary Sense Health Assessments search to identify eligible patients.</p> <p><b>Who:</b> Betty</p> <p><b>When:</b> 23 January</p> <p><b>What:</b> Data to be collected will include how many patients are eligible for an Aboriginal and Torres Strait Islander Health Assessment.</p> <p>This will be done using the Primary Sense report function using the following instructions:</p> <ol style="list-style-type: none"> <li>1. Open Primary Sense</li> <li>2. Click on reports</li> <li>3. Click on health</li> </ol>	<p>Current base line is 37 Aboriginal and Torres Strait Islander Health Assessment have been completed.</p> <p>Our prediction is that completed Aboriginal and Torres Strait Islander Health Assessment will increase to 38 (a total of 75 completed as part of this plan) by 15 August.</p>	<p>Yes, the plan was completed.</p> <p>Betty ran health assessment reports in Primary Sense, and Pearl checked eligibility through HPOS.</p> <p>Eligible patients were contacted via SMS by Saskia, and health assessments were booked.</p> <p>Dr Brindle Bay and Betty successfully conducted the Aboriginal and Torres Strait Islander Health Assessments, with some patients also referred into other programs (e.g., My Health for Life) to</p>	<p>The test worked well and achieved a great result. We anticipated that we would complete 38 health assessments and we ended up completing a total of 45 health assessments which surpassed our expectations.</p> <p>We learnt that it is very easy to incorporate My Health for Life into the Aboriginal and Torres Strait Islander Health Assessment process as it aligns with the preventative approach.</p> <p>Some other GP's at our practice are also interested in learning more about this process so we have invited</p>	<p><b>ADOPT:</b> We are going to adopt the MH4L assessment and referral process into our Aboriginal and Torres Strait Islander Health Assessments for business as usual.</p> <p>We are going to schedule a yearly search where we run the health assessment report and contact eligible patients to come in for a health assessment.</p> <p>We are also going to look at adapting this process for the 45-49 Health Assessments.</p>

- assessments in the keyword filter section
4. Double click on the health assessment report
  5. Scan down to find the Aboriginal and Torres Strait Islander section
  6. You can use the up and down arrow function to filter dates and other categories if desired
  7. Optional - Export the report to Excel or CVS to save or print.
  8. Will also check existing appointment column in report to flag any due patients and discuss the health assessments with them during their upcoming appointments.

streamline care.

Opportunistic discussions by Dr Brindle Bay led to additional patients booking assessments, which worked well in increasing participation.

Regular reporting through Primary Sense showed steady progress, with the practice completing 45 Aboriginal and Torres Strait Islander Health Assessments over the project period.

Team communication and encouragement from Betty helped maintain motivation.

Unexpected challenges included staff illness, which caused delays and rescheduling of assessments. Despite this, progress continued, and the practice achieved positive results.

GCPHN to come out and do an education session with the whole practice team on My Health for Life and look at other opportunities for using this approach with 45-49 Health Assessments.

**Summary of Results**

Through this PDSA cycle, Oasis Springs Health Hub increased Aboriginal and Torres Strait Islander health assessments from 37 to 45 completions, surpassing the initial prediction of 38. This improvement was achieved through systematic patient identification using Primary Sense, verification via HPOS, and proactive recalls through SMS. Opportunistic discussions with GPs also encouraged additional participation. The integration of the My Health for Life program into health assessments further enhanced the preventative care approach. Despite minor challenges, such as staff illness, the team maintained steady progress and motivation. The practice has now adopted the recall and reporting process into business as usual and plans to extend this approach to other preventive health assessments, such as 45–49-year-old checks.