Continuous
Quality
Improvement

My Health Record

EDITION 1 | OCTOBER 2020

phn
NORTH WESTERN
MELBOURNE

An Australian Government Initiative

A new model for general practice improvement

Our aim is to strengthen primary care to deliver integrated person-centred care that is comprehensive, accessible, safe and coordinated. Our new model has three modules of engagement. Your level of engagement will depend on your needs.

Practice Improvement

Continuous Quality Improvement

Intensive Quality Improvement
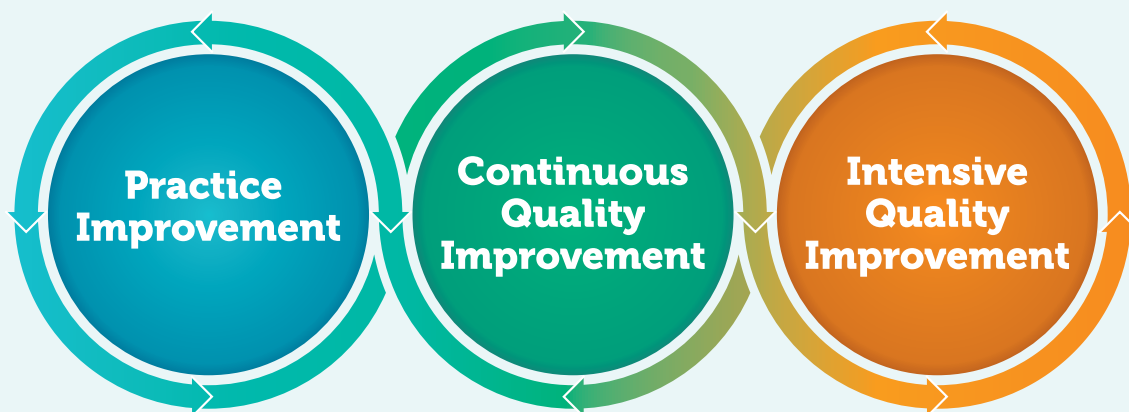
Focused on developing systems for quality improvement.

Focused on data-driven improvement. For accredited practices that share data and are new to quality improvement, or confident to implement quality improvement at their own pace.

A time-limited intensive facilitated quality improvement project for practices who want to further improve patient, clinical and whole of practice outcomes.

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Acknowledgements

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Contents

From little things, big things grow

This workbook will show you how to do the 'little' things on the way to achieving the 'big'.

It's a clear, four-step guide that draws on a proven approach, the Model for Improvement, with expert advice and resources specific to My Health Record.

The four steps are:

Step 1: Understand My Health Record

Step 2: Analyse data, set goals and decide on activities for improvement

Step 3: Create a plan and act on it, following the 'plan, do, study, act' cycle

Step 4: Evaluate and celebrate.

These steps are complemented by links to resources and Appendices (p. 41) comprising:

- meeting RACGP standards (5th edition)

- CAT4 'recipes'

- a template for a staff survey of knowledge and confidence.

Using the Model for Improvement, you'll learn how to start small, then systematically review, refine and re-test your quality improvement ideas as necessary before implementation across the practice.

You'll find samples in Appendix 3 🔧 and a template for this system in Appendix 4 🔧.

It's a low-risk, high-return approach, and you'll have solid data to prove your achievements. But be warned – it's likely the process won't end there for your practice. Quality improvement can be a hard habit to shake.

Quality improvement (QI) workbooks

This workbook is part of a collection created by North Western Melbourne Primary Health Network (NWMPHN) to help general practices undertake self-directed quality improvement in a particular area of work, type of clinical practice or population group.

The workbooks have been created **by** general practice, **for** general practice, with input from NWMPHN teams and subject-matter experts, and through consultation with the community and the broader primary care sector.

They are designed to meet the particular needs of providers, patients and priority populations in the NWMPHN area. Links to appropriate local referral pathways are also included.

See a full list of QI workbooks on the NWMPHN website.

Before you start

The workbooks are designed to supplement the Quality Improvement Guide and Tools, **which we recommend reading first**. We've also included a primer below about the Model for Improvement (MFI), to refer back to while using the workbook.

About this workbook

While other Quality Improvement workbooks encourage practices to identify their own 'priority areas' for improvement, this workbook is presented as a single, unified plan. While each practice will have a different level of experience with My Health Record, the objective (goals) will be the same. That is, to ensure consistent use and contribution to My Health Record for all patients who have one, including uploading Shared Health Summaries.

How to use this workbook

This workbook is an interactive PDF, with tables you can fill out using Adobe Acrobat or a similar compatible program.

If you add more content than what will fit in the text box, the text box will allow 'scroll' for additional content to be added. Additional text will be shown with a '+' on the bottom of the panel. Please note that this additional content will not appear, however, if you print the document. Your answers use only simple text formatting. You can paste into the text areas.

Privacy and confidentiality consideration

The primary purpose of a My Health Record is to support a person's healthcare. A patient is free to add extra privacy controls to limit access to certain healthcare providers, but otherwise a health professional can access a patient's My Health Record when their organisation is involved in that person's care. It is a criminal offence for someone to access a My Health Record for a purpose other than providing a patient with healthcare and there are serious penalties. Every time a My Health Record is accessed, this is visible to the patient when they log in and view their 'Record Access History'.

The activities suggested in this workbook do not require you to access a patient's my health record outside of a clinical interaction.

Further information around the privacy and confidentiality of My Health records can be found on the My Health Record Website.
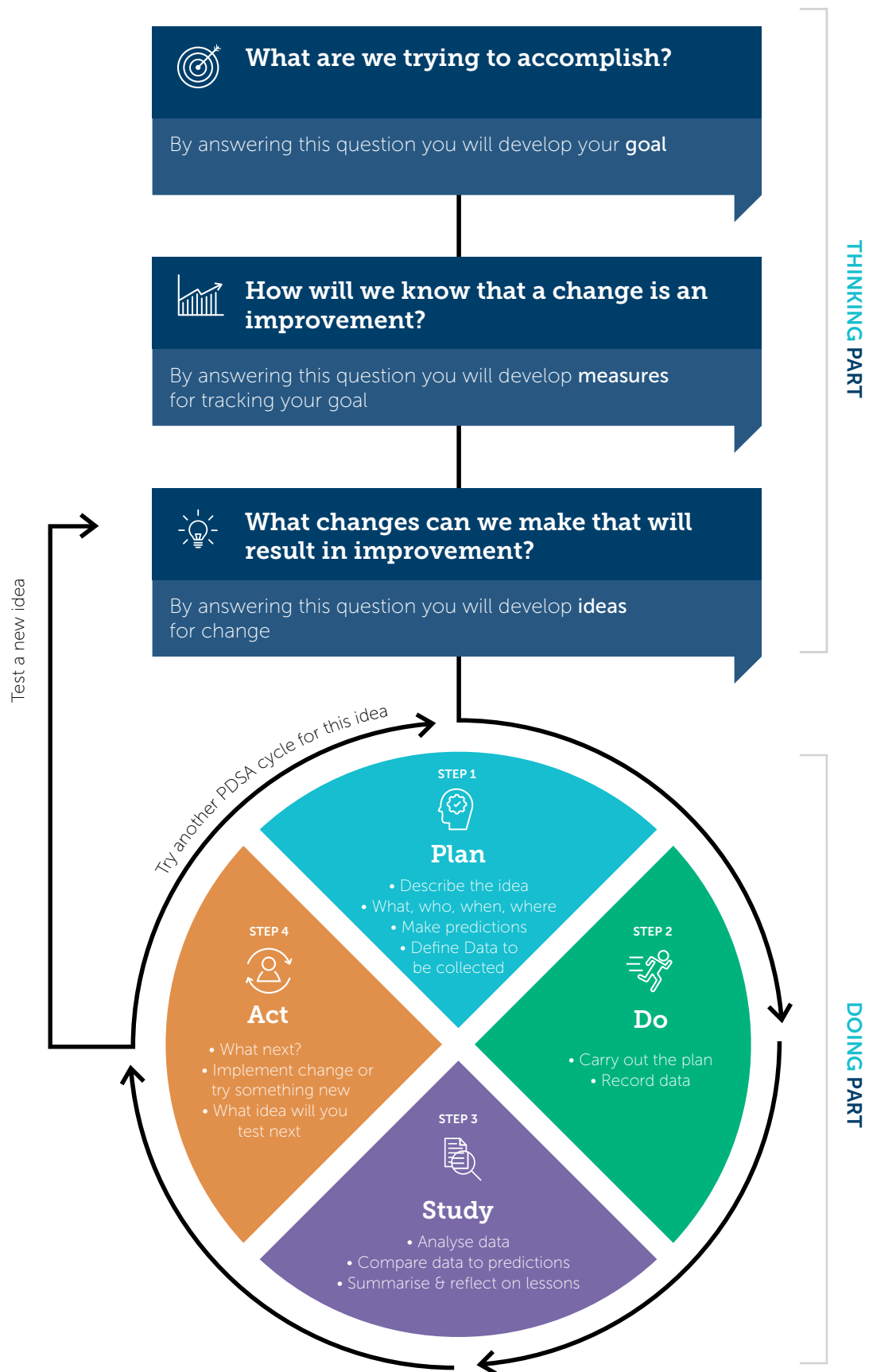
The Model for Improvement (MFI)

This is an evidence-based approach endorsed by leading health bodies, including the Royal Australian College of General Practitioners (RACGP) and the Institute for Healthcare Improvement (IHI).

It's easily applied and requires no specialist skills or background. It also has the advantage of encouraging creativity, collegiality and collaboration.

Starting small is key, with change broken down into manageable pieces. Within your practice, this not only helps to reduce clinical and administrative risks, but also to foster unity within the practice team and avoid resistance to change. Proven changes can then be implemented more widely across the practice, while refined or new ideas can also be run through the mill.

As illustrated in Figure 1, MFI comprises a 'thinking part' and a 'doing part'. In the 'thinking part', you step through 'Goal', 'Measure' and 'Idea' (GMI). The 'doing part' consists of the 'Plan, Do, Study, Act' (PDSA) cycle. It's not a linear process – the idea is to cycle back and forth through both parts as often as required. You'll see these concepts mentioned frequently in this workbook. (See Videos on the Model for Improvement in this workbook.)

Figure 1: The Model for Improvement and the Plan, Do, Study, Act cycle

What are we trying to accomplish?

By answering this question you will develop your **goal**

How will we know that a change is an improvement?

By answering this question you will develop **measures** for tracking your goal

What changes can we make that will result in improvement?

By answering this question you will develop **ideas** for change

THINKING PART

Test a new idea

Try another PDSA cycle for this idea

STEP 1

Plan
- Describe the idea
- What, who, when, where
- Make predictions
- Define Data to be collected

STEP 2

Do
- Carry out the plan
- Record data

STEP 3

Study
- Analyse data
- Compare data to predictions
- Summarise & reflect on lessons

STEP 4

Act
- What next?
- Implement change or try something new
- What idea will you test next

DOING PART

General practice considerations

Quality improvement in general practice can address one or more of the following:

- **Safety** – Avoiding harm to patients

- **Effectiveness** – Providing evidence-based care and only providing services likely to be of benefit

- **Patient-centricity** – Providing care that is responsive to individual patient's preferences, needs and values

- **Timeliness** – Reducing waiting times for care and avoiding harmful delays

- **Efficiency** – Avoiding waste

- **Equity** – Providing care of the same quality regardless of personal characteristics such as gender, ethnicity, location or socio-economic status.

Benefits and outcomes of QI in general practice are often categorised into four areas, as shown in Figure 2. Change that results in benefits across all four areas are said to have met the 'quadruple aim' – a useful target to keep in mind when developing your ideas.

Figure 2: The 'Quadruple Aim'

Improved Patient Experience

Better care: safe, quality care

Timely and equitable access

Patient and family needs met

Improved Provider Experience

Increased clinician and staff satisfaction

Leadership and teamwork

Quality improvement culture in practice

Population health

Better health outcomes

Reduced disease burden

Improvement in physical and mental health

Sustainable Cost

Efficient and effective services

Increased resources for primary care

Commissioning effectively

Links with PIP, accreditation and professional development

This workbook can be used by practices and individual professionals as evidence for:

- Practice Incentive Payment Quality Improvement (PIP QI)

- RACGP accreditation standards

- Continuous professional development.

Appendix 1 🔧 details how quality improvement activities included in this workbook can be used as evidence for RACGP accreditation.

Support from NWMPHN

For further support on implementing continuous quality improvement activities at your practice, contact your relationship manager at NWMPHN on (03) 9347 1188 or email primary.care@nwmphn.org.au

The use of the CAT4 data extraction tool

CAT4 is a tool that extracts and summarises key information about your practice population. It is compatible with a number of medical software systems, and NWMPHN provides general practices with free access to the tool.

This workbook uses CAT4 as a main source of data. However, you can still undertake quality improvement work if you don't have CAT4. There may be opportunities to extract the same data (or a modified version of it) directly from your clinical system. For help, please contact your NWMPHN relationship manager.

Your four steps to improvement

Step 1 Understand My Health Record

My Health Record is a secure online summary of an individual's health information, available to all Australians. Health care providers, authorised by their health care organisation, can access My Health Record to view and add patient health information.

The My Health Record system gives clinicians timely access to information about patients, such as Shared Health Summaries, discharge summaries, prescription and dispense records, pathology reports and diagnostic imaging reports.

When the system launched in 2012, it was an 'opt-in' model: people had to register themselves for a record. Recently, the model changed, so all Australians who did not take the opportunity to 'opt out' by 31 January 2019 had a My Health Record created.

Those who have opted out can still register for a record at any time. People can also cancel their My Health Record at any time, to have it permanently deleted or change who has the right to view their record.

Millions of consumers have a My Health Record. See myhealthrecord.gov.au/statistics for a monthly snapshot on the numbers of users and types of data uploaded to My Health Record all over Australia.

A patient's My Health Record may contain a range of documents, as shown in Figure 3. These are uploaded by health care providers including primary care providers (such as GPs and pharmacies), other providers (such as hospitals, pathologists and radiologists) and government agencies (such as Services Australia and Veterans' Affairs), as well as by patients themselves.

Figure 4 shows the number of the main types of documents in the system as of October 2020. See myhealthrecord.gov.au/statistics for a monthly snapshot.

Figure 3: Documents and providers that contribute to My Health Record

Information available through My Health Record can include:

- A patient's shared health summary (e.g. diagnoses, current medications, allergies and adverse reactions)
- Event summaries
- Medication prescribing and dispensing history
- Discharge summaries
- Specialist letters
- Referrals

- Pharmacist shared medicines list
- Advanced Care Planning information
- Information about a patient's past health events
- Pathology reports
- Diagnostic imaging reports
- Child development information
- Consumer-entered information
- Medicare overview

Source: myhealthrecord.gov.au

Important to note

My Health Record complements, rather than replaces, existing forms of communication between clinicians.

Figure 4: Documents in the system (October 2020). See myhealthrecord.gov.au/statistics for a monthly snapshot.

There are
more than
**68
million**
Pathology
Reports

That's more than a
3.8 million
increase in October

There are
nearly
**10
million**
Diagnostic
Imaging Reports

That's more than a
500K increase
in October

There are
more than
**101
million**
Dispense
Records

That's an increase of
5.5 million
in October

There are
more than
**8
million**
Discharge
Summaries

Source: myhealthrecord.gov.au/statistics

As health professionals increase their use of My Health Record, it becomes a more and more useful tool – with information able to be added by many members of the care team Figure 5 shows the proportion of services using the system as of October 2020. See myhealthrecord.gov.au/statistics for a monthly snapshot.

Figure 5: My Health Record – proportion of use (October 2020)

99% of pharmacies are
now registered
88% are using
My Health Record

That's another
1% increase
in October

94% of GPs are
now registered
84% are using
My Health Record

96% of public hospitals
are now registered
94% are using
My Health Record
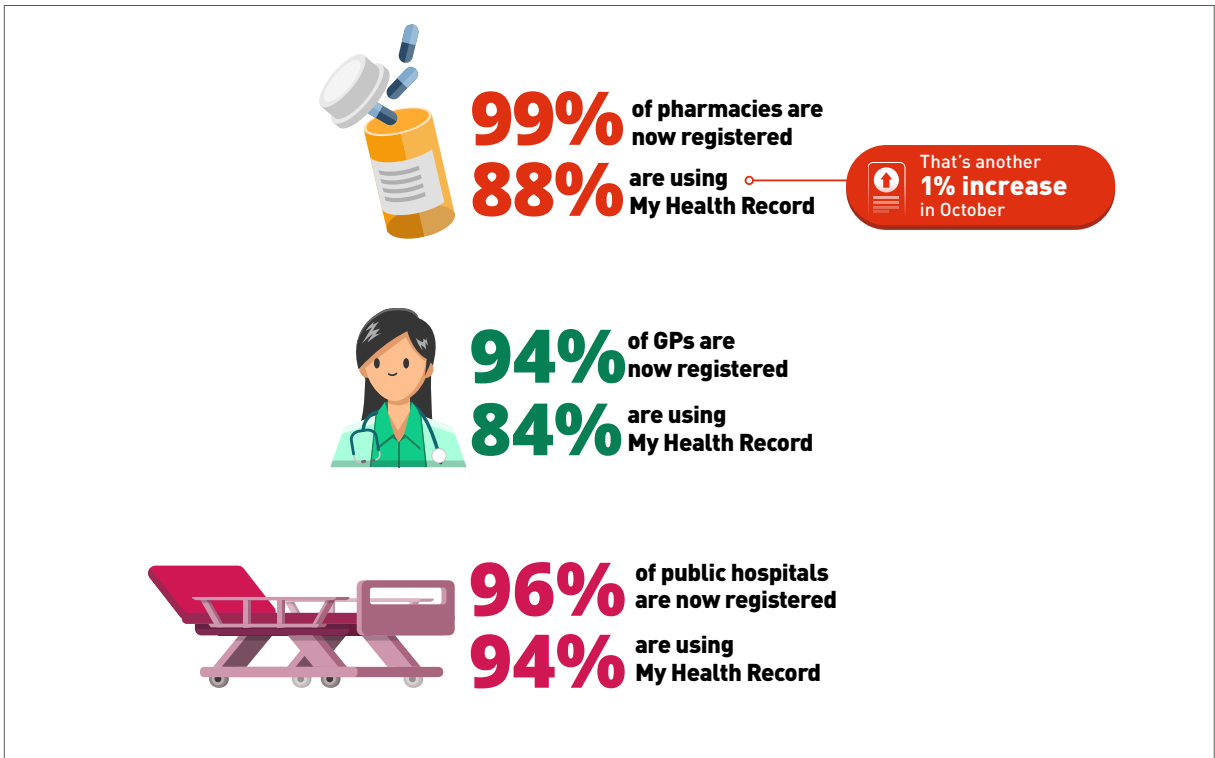
Source: myhealthrecord.gov.au/statistics

Why is My Health Record important for general practice?

