

ACCREDITATION & CONTINUOUS IMPROVEMENT (Criterion 3.1)

POLICY

This Practice is committed to attaining and where possible exceeding the Standards for General Practice 5th Edition as defined by RACGP and as such **AGPAL** is our chosen accreditation organisation.

The practice team is committed to encouraging quality improvement and identifying opportunities to make changes that will improve the clinical care of patients and activities to promote health in the overall practice population.

The practice uses patient and practice data to identify opportunities for improvement and to monitor evidence of improvement occurring such as PCS Clinical Audit Tool.

Quality improvement or clinical audit activities for the purpose of seeking to improve the delivery of a particular treatment or service is considered a directly related secondary purpose for information use or disclosure. 3.1 Safety and Quality. Therefore, we do not need to seek specific consent for this use of patients' health information. However we include information about quality improvement activities and clinical audits in our practice consent form for the collection and use of health information. (Refer Book 3 Practice Privacy Policy).

Our practice can demonstrate improvements we have made in response to the analysis of patient and others feedback, including complaints, and where appropriate we provide information to patients about improvements made as a result of their input or feedback.

Our practice undertakes quality review activities such as audits, routine data checks, accounts reviews and medical record reviews.

Our Practice has a planned approach for improvements where possible using the Plan Do Study Act (PDSA) Cycle to provide evidence that the practice has implemented a quality improvement plan, and that the outcome has been reviewed.

PROCEDURE

Discussion and suggestions for improvement to quality and patient safety is a standing item on our practice meeting agenda. (Refer section 5 Practice meetings).

Patient feedback is an essential component of our quality improvement activities. (Refer Section 8 Patient Feedback)

Accreditation via a peer assessment of our performance against the RACGP 4th Edition standards is a driver of quality improvement.

Our practice utilises information management techniques that allow us to collect and analyse our data. Consistent data coding systems are used to facilitate this process including using drop down box functionality where possible instead of free text entries. We also use the search tools in our clinical software and the PCS Clinical Audit Tool data extraction tool.

We utilise national registers to assist with quality improvement activities including our quarterly PIP statements, reports from the Australian Childhood Immunisation Register and PAP screening data.

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Quality improvement is a team activity and provides opportunities for all staff members to contribute to achieving improvements. We can describe and have documented aspects of our practice that we have improved in the past 3 years including examples of where we have used relevant patient data to implement the Plan Do Study Act (PDSA) Cycle of quality improvement.

THE PLAN DO STUDY ACT (PDSA) CYCLE OF QUALITY IMPROVEMENT

The Plan Do Study Act cycle is a tool that provides a framework for developing, testing and implementing changes.

The four steps in the PDSA cycle are as follows;

Step 1: Plan

Planning the improvement activity involves identifying:

- What the improvement activity is
- Who needs to be involved, or made aware of the activity
- When will the activity take place
- Where the activity will take place
- What outcomes are predicted
- What data will be collected to measure the outcomes of the activity.

Step 2: Do

Implementing the improvement activity includes:

- Involving the appropriate staff
- Documenting the steps taken
- Seeking feedback from all involved.

Step 3: Study

Studying the improvement activity involves:

- Analysing and reflecting on the results
- Reviewing whether the activity was successful
- Determining if the results meet expectations
- Identifying whether further improvements need to be implemented.

Step 4: Act

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Acting on the improvement involves:

- Identifying what will be taken forward from this cycle
- Will something else be tested using a new PDSA cycle.

If the CQI activity has been successful the practice looks at:

- How new policies or procedures will be incorporated into the way the practice team works
- How staff will be made aware of the change
- Where the new activity will be documented.
- How the new activity will be monitored to ensure all staff are participating.

If the CQI activity has been unsuccessful the practice looks at:

- What the activity has shown
- What different improvements might be able to be made

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