

Quality Improvement Template

Practice name:	Maree Medical Centre	Date:	28/10/2025
QI team:	Annie (Nurse), Deb (Practice Manager) and Leonie (GP)		
Problem:	Menopause affects approximately 80,000 women in the Australia annually. Menopause is defined as the final menstrual period due to a loss of ovarian follicles, follicular development and hormone production which increases chronic disease risk including osteoporosis, cardiovascular disease and cancer. In the 4-8 years leading up to menopause, is perimenopause. During perimenopause, women experience an onset of menopausal symptoms that can disrupt daily function including irregular periods, hot flushes, night sweats, sleep disturbance, low mood and depression. On average women experience menopause at 51 to 52 however it can occur earlier or as late as 60.		
Problem Statement:	At Maree Medical Centre, women aged 45-50 are not proactively asked about symptoms of menopause leading women at risk of chronic disease and symptoms that disrupt quality of life. At our clinic, only 2025, only 15% of women have proactively asked about symptoms of menopause.		

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?	
<p>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.</p>			
<p>Maree Medical Centre team will increase the proportion of RACGP active female patients aged 45-50 years that have had a Menopause Health Assessment from 5% to 30% within three months.</p>			
MEASURE(S)		2. How will we know that a change is an improvement?	
<p>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.</p>			
<ul style="list-style-type: none"> Number of RACGP active (3 visits in 2 years) female patients aged 45-50 years eligible for a Menopause Health Assessment Proportion of RACGP active female patients 45-50 years eligible and completed a Menopause Health Assessment 			
Baseline:	140 RACGP active female patients aged 45-50 years are eligible for a Menopause Health Assessment	Baseline date:	October 2025
	7/140 RACGP active female patients aged 45-50 years completed a Menopause Health Assessment		
CHANGE IDEAS		3. What changes can we make that will result in improvement?	
<p>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.</p>			
Idea 1	Develop an accurate list of patients eligible for a Menopause Health Assessment within the targeted aged group		
Idea 2	Provide training to clinical staff on best practice for completing a Menopause Health Assessment including using the Australasian Menopause Society (AMS) Scorecard, AMS Practitioners Toolkit for the Management of the Menopause, Health Pathways and Jean Hailes resources.		
Idea 3	Develop a workflow for re-booking patients that undergo a Menopause Health Assessment in line with their menopause management plan		
Idea 4	For patients diagnosed with peri and early menopause, incorporate MyMedicare enrolment discussions during patient contact to enable better access to longer telehealth items and the triple bulk billing incentive for GPs.		



Idea 5	Update Menopause Health Assessment Template in practice software to include preventative tests for cervical and breast cancer, osteoporosis and cardiovascular disease and integrate the National Cancer Screening Register (NCSR).
Next steps:	<i>Each idea may involve multiple short and small PDSA cycles.</i>

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>
Change idea 1.1	Practice Manager to extract a list of RACGP active female patients aged 45-50 years from Primary Sense Health Assessments report and use the Menopause table to identify patients eligible for a Menopause Health Assessment. When: 28th October 2025. Practice nurse to review the report and identify patients with an existing appointment and write a note on patient file	The team will identify approximately 80% of RACGP active female patients with an existing appointment will be eligible for a Menopause Health Assessment and will be interested in an assessment and re-book.	Practice nurse reviewed the report and flagged 40 patients with an existing appointment that are eligible for a Menopause Health Assessment. The practice nurse added notes to patient file to prompt doctor to discuss menopause symptoms with patient and re-book for a Menopause Health Assessment if the patient is interested.	20 RACGP active patients currently booked in for an appointment expressed interest in a Menopause Health Assessment after completing a symptom score card when asked by the GP. Patients were booked in for a Menopause Health Assessment within the preceding month. The prediction was inaccurate; approximately 50% of RACGP active and eligible patients with	Patients were open to a discussion about the Menopause Health Assessment. Aimee will continue to identify patients eligible for a Menopause Health Assessment with an existing appointment and add notes to patient files. Aimee will set aside time on Thursday afternoon to identify female patients booked in in the following week.