My Health Record:

- improves medication safety and minimises adverse drug events

- enhances patient self-management – improving access for people and their care providers

- improves patient outcomes

- reduces time spent gathering information, as well as delays in accessing information, such as discharge summaries

- avoids duplication of services, and unnecessary tests.

My Health Record can help with clinical decision-making. For example, GPs can:

- validate clinical information, including diagnoses, medicines, allergies and adverse drug reactions, as well as immunisation history and status

- gain an overview of a patient's health through their Shared Health Summary, discharge summaries and medicines information

- download important clinical documents from the patient's My Health Record to the local practice clinical information system.

In addition, by uploading a Shared Health Summary, clinicians also make information available to other healthcare providers, including medical diagnoses, medicines, allergies and adverse drug reactions and immunisation history, or an event summary with information about a significant clinical event.

My Health Record is particularly useful when treating and caring for:

- people with multiple treating health professionals and/or prescribers

- vulnerable groups, such as children and older people and refugees

- people with complex health care requirements

- people visiting from interstate or out of town

- people who do not have a usual health care provider.

In the north, west and central Melbourne area (the NWMPHN region):

~61k Shared Health Summaries have been uploaded for patients of 1.64 million residents (2016 Census)

1.3m prescription records have been uploaded

It is recommended that general practices register and use My Health Record as follows:

Step 1: Register for and connect the practice to the My Health Record system

Step 2: All users (that is, clinicians) to undertake in-house training for My Health Record

Step 3: Start accessing patient information in My Health Record (for example, discharge summaries and diagnostic imaging reports)

Step 4: Start uploading Shared Health Summaries to My Health Record

Step 5: Make viewing and uploading of information to My Health Record, including Shared Health Summaries, a regular practice.

Practice Incentives Program – eHealth Incentive (ePIP)

The Practice Incentives Program eHealth Incentive (ePIP) aims to encourage general practices to keep up to date with the latest developments in digital health and adopt new digital health technology as it becomes available. It aims to help practices improve administration processes and patient care. To be eligible to participate in the Practice Incentive Program, a general practice must be accredited or registered for accreditation, against the Royal Australian College of General Practitioners (RACGP) Standards for general practices.

The Practice Incentive Program eHealth Incentive (ePIP) has five eligibility requirements:

1   Integrating Healthcare Identifiers into Electronic Practice Records

2   Secure Messaging Capability

3   Data Records and Clinical Coding

4   Electronic Transfer of Prescriptions

5   My Health Record system

Practices can use the ehealth incentives checklist to prepare for the Practice Incentives Program.

Use HealthPathways Melbourne to research My Health Record

HealthPathways Melbourne (melbourne.healthpathways.org.au) is an online resource that gives clinicians up-to-date, localised clinical and referral information.

HealthPathways Melbourne provides clear, concise guidance for assessing and managing patients with particular symptoms or conditions, as well as outlining the most appropriate referral pathways.

We recommend reading the following pages in relation to My Health Record before you start:

- My Health Record

- eHealth Practice Incentives Program (ePIP) pathway.

How do I access HealthPathways Melbourne?

HealthPathways Melbourne access requires a username and password. Request access online or complete this form to request automatic login.

To receive the monthly HealthPathways Melbourne Bulletin, email info@healthpathwaysmelbourne.org.au

Access is limited to health professionals in the North Western and Eastern Melbourne PHN catchments.
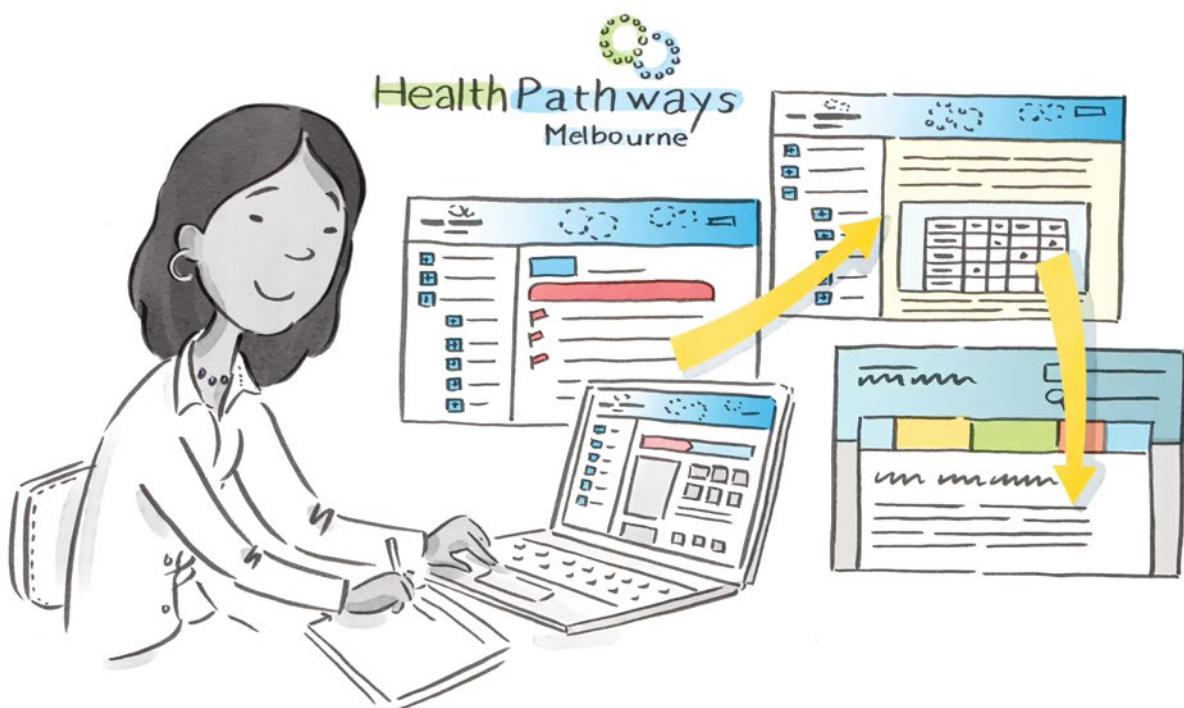
Step ② Work as a team to collect data and develop goals

Now you've done your background research, it's time to establish a brains trust and start examining ideas. By the end of this section, you'll be able to answer these key questions:

Goal
What are we trying to accomplish?

Measure
How will we know that a change is an improvement?

Idea
What changes can we make that will result in an improvement?

Team up

Evidence shows that improvement is most likely when all staff support change, so adopt a whole-of-team approach from the outset.

Form a QI project team

Your project team should include representatives from your whole-of-practice team. It might include your practice manager, reception and other administrative staff, nursing staff, GPs and allied health practitioners.

For each project, you will need at least two project leads:

1   A lead GP to inform any clinical content

2   Another person in your team capable of managing the project, who will be given allocated time to complete the work required.

As your practice becomes more experienced with quality improvement, you may consider including a patient in your project team – they can provide great insight from a patient perspective, particularly if the focus of your QI activities includes measuring and improving patient experience. Page 15 of the Quality Improvement Guide and Tools provides more ideas on how to include patients in your QI activities.

Download the NWMPHN Team Health Check PDSA* and Improvement Foundation's Team Health Check Score Sheet* to help you assess your team culture and identify roles and responsibilities. Along the way, you might also identify team members who might resist change, as well as potential issues or matters to address before your project begins.

*Documents will download directly from the links

Collect baseline data

There is a saying that 'what gets measured gets done'. So, collect and collate as much relevant data as you can. This will help you accurately assess the current situation and pinpoint exactly where you want to improve. It will also give you a 'baseline' against which success (and failure) can be measured objectively.

Some baseline data is straightforward, such as clinical data retrieved from CAT4 searches. By contrast, information such as 'staff knowledge' or 'patient experience' is harder to measure, but may be no less important. (See Videos on the Model for Improvement on page 40.)

Baseline data may include, but is not limited to:

- CAT4 data or medical software data
- measurement of patient experience
- measurement of staff experience
- measurement of current staff knowledge and confidence.

Ensure you review the relevant appendix (cited next to each activity) before you start each activity.

Stop and 'cleanse' your data

'Clean' data going in means 'clean' data coming out. Guides for undertaking a 'data cleanse' include:

- CAT4: Pen CS Data Cleansing Guide
- Medical Director: Data cleansing in Medical Director (Sydney North Health Network)
- Data cleansing in Best Practice: Best Practice's data clean up guide or Sydney North Health Network's Best Practice Data Cleansing Guide
- A Quality Improvement activity: Data Cleansing QI Activity (North Western Melbourne PHN).

Use Activity Table 1 ✎ to collect data to determine how you currently use My Health Record.

Activity Table 1: Collating baseline data

✍ **Assessment of activity/status today**

Item	Question/Measure	Date:
1	**Our practice has a responsible officer and an organisation management officer** 🔗 **Data Source:** Manual Check ⭐ **Best practice/Gold Standard:** These people are named	**Name:** **Name:**
2	**Our responsible officer has registered for a PRODA (Provider Digital Access) account** 🔗 **Data Source:** Manual Check ⭐ **Best practice/Gold Standard:** PRODA in place	Yes No
3	**Our practice has a Healthcare Provider Identifier – Organisation (HPI-O)** 🔗 **Data Source:** Manual Check ⭐ **Best practice/Gold Standard:** HPI-O in place	Yes No **Our HPI-O is:** (16 digits)
4	**Number of health care providers in our practice with a Healthcare Provider Identifier – Individual (HPI-I)** 🔗 **Data Source:** Manual Check ⭐ **Best practice:** 100%	**out of** **total health care professionals**
5	**We have access to My Health Record via conformant software, or via the National Provider Portal** 🔗 **Data Source:** Manual Check ⭐ **Best practice:** Access in place	**We** Do Do not **have access via**
6	**How many active patients* have a My Health Record?** **CAT4** – See Appendix 2 🔧: How to look up My Health Record data on CAT4 data extraction tool. (Do not specify a date range)	**active patients have a My Health Record**
7	**Number of active patients* with a My Health Record and a Shared Health Summary (SHS) (ever uploaded)** **CAT4** – See Appendix 2 🔧 (Do not specify a date range)	**active patients out of** **total active patients** **with a My Health Record**

Activity Table 1: Collating baseline data (continued)

8

Number of Shared Health Summaries uploaded in total by each provider

CAT4 – See Appendix 2 🔧 (Do not specify a date range)

Provider	Dr A	Dr B	Dr C	Dr D	Dr E
No. of total shared health summaries uploaded					

9

Number of active patients* with a My Health Record and an Event Summary (ever uploaded)

CAT4 – See Appendix 2 🔧 (Do not specify a date range)

No. of uploads	0 Uploads	1 Upload	2 Uploads	3 Uploads	>3 Uploads
No. of patients					

10

Percentage of these active patients* for whom a Shared Health Summary has been uploaded ever

CAT4 – See Appendix 2 🔧

People with	Diabetes (Type 1 or 2)	Cardio-vascular disease	Chronic renal disease	Respiratory disease	Mental health diagnosis
X out of Y = _%					

11

Percentage of active patients* for whom a Shared Health Summary has been uploaded in the previous six-month period

Use CAT4 – See Appendix 2 🔧

X active patients out of total Y active patients with a My Health Record = X%

6 months ago – today

12 months ago – 6 months ago

18 months ago – 12 months ago

Add any other measures you think are relevant including any patient feedback you already have in hand – this is valuable baseline data.

* Active patients means patients who have been to see your practice three times or more in the past two years. You can use CAT4 to filter for your 'active patients'.

Reflect on the data

Reflect on the information you've compiled. You might consider the following questions:

- Does any data surprise you?
- Are there clear areas for improvement that could form the basis of your QI project?
- How does the data compare from year-to-year? Can significant differences be explained?
- Are there clear areas for improvement that could form the basis of your QI project?
- Based on this discussion, identify and prioritise key areas for improvement using Activity Table 2 .

Remember – You don't need to improve in all areas at once. You might decide to concentrate on one measure at a time. How you do this is up to you. You can pick and choose ideas in this workbook to suit the approach that best meets your practices needs.

Activity Table 2: Analysing baseline data

Item	✍ Identified area for improvement	✍ Number each in order of priority for improvement (i.e. 1, 2, 3, etc.)
1		
2		
3		
4		
5		
6		

✍ Completed by:	✍ Date:

Set a goal

All practices undertaking this workbook will have a similar goal or set of goals. That is, goals that help the practice work towards the regular use of My Health Record, and regular uploading of information.

Goals should always be 'SMART', that is:

• **Specific** – Does the goal say exactly what we want to achieve?

• **Measurable** – Have we included a measurable target, such as 'increase cervical screening rates among appropriate women by 50 per cent' or 'to achieve 100 health checks'?

• **Achievable** – Is it likely our practice will be able to accomplish the goal?

• **Relevant** – Does the goal align with our practice's broad vision and aims?

• **Time-based** – Do we have a clear deadline for achieving our goal? (Deadlines should be challenging but realistic.)

A suitable 'SMART' goal related to My Health Record is **'To increase the proportion of Shared Health Summaries uploaded to a patient's My Health Record by 31 December 2020 to 50 per cent of active patients'.**

You may wish to concentrate first on improving SHS uploads for the people who will most benefit – ie. those with chronic conditions and needing more complex care.

Activity Table 3 ✎, on the next page, is a completed template for setting a SMART goal. Practices should amend the percentage, priority population and timelines as appropriate.

Activity Table 3: Set a goal

✎ **Our goal is:**

To increase the number of Shared Health Summaries uploaded to a patient's My Health Record by   to   per cent of our active patients.

✎ **Our target population is:**	✎ **Check that the goal is:**
Our whole active patient population.	☑ Specific ☑ Measurable ☑ Achievable ☑ Relevant ☑ Time-based

✎ **We will use the following measures to know if we've been successful:**

Measure:	Source:
Number of active patients with a My Health Record for whom a Shared Health Summary has been uploaded. That is, X out of Y = %	CAT4 (See Appendix 2)
Measure:	Source:
Number of Shared Health Summaries (SHSs) uploaded in the previous month (measure this at the start of every month).	CAT4 (See Appendix 2)
Measure:	Source:
Number of SHS uploaded in total, per provider.	CAT4 (See Appendix 2)
Measure:	Source:
Number of event summaries uploaded in total.	CAT4 (See Appendix 2)
Measure:*	Source:
	CAT4 (See Appendix 2)

✎ **We want to achieve our goal by:**	✎ **We will collect our measures every:**
	For example: 1st of the month, two months, quarter, six months.

* If you want to specify who you upload SHS for. For example, the number of people with diabetes, CKD, CVD, mental health conditions or respiratory conditions who have an SHS uploaded.

Use Activity Table 4: SMART Goal Template ✎ for any other goals.

Activity Table 4: SMART Goal Template

✎ **Our goal is:**

✎ **Our target population is:**	✎ **Check that the goal is:**
	☑ Specific ☑ Measurable ☑ Achievable
	☑ Relevant ☑ Time-based

✎ **We will use the following measures to know if we've been successful:**

Measure:	Source:
Measure:	Source:
Measure:	Source:
Measure:	Source:
Measure:	Source:

✎ **We want to achieve our goal by:**	✎ **We will collect our measures every:**
	For example: 1st of the month, two months, quarter, six months.

Brainstorm ways to achieve your goal

Now use Activity Table 5 🖊 to list activities that might help your practice achieve its goal or goals. Activities might include, but are not limited to:

- staff training and education
- system changes
- workplace/environmental changes
- regular reviews/audits/meetings.

There is no minimum or maximum number of activities. As a guide, we have provided room to record six.

Activity Table 5: Brainstorm ways to achieve goals ('activities for improvement')

Idea no.	🖊 Activity	🖊 Expected outcomes
1		
2		
3		
4		
5		
6		

🖊 Completed by:	🖊 Date:

Suggested QI activities for My Health Record

The following list of activities may help. Use any that are relevant to your practice's needs, or add some of your own.

See brainstorming tools for identifying a change idea, recommended by IHI, including:

- Affinity Tool
- Five Whys
- Driver Diagram
- Flow Chart
- Cause and Effect (Fishbone)

- Discuss the new QI project at staff meetings (clinical/non-clinical/all-staff meetings) so everyone understands the rationale, targets, activities and their roles. Provide regular updates/opportunities for people to contribute.

- If not already connected, register and connect the practice to My Health Record (see the Practice Manager Registration Guide for step-by-step instructions).

- Develop a My Health Record policy for the practice (try the RACGP template as a starting point).

- Have key users complete eLearning modules (note: RACGP points are available).

- Have key users learn to navigate clinical software simulators (see these simulators and demonstrations).

- Have key users follow My Health Record summary sheets for your practice's clinical software, to learn more about how to perform various functions.

- Create a Topbar prompt to remind clinicians to upload a Shared Health Summary (SHS) for patients who have a My Health Record but no SHS.

- Have staff complete 'before' and 'after' surveys to measure the improvement in their knowledge and confidence about My Health Record (see Appendix 5: Template for assessing staff knowledge and confidence 🔧).

- Request education and training from the Australian Digital Health Agency or PHN

- Develop and display a card to remind clinicians to upload SHSs for clients with chronic diseases.

- Develop an incentive or competition – for example, a 'league table' of SHS uploads per practitioner, with a monthly prize for highest number of uploads.

- Make or source patient-friendly information, such as brochures or posters for waiting rooms or consulting rooms.

Step ③ Plan, Do, Study, Act – time to get 'cycling'

You're now ready to take action, using a 'Plan, Do, Study, Act' (PDSA) cycle for each activity you've decided to implement.

To get started, take the activities you've listed in Activity Table 5 ✎ and assign a responsible person/persons, and intended due dates, to keep the activities moving along. Use Activity Table 6 ✎, and regularly check in on your team's progress. This is part of the 'plan' part of the cycle. (You may also want to review the explanation of PDSA under The Model for Improvement heading in the introduction to this workbook.)

We have provided room to record six as a guide – but complete as many of these activities as you need to.

Activity Table 6: Timeframes and responsibilities

1	✎ Activity
	✎ Person responsible ✎ By when
	✎ Expected outcomes

2	✎ Activity
	✎ Person responsible ✎ By when
	✎ Expected outcomes

Activity Table 5: Timeframes and responsibilities (continued)

3	✍ **Activity** ✍ **Person responsible**　　　　✍ **By when** ✍ **Expected outcomes**
4	✍ **Activity** ✍ **Person responsible**　　　　✍ **By when** ✍ **Expected outcomes**
5	✍ **Activity** ✍ **Person responsible**　　　　✍ **By when** ✍ **Expected outcomes**

Activity Table 5: Timeframes and responsibilities (continued)

6	✎ **Activity**
	✎ **Person responsible**　　　　　✎ **By when**
	✎ **Expected outcomes**

Next, create copies of the PDSA cycle template (Activity Table 7 ✐) and fill one out for **each activity**. This will help you to break your project down into manageable chunks, allocate responsibilities more easily, and accurately assess what's working and what's not. Ensure that each PDSA table includes details of who is doing what, and by when, to keep your project on track.

Note that you can run more than one PDSA at a time. This will depend on the change you're making, and the time it's likely to take before any measurable improvement. If results are likely to take longer (more than a month, for example, or a year), running separate, sequential PDSAs for each activity would mean the project would take too long.

Note that you do not have to complete this table immediately. The 'plan' and 'do' parts are completed before implementation, and the 'study' and 'act' parts are completed afterwards.

PDSA cycle template

You've got your plan and are now ready to start 'cycling' through PDSAs. Use Activity Table 7: PDSA cycle template ✐.

Also see Appendix 3 🔧, which provides an example of how to complete the template. Appendix 4 🔧 is another **blank** PDSA workbook template that you can copy.

Activity Table 7: PDSA cycle template

✎ **Goal**	
✎ **Activity number**	✎ **Staff member responsible**
✎ **Date started**	✎ **Date completed**

Part 2: The doing part – Plan, Do, Study, Act

Plan

Plan the test, including a plan for collecting data

Describe the brainstorm idea you are planning to work on. (Idea)

What exactly will you do? Include what, who, when, where, predictions and data to be collected.

Idea (activity)

What (step-by-step)

Who

When

Where

Prediction

Data to be collected

Baseline

Do

Run the test on a small scale

Carry it out, and describe how you went (Action)

Was the plan executed successfully?

Did you encounter any problems or difficulties?

Part 2: The doing part – Plan, Do, Study, Act (continued)

Study

Analyse the results and compare them to your predictions

Does the data show a change? (Reflection)

What does the data say?

Did you meet your predictions? If you fell short, suggest why.

Act

Based on what you learned from the test, plan for your next step

Do you need to make changes to your original plan? (What next?) OR Did everything go well?

If this idea was successful you may like to implement this change on a larger scale or try something new.

If the idea did not meet its overall goal, consider why not and identify what can be done to improve performance.

Repeat Step 2 for other ideas. What idea will you test next?

Tip: Do your first lot of activities for your first goal and then proceed to manage and monitor your progress/success. Begin again on page 17 (Set a goal) when you're ready to tackle the process again for another area. See Appendix 4 🔧 for a PDSA workbook template.

Manage and monitor your project

Now you're in the swing of things, ensure you monitor the project regularly, with an eye on your 'baseline data'.

Ensure each PDSA template for each project activity is completed as the activity is completed. As soon as practical, reflect on how the activity went, and any obstacles, and decide whether to continue with the change, or amend it and try it again.

Look back at the data you collected in Activity Table 1 ✎, as well as any other measures you decided to collect as part of your project.

Now collect the same data again and complete Activity Table 8 ✎. As you do, assess whether there's any improvement since the last measurement. If not, consider why not. Is it too early to see change, or is an extra effort needed to push performance along? And what might be the best activity to tackle next?

Copy the relevant data results from Activity Table 1 ✎, but note the order of columns is different here.

Manage and monitor — tips for successful PDSA

- Allocate 'protected time' so that those responsible can effectively implement the changes.

- Set dates in the project team's calendars **now** for reviewing the project. Use the PDSA due dates as a guide, and also set regular review periods (perhaps monthly or quarterly). Regular monitoring is important so that the team can support and encourage each other to complete activities.

- Keep your project team and other practice staff well-informed.

- Catch-up with staff about their PDSAs and offer support where needed.

- Conduct regular check-ups, both to help encourage staff, and to iron-out issues.

Activity Table 8: Manage and monitor your activity

1

✍ **Measure**

✍ **Source of data**

———●——————●——————●——————●——————●———

| 6 months before project | 3 months before project | Start of project | 3 months into project | 6 months into project |

2

✍ **Measure**

✍ **Source of data**

———●——————●——————●——————●——————●———

| 6 months before project | 3 months before project | Start of project | 3 months into project | 6 months into project |

3

✍ **Measure**

✍ **Source of data**

———●——————●——————●——————●——————●———

| 6 months before project | 3 months before project | Start of project | 3 months into project | 6 months into project |

Activity Table 8: Manage and monitor your activity (continued)

4	✍ **Measure**
	✍ **Source of data**

6 months before project   3 months before project   Start of project   3 months into project   6 months into project

5	✍ **Measure**
	✍ **Source of data**

6 months before project   3 months before project   Start of project   3 months into project   6 months into project

6	✍ **Measure**
	✍ **Source of data**

6 months before project   3 months before project   Start of project   3 months into project   6 months into project

Step **4** **Evaluate and celebrate**

Evaluation is, of course, a regular and integral part of the PDSA process. But it's also important to conduct broader evaluations of the overall project.

Once you have completed all of your activities, reflect on how the process went. Complete Activity Table 9 ✎ on the next page, as a team.

Celebrate and share

Celebrating your success doesn't just feel good – it will help you capitalise on your quality improvement efforts. Under the Model for Improvement, quality improvement is a 'virtuous cycle'. Each benefit has a positive effect on the next, leading to a 'snowball' of improvement.

By celebrating your 'wins', you'll engage your practice team more deeply with your QI project, enhance morale and foster a culture where striving for improvement is as integral as payroll – or lunch!

Depending on the stage and scale of your success, you could share results at staff meetings, hold a celebratory lunch, post your achievements in the waiting area, or even in local media or online.

Has your practice completed a quality improvement activity or project that you'd like to share?

Submit your case study, resources or photos to primarycare@nwmphn.org.au

What's next?

Now that you have completed these activities, it is time to tackle your next goal. Head back to Activity Table 2 ✎ on page 22 to identify the next goal for your practice and work through the activities again.

Activity Table 9: Evaluate achievements

✍ **Did you achieve your goal?**

✍ **What are you most proud of?**

✍ **What were the things that helped you?**

✍ **Were there any barriers?**

✍ **How did you overcome these?**

✍ **What were the changes for: • Patients • Staff/Clinicians • Population • Business?**

✍ **What would you have done differently?**

✍ **What are your next steps for the changes that were made?**

Education and training in My Health Record

Australian Digital Health Agency

My Health Record in General Practice is a self-paced online course with five modules. Each takes about an hour to complete, and each has been allocated two Category 2 points in the RACGP's QI&CPD Program for the 2017–19 triennium.

The course demonstrates the features and functions of My Health Record and discusses the key principles of its use by health care providers. Topics include:

- the benefits of using the My Health Record system

- the types of clinical information that can be found in a person's My Health Record

- how a person's My Health Record can support clinical decision-making

- how to view information in a person's My Health Record, and how to upload clinical information

- the legislative and procedural obligations of health care providers using My Health Record.

My Health Record website

Clinical software simulators

These clinical software simulators allow you to use a test patient to practise accessing, using and uploading to My Health Record via clinical software simulation.

Simulators are available for Best Practice Premier, Genie, Medical Director, Medtech32, Zedmed and Communicare.

Webinars

My Health Record webinar titles include:

- Introduction to My Health Record

- How do I view and upload?

- Communicating with consumers about My Health Record.

Webinars also provide updates and information about the development of the My Health Record system.

Events

Events are offered occasionally, for both health professionals and consumers.

RACGP My Health Record videos

RACGP's suite of short My Health Record videos covers key concepts of the program.

Tools and resources to build your confidence and skills

My Health Record

The My Health Record website has information and resources for consumers and health professionals, as well as online training and clinical software summary sheets (see also the Education and training section in this workbook).

There is a section for general practices on supporting patients, and patients can also be directed to the 'for you and your family' section.

RACGP

RACGP's website has a dedicated My Health Record resources page. This includes a suite of educational videos and practical resources such as templates and fact sheets (see also Education and training).

AAPM

AAPM has compiled a list of relevant resources for practice managers, including a handbook, and a guide to registering for My Health Record.

Some of the information in this guide has been adapted from the above sources.

General resources

Videos on the Model for Improvement

Short videos are available at IHI website. In particular, see:

- Model For Improvement – Part 1 (2 min. 54 sec.) – IHI – MFI – Part 1

- Model For Improvement – Part 2 (3 min.) – IHI – MFI – Part 2

- Plan Do Study Act – Part 1 (4 min. 45 sec.) – IHI – PDSA – Part 1

- Plan Do Study Act – Part 2 (3 min. 48 sec.) – IHI – PDSA – Part 2.

Case studies

Local examples of quality improvement success, including example PDSA cycles can be found at the NWMPHN Quality Improvement page.

North Western Melbourne Primary Health Network

Appendices

Appendix 1: Quality Improvement and RACGP accreditation

RACGP's Standards for general practices (5th edition) now includes several QI requirements. Undertaking a QI activity helps demonstrate that a practice can meet or exceed the following:

*Indicator (> Denotes indicator is mandatory)

Criterion QI1.1: Quality improvement activities

Indicators

QI1.1>A   Our practice has at least one team member who has the primary responsibility for leading our quality improvement systems and processes.

QI1.1>B   Our practice team internally shares information about quality improvement and patient safety.

QI1.1>C   Our practice seeks feedback from the team about our quality improvement systems and the performance of these systems.

QI1.1>D   Our practice team can describe areas of our practice that we have improved in the past three years.

Claiming RACGP Continuing Professional Development Points

GPs who complete activities in this workbook may be eligible to accumulate 40 CPD Accredited Activity points. Speak to one of our Workforce, Education and Training team members about requirements before commencing your activities. For more information email education@nwmphn.org.au or call (03) 9347 1188.

The standards also include a range of requirements relating to My Health Record. Undertaking My Health Record QI activities will help demonstrate that a practice can meet or exceed the following indicators:

Criterion C1.3: Informed patient decisions

Indicators

C1.3>B   Our patients receive information to support the diagnosis, treatment, and management of their conditions.

Criterion C3.4: Practice communication and teamwork

Indicators

C3.4>A   Our practice team has the opportunity to discuss administrative matters with the principal practitioners, practice directors, practice management, or owners when necessary.

C3.4>B   Our practice encourages involvement and input from all members of the practice team.

C3.4>C   Our clinical team discusses the practice's clinical issues and support systems.

Criterion C6.2: Patient health record systems

Indicators

C6.2>A   Our practice has a system to manage our patient health information.

Criterion C6.3: Confidentiality and privacy of health and other information

Indicators

C6.3>A   Our patients are informed of how our practice manages confidentiality and their personal health information.

C6.3>B   Our patients are informed of how they can gain access to their health information we hold.

C6.3>C   In response to valid requests, our practice transfers relevant patient health information in a timely, authorised and secure manner.

C6.3>D   Only authorised team members can access our patient health records, prescription pads, and other official documents.

Criterion QI2.1: Health summaries

Indicators

QI2.1>A   Our patient health records contain a record of each patient's known allergies.

QI2.1>B   Each active patient health record has the patient's current health summary that includes, where relevant:

- adverse drug reactions
- current medicines list
- current health problems
- past health history
- immunisations
- family history
- health risk factors (e.g. smoking, nutrition, alcohol, physical activity)
- social history, including cultural background.

Criterion GP3.1: Qualifications, education and training of health care practitioners

Indicators

GP3.1>A   Members of our clinical team:

- ... actively participate in continuing professional development (CPD) relevant to their position and in accordance with their legal and professional organisation's requirements.

Appendix 2: How to look up My Health Record data on the CAT4 data extraction tool

This appendix shows you how to look up information about My Health Record in terms of:

- your overall outcomes (for example, how many Shared Health Summaries or Event Summaries your practice has uploaded since using the system)

- your outcomes over a certain period (for example, how many Shared Health Summary uploads you've achieved in the past three months)

- your outcomes per clinician

- your outcomes per category of patient (for example, looking at those with specific chronic conditions).

For overall outcomes

In the **Filters** pane, go to **General/Activity,** then click on **Active (3x in 2yrs)** to see data for your active patients.

Click **Recalculate**.

In the **Reports** pane: go to the **Digital Health** tab (you may have to scroll across to the right to find the tab). Then go to **My Health Record Status**.
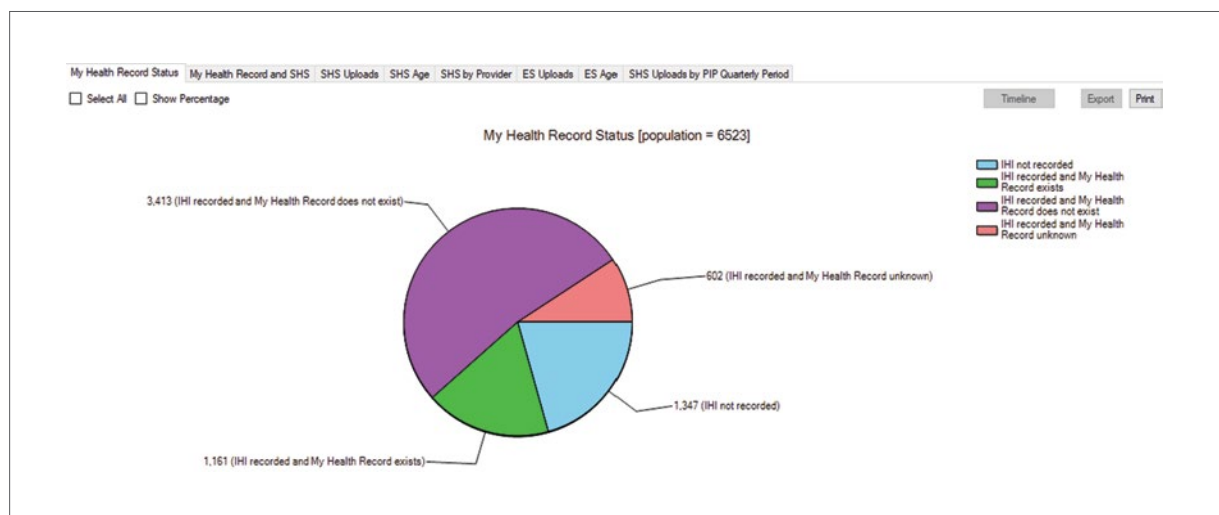
You are most concerned with the following data:

- 'IHI recorded and My Health Record exists' (here, 1,161 people have a My Health Record that you can upload to. This forms the population that the rest of the tabs report against)

- 'IHI recorded and My Health Record does not exist' (3,413 people have an IHI record – that is, a Medicare card – but do not have a My Health Record).

Note that as My Health Record is now governed by an *opt-out* process, the number of people without a My Health Record will be much lower than this dummy data shows.

Go to **My Health Record and SHS** tab.
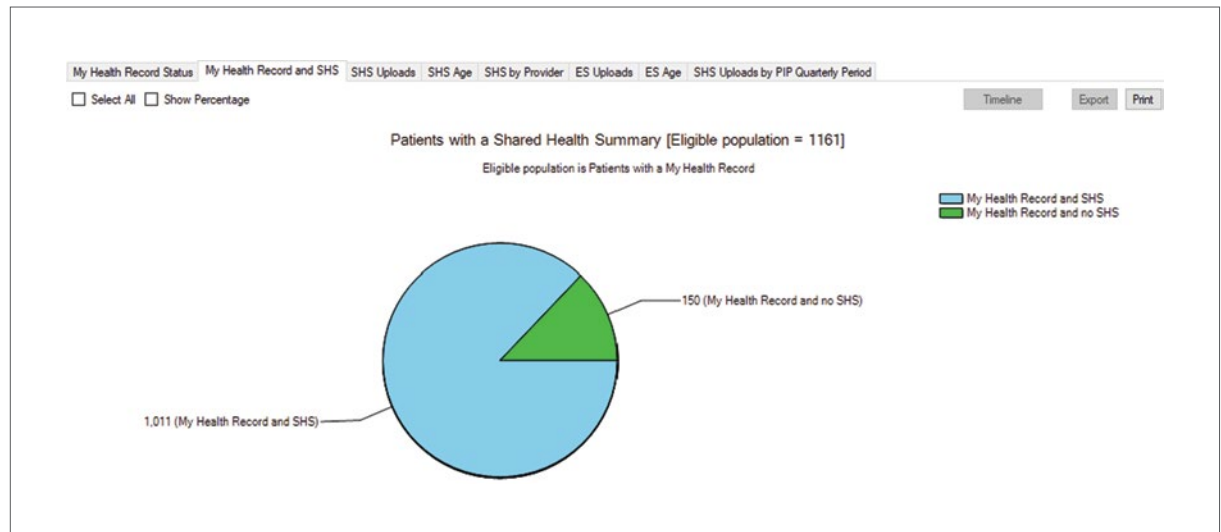
This shows that 150 out of 1161 people have never had a Shared Health Summary (SHS) uploaded to their My Health Record.

Go to the **SHS Uploads** tab.
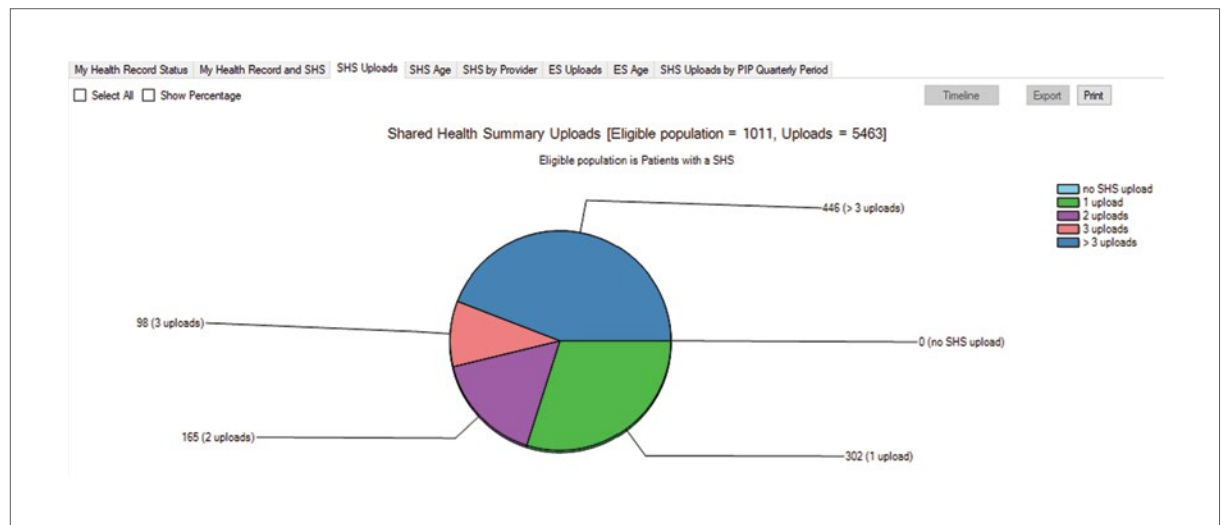
This shows the number of SHS uploads that each person has had (the total population is anyone who has had an SHS uploaded).

This data shows us that 446 of the 1011 people with an SHS have more than three Shared Health Summaries uploaded.

Go to the **SHS by Provider** tab.
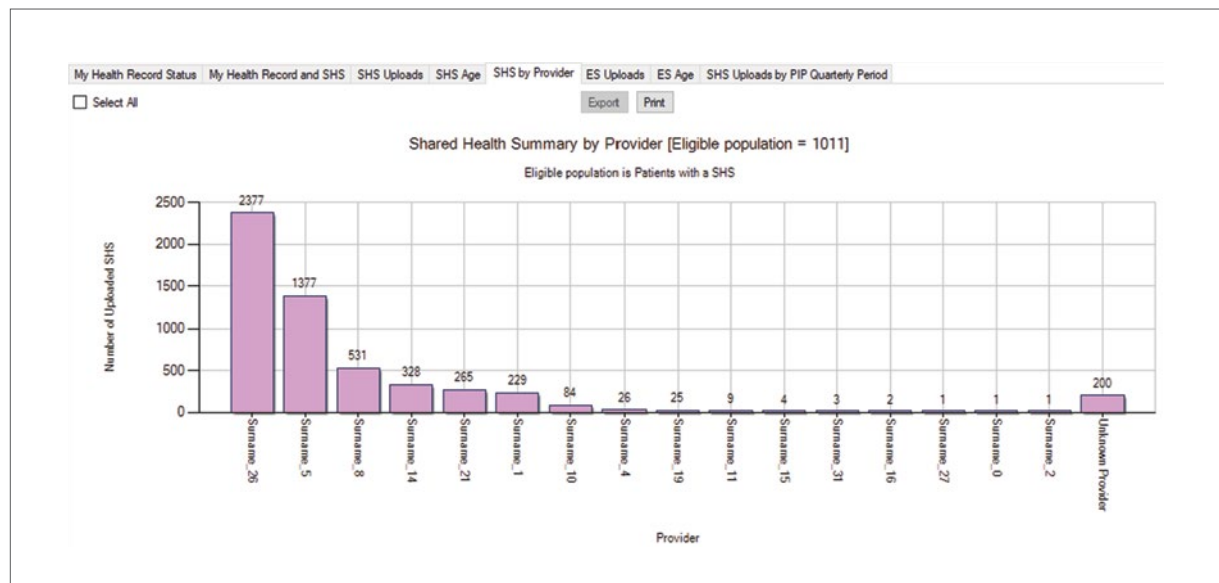
This shows that one of your practitioners has uploaded 2377 Shared Health Summaries overall.

It also shows that three practitioners have only uploaded one SHS each, in total. This can help you determine individual differences between clinicians and allow you to focus your improvements within the practice.

Go to **SHS Uploads by PIP Quarterly Period**.
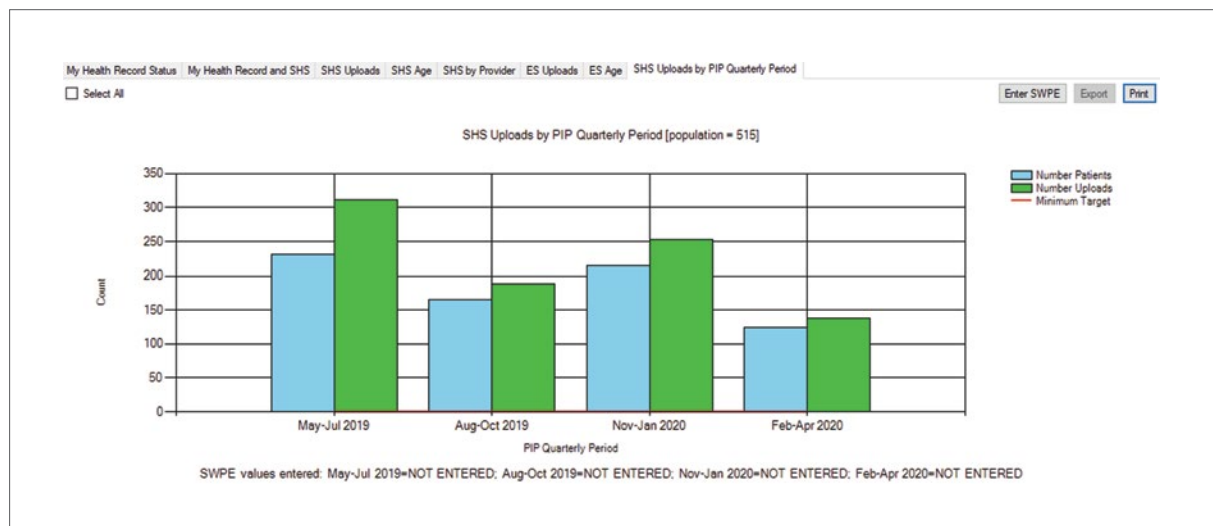
The ePIP requires practices to upload a Shared Health Summary for a minimum of 0.5 per cent of the practice's standardised whole patient equivalent (SWPE) count of patients per PIP payment quarter.

This is an easy way to see how many patients and how many uploads have been made per PIP quarter.

Go to the **ES Uploads** tab.

This shows that four people have had one Event Summary uploaded to their record. No patients have had more than one Event Summary uploaded.

Event summaries are particularly useful when seeing a non-usual patient (for example, someone on holiday from interstate). You can upload an Event Summary so that the patient's usual GP can see what you did for that patient when they look at the My Health Record.

For outcomes over a certain period of time

In the **Filters** pane: add a date range filter. For example, you could use this to look at the past six months and compare it to the six months before that.

This will be valuable in helping you track how you are going week-on-week, month-on-month and so forth, or before and during your project.

Go to **Date Range (Results)** and enter your date range.

For outcomes per type of patient

Shared Health Summaries (SHS) are particularly useful for patients with chronic conditions who are managed across multiple providers, including primary, secondary and community care providers.

You may wish to concentrate first on improving SHS uploads for the people who will most benefit – those with chronic conditions and needing more complex care.

In the **Filters** pane, click **Conditions** and choose the condition you want to look at.
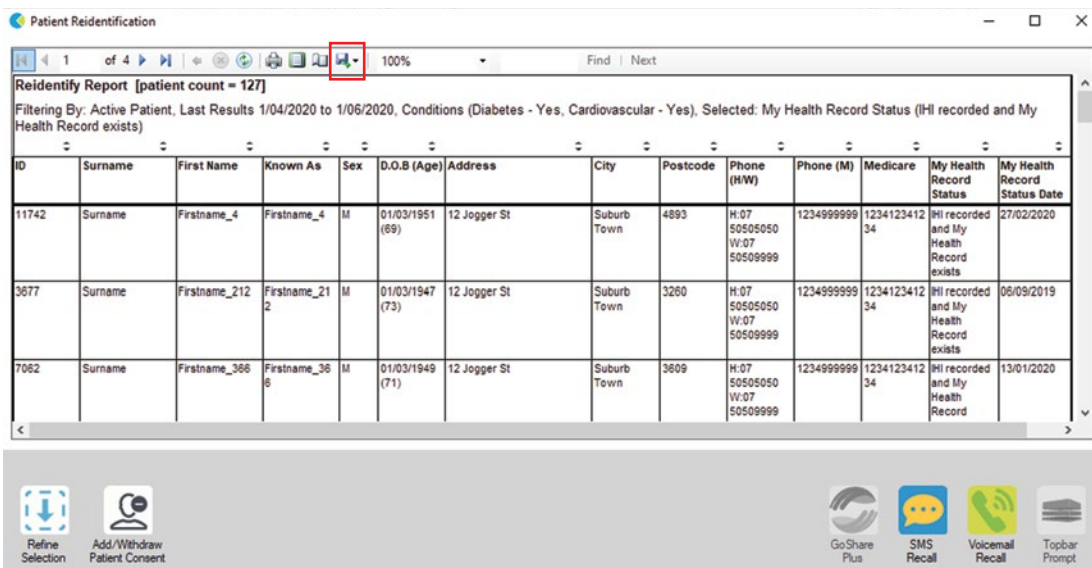
Click **Recalculate**.

Now look at your **Reports** pane. When you go to the **Digital Health** tab, it will only report on the patients who have this condition.

You will need to run separate reports for separate conditions, unless you are looking for patients who have all of the conditions you tick. For example, if you tick **Diabetes** and **Cardiovascular** at once, the report will only show data for people who have both conditions, not patients who have one or the other.

To export Patient List to Microsoft Excel:

1   Double click on the part of the graph you are interested in to display the 'reidentify patient report'.

2   Click on **Save As** then Excel.

3   Choose a file name and location to save.

4   Click **Save**.

Appendix 3: PDSA worksheet sample

✍ Priority area number	✍ Activity number
1	2

✍ Goal
Increase the number of SHSs uploaded to our active patients by 30 per cent, by 30 October 2020.

✍ Staff member responsible

✍ Date started	✍ Date completed

Part 2: The doing part – Plan, Do, Study, Act

⚙ **Plan**	✍ Describe the brainstorm idea you are planning to work on. (Idea)
Plan the test, including a plan for collecting data	What exactly will you do? Include what, who, when, where, predictions and data to be collected.

✍ Idea
Have key users complete online clinical simulators.

✍ What (step-by-step)
1 Allocate protected time to key users
2 Develop a pre- and post-training knowledge survey by 1 May. Check with Dr Brown and send to users by 15 May
3 Get users to complete pre training survey, and then the online clinical simulators by 30 June
4 Get users to complete post-training survey by 30 June.

✍ Who	✍ When
PM	1 April to 30 June

✍ Where	✍ Prediction
N/A	Key users to complete clinical simulators. Improvement in users' knowledge of key topics, as measured by surveys. Clinicians will report that it helped to improve their use of My Health Record.

Part 2: The doing part – Plan, Do, Study, Act (continued)

✍ Data to be collected

Number of people who have completed online clinical simulators. Improvement shown in people's knowledge and confidence in key topics (measured by survey).

✍ Baseline

No staff have completed a clinical simulator before. Baseline knowledge and confidence will be measured when the survey is developed.

🏃 Do	✍ Who is going to do what? (Action)
Run the test on a small scale	Was the plan executed successfully? Did you encounter any problems or difficulties?

Was confused about developing a relevant pre- and post-survey to test clinicians on their knowledge. Needed to know what content it covers to make the surveys, but was able to see this by accessing the clinical simulators myself and see what the content was.

However, all people completed simulators in time and did their surveys.

📄 Study	✍ Does the data show a change? (Reflection)
Analyse the results and compare them to your predictions	What does the data say? Did you meet your predictions? If you fell short, suggest why.

All our clinicians completed the clinical simulators, including GPs and nurses.

There was improved knowledge about:

- how to view clinical information in a My Health Record (in 3/5 GPs and 4/4 nurses)
- what a Shared Health Summary is (in 3/5 GPs and 4/4 nurses)
- why an SHS is important (in 4/5 GPs and 4/4 nurses)
- how to upload an SHS (in 5/5 GPs and 4/4 nurses)
- how to access 'prescription and dispense' view (in 3/5 GPs and 4/4 nurses).

There was improved confidence in:

- viewing clinical information in a My Health Record (in 3/5 GPs and 4/4 nurses)
- uploading an SHS (in 5/5 GPs and 4/4 nurses)
- accessing 'prescription and dispense' view (in 3/5 GPs and 4/4 nurses).

Clinicians reported that they found them easy to use and relevant.

We also saw an increase of 100 SHSs uploaded in the past two months compared to the two months before that.

Part 2: The doing part – Plan, Do, Study, Act (continued)

Act	Do you need to make changes to your original plan? (What next) OR Did everything go well?
Based on what you learned from the test, plan for your next step	If this idea was successful, you may like to implement this change on a larger scale or try something new. If the idea did not meet its overall goal, consider why not and identify what can be done to improve performance.

We have completed this task for now, with no need to repeat or revise, although clinicians can go back to these simulators if they need to refresh their knowledge in future. We have provided them with access and login details via email.

Repeat Step 2 for other ideas. What idea will you test next?

Appendix 4: PDSA worksheet template

This is a blank PDSA worksheet that you can use to test each new idea.

Priority area number	Activity number
Goal	
Staff member responsible	
Date started	**Date completed**

Part 2: The doing part – Plan, Do, Study, Act

Plan

Plan the test, including a plan for collecting data

✎ **Describe the brainstorm idea you are planning to work on. (Idea)**

What exactly will you do? Include what, who, when, where, predictions and data to be collected.

✎ **Idea (activity)**

✎ **What (step-by-step)**

✎ **Who**	✎ **When**
✎ **Where**	✎ **Prediction**

✎ **Data to be collected**

✎ **Baseline**

Do

Run the test on a small scale

✎ **Carry it out, and describe how you went (Action)**

Was the plan executed successfully?

Did you encounter any problems or difficulties?

Part 2: The doing part – Plan, Do, Study, Act (continued)

Study

Analyse the results and compare them to your predictions

Does the data show a change? (Reflection)

What does the data say?

Did you meet your predictions, or did you fall short?

Act

Based on what you learned from the test, plan for your next step

Do you need to make changes to your original plan? (What next?) OR Did everything go well?

If this idea was successful you may like to implement this change on a larger scale or try something new.

If the idea did not meet its overall goal, consider why not and identify what can be done to improve performance.

Repeat Step 2 for other ideas. What idea will you test next?

Appendix 5: Template for assessing staff knowledge and confidence before and after education or training

This is a template. You may adapt the questions depending on what the training entails, and the areas where you expect improved knowledge and confidence.

Ask staff to complete this survey before and after training, so that you can discern the difference training has made.

Staff knowledge and confidence survey

✍ Your Name	✍ When did you complete this survey? Pre-education Post-education ✍ Date
✍ Your role GP Nurse Immuniser Practice Nurse Practice Manager Administrator	✍ Name of training/course/modules you are completing/have completed:

✍ **How would you rate your knowledge about the value of a My Health Record?** (use your PDF highlight tool to complete this question)

Not knowledgeable   Very knowledgeable

1	2	3	4	5	6	7	8	9	10

OR   N/A: It's not part of my role.

✍ **How would you rate your confidence in discussing the value of a My Health Record with patients/carers?** (use your PDF highlight tool to complete this question)

Not confident   Very confident

1	2	3	4	5	6	7	8	9	10

OR   N/A: It's not part of my role.

✍ **How would you rate your knowledge about how to access a patient's My Health Record?** (use your PDF highlight tool to complete this question)

Not knowledgeable   Very knowledgeable

1	2	3	4	5	6	7	8	9	10

OR   N/A: It's not part of my role.

✍ **How would you rate your confidence in being able to look up and utilise a patient's My Health Record information when appropriate?** (use your PDF highlight tool to complete this question)

Not confident   Very confident

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

OR   N/A: It's not part of my role.

✍ **How would you rate your knowledge about how to upload information (such as a Shared Health Summary) to a patient's My Health Record?** (use your PDF highlight tool to complete this question)

Not knowledgeable   Very knowledgeable

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

OR   N/A: It's not part of my role.

✍ **How would you rate your confidence about uploading information (such as a Shared Health Summary) to a patient's My Health Record regularly?** (use your PDF highlight tool to complete this question)

Not confident   Very confident

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

OR   N/A: It's not part of my role.

Etc.