	<p>to prompt the doctor to consider a Menopause Health Assessment. When: 15th November 2025</p>		<p>The doctors discussed menopause with eligible patients and prompted patients to complete the symptom scorecard. This worked well to help patient identify symptoms of menopause that they unknowingly had.</p>	<p>an existing appointment that were eligible, interested and re-booked for an assessment.</p>	<p>ADOPT: We will adopt this change idea with the Practice Manager to run PS report weekly to identify patient booked and an eligible but also patients that are eligible and not booked in for an appointment.</p>
1.2	<p>Practice Manager to extract a list of active female patients aged 40-50 years from the Primary Sense report who are eligible for a Menopause Health Assessment. When: 22 November 2025</p> <p>Practice nurse to review the report and identify patients with an existing appointment and write a note on patient file to prompt the doctor and call patients that may be interested in an assessment that are not booked in with the doctor. When: 27th November 2025</p>	<p>The team will identify approximately 50% of active female patients with an existing appointment eligible for a Menopause Health Assessment will be interested in an assessment and re-book.</p> <p>The team will identify approximately 20% of patients eligible and not booked in for an existing appointment interested in a Menopause Health Assessment.</p>	<p>Practice nurse reviewed the report and flagged 100 patients without an existing appointment as eligible for a Menopause Health Assessment.</p> <p>The practice nurse called each patient to discuss the new service provided and to book an appointment or discuss with doctor at next visit.</p>	<p>35 patients expressed interest in a Menopause Health Assessment and were booked in for an appointment within the preceding month.</p> <p>The prediction was inaccurate; approximately 35% of eligible patients without an existing appointment that were eligible were interested and re-booked.</p>	<p>Continue to identify patients eligible for a Menopause Health Assessment with an existing appointment and add notes to patient files.</p> <p>ADAPT: For patients that are not booked in for an existing appointment, the uptake was not as high as intended. Continue to add notes to patients that are booked in for an existing appointment on a weekly basis.</p>
Change idea 2.1	<p>Leonie to review a range of resources for the clinical team to become familiar with for menopause assessment including AMS Scorecard, AMS Practitioners Toolkit for the Management of the Menopause, Health Pathways and Jean Hailes resources.</p>	<p>The clinical team confidence in providing care and completing a Menopause Health Assessment will increase by 20%</p>	<p>Clinical team identified the Menopause Health Assessment is comprehensive and takes longer than 20 minutes therefore a GP and nurse appointment is required to complete the entire health assessment.</p>	<p>The clinical team is using the AMS Scorecard and AMS Practitioner Toolkit for the Management of the Menopause with confidence. All clinical staffed advised they are more confident with the guidelines and are using it for</p>	<p>ADOPT: Continue to use the AMS Score Card, Menopause Assessment Template in the practice software.</p> <p>ADAPT: We will discuss the idea to book in a monthly decided time to complete menopause assessments with the broader</p>



	<p>When: 30 December 2025</p> <p>Practice nurse and GP to review current health assessment template and review MBS requirements for Menopause Health Assessment and share with clinical team for feedback at next meeting.</p> <p>When: 15th December 2025</p>		<p>Appointment bookings will be adjusted accordingly to ensure patients see the nurse first followed by a 20-minute appointment with the GP to discuss the assessment and map out a Menopause Management Plan (if required).</p>	<p>100% of all menopause assessments.</p> <p>The appointment bookings is also working. The longer appointment times is tricky when the calendar is full, so we have decided to trial having a dedicated evening clinic every month to complete assessments with one doctor rotating each month.</p>	<p>team and create new booking types for this item starting in January 2026. This will give the team enough time to plan ahead and invite patients to book in.</p>
Summary of Results	<p>This was a worthwhile activity of identifying patients eligible for a menopause health assessment between 45-50 years. Menopause Health Assessments increased from 5% of eligible patients having an assessment completed to 20%. This is less than the number we were aiming for however we have developed a new workflow and appointment times to account for the demand from patients to complete this assessment after work or on the weekends rather than during the day.</p>